SECTION ONE: INTRODUCTION

This 2008 Institutional Master Plan (IMP) for California Pacific Medical Center (CPMC) has been filed with the San Francisco Planning Department in accordance with the provisions of Section 304.5 of the San Francisco Planning Code.

PURPOSE OF THE INSTITUTIONAL MASTER PLAN (SAN FRANCISCO PLANNING CODE SECTION 304.5)

Section 304.5 of the San Francisco Planning Code contains requirements for "Institutional Master Plans." The three main purposes of Section 304.5 are:

1. To provide notice and information to the City Planning Commission, community and neighborhood organizations, other public and private agencies and the general public of the medical center's anticipated future plans, and to give an opportunity for early and meaningful involvement of these groups in such plans prior to substantial investment in property acquisition or building design by the medical center;

2. To enable the medical center to modify its master plan in response to comments made in public hearings prior to its more detailed planning and prior to any request for authorization by the City of new development proposed in the master plan; and

3. To provide the City Planning Commission, community and neighborhood organizations, other public and private agencies, the general public, and other institutions with information that may help guide their decisions with regard to use of, and investment in, land in the vicinity of the medical center, provision of public services, and particularly the planning of similar institutions in order to insure that costly duplication of facilities does not occur.

In December 2007, the San Francisco Board of Supervisors amended Section 304.5 to require that IMPs for medical institutions be reviewed by a health planner. The health planner's role is to comment on the proposed actions and their relationship to citywide health care needs.

CONTENTS AND ORGANIZATION OF THE INSTITUTIONAL MASTER PLAN

CPMC's 2008 IMP provides an overview of existing facilities and programs as well as plans for the medical center's future. These plans support CPMC's mission to provide the community with high-quality, cost-effective health care. The plans reflect changes in programs and services designed to meet the health care needs of the community and to comply with State of California legislation (known as "SB 1953") mandating that hospitals meet stringent seismic standards.

This 2008 IMP describes development plans at five CPMC campuses. CPMC is comprised of four existing medical centers, or campuses, located throughout the City: 1) Pacific Campus, 2) California Campus, 3) Davies Campus, and 4) St. Luke's Campus. The IMP proposes development of a fifth campus, Cathedral Hill, which would include a new, acute care hospital compliant with the strictest seismic standards required by California law, so that it will remain operational after a strong earthquake.

The projects described in this IMP are the projects in CPMC's Environmental Evaluation Application filed in December 2008.

This IMP contains the following:

Part I: CPMC and Its Health Care Role

Section One introduces the IMP and its purpose.

Sections Two through Five describe CPMC's programs and services and its role in San Francisco health care and disaster preparedness.

Part II: Proposed Facilities

Section Six provides an overview of CPMC's proposed facilities and program changes. This section includes the anticipated project review and schedule.

Section Seven describes the new Cathedral Hill Campus, including the proposed new acute care/women and children's hospital, a new medical office building, and renovations to an existing office building at 1375 Sutter Street for medical office use.

Sections Eight through Eleven describe plans for each of the existing CPMC campuses. Each section contains an historical overview, description of existing and proposed facilities, and information on zoning, land use, and transportation.

Section Twelve is an overview of CPMC's other facilities, including all properties owned and leased by CPMC throughout the city.

Section Thirteen describes alternative projects considered in the planning phase for the future of CPMC.

Part III: Other Information

Section Fourteen reviews the IMP's consistency with applicable policies of the San Francisco General Plan and other relevant plans.

Section Fifteen provides a summary of the economic benefits of CPMC's activities, both citywide and in the neighborhoods surrounding each campus. A comprehensive economic study is provided in Appendix C.

The Appendices also include a glossary of medical terms used throughout the IMP and a transportation study completed for the proposed project.

SECTION TWO: OVERVIEW OF CALIFORNIA PACIFIC MEDICAL CENTER

This section reviews CPMC's mission and organization, including its affiliation with Sutter Health, the Physician Foundation at California Pacific Medical Center, and the philanthropic California Pacific Medical Center Foundation. This review provides background on CPMC's role as an integral part of San Francisco health care and the essential services it provides to the community. This section also describes the recent Blue Ribbon Panel that was convened to advise the planning for the future of CPMC's St. Luke's Campus.

CPMC'S HISTORY AND MISSION

California Pacific Medical Center, a community-based, not-for-profit medical center, provides San Franciscans with health care services that represent the continuum of care—from before birth to the end of life. The medical center serves people of all ages from diverse ethnic, cultural, geographic, educational, and socioeconomic backgrounds. Approximately two-thirds of CPMC patients come from the City and County of San Francisco, with most of the rest coming from counties throughout Northern California and an increasing number of patients nationwide.

CPMC is made up of four of the oldest medical centers in San Francisco. Established between 1854 and 1875, the institutions that are now CPMC campuses have over 150 years of history providing medical care to San Franciscans. CPMC was formed in 1991 by the merger of Pacific Presbyterian Medical Center and Children's Hospital of San Francisco. Ralph K. Davies Medical Center became the third campus of CPMC in 1998. On January 1, 2007, St. Luke's Hospital became CPMC's fourth campus.

Today, CPMC continues the vital work of these four longstanding medical center campuses as a not-for-profit, community-based medical center committed to the following mission:

California Pacific Medical Center Mission Statement

To serve the community by providing high quality, cost-effective health care services in a compassionate and respectful environment which is supported and stimulated by education and research.

Each of CPMC's four existing campuses includes a hospital where a range of inpatient services are provided. Outpatient services are also available at all four campuses. CPMC is recognized as a regional referral center in Northern California, providing leading-edge tertiary and quaternary medicine. CPMC's physician education programs and its clinical research programs, conducted through the CPMC Research Institute, permit physicians at CPMC to bring health care innovation directly to patients.

Since its formation in 1991, CPMC has continually been involved in planning for the efficient and effective provision of health care to the community. Medical centers, like all large organizations, are engaged in ongoing planning for the programs and services they provide. CPMC's operational planning is especially challenging because it must address four campuses, each of which was a previously independent medical center that included a hospital. Many operational advantages derive from the fact that these four previously independent medical centers have joined together to better serve the community; however, there are resulting inefficiencies and redundancies. The goal of CPMC's plan is to create a network of health care services available to the entire community.

— Beyond Medicine —

Why stand alone when standing together is better for everyone?

These are tough times for independent, community hospitals. Rising costs, cuts in government reimbursement and more people than ever without health insurance mean these institutions are being squeezed from several different directions at once.

It's no wonder dozens of stand-alone community hospitals have closed their doors in the past decade or that dozens more have cut back on services.

For more than 100 years St. Luke's has been providing care and compassion to the people of the Mission, regardless of their ability to pay. Today St. Luke's is able to continue that vital role, helping those most in need, but it no longer has to do it alone.

Staff at St. Luke's have always prided themselves on offering the best possible care. By becoming part of the California Pacific Medical Center family St. Luke's has been able to offer patients access to an even broader range of world-class services that are available to patients at other CPMC campuses, such as a critical care pulmonologist in the Intensive Care Unit, neonatologists for at-risk babies, cardiac care specialists for heart patients.

Joining together means people get to keep St. Luke's as their medical home, the place where they get their primary care, but it also means that when they need extra help, they can now turn to a wide array of specialist services, both at St. Luke's and throughout CPMC.

Teaming up is not just making St. Luke's a stronger hospital, it's helping build a healthier community.

2008 ST. LUKE'S BLUE RIBBON PANEL

Convened by
Supervisor Michela Alioto-Pier, San Francisco Board of Supervisors
Mitch Katz, M.D., Director, San Francisco Department of Public Health

Chair
Steven Shortell, Ph.D., Dean of the School of Public Health at the University of California at Berkeley

Vice Chair
Rt. Rev. Marc Andrus, California Episcopal Diocese

Facilitators
Rev. John Golenski, Ed.D., Executive Director, George Mark Children's House
Nancy Shemick, MPA, Shemick and Associates Health Care Consultants

Panelists
Supervisor Michela Alioto-Pier
Damian Augustyn, M.D.
Kenneth Barnes, M.D.
Kevin Barnett, DrPH, MCP
Dan Bernal
Edward Chow, M.D.
Catherine Dodd, Ph.D., R.N.
Steve Falk
Cheryl Fama
Anna Eng
Jean Frase
Roma Guy, MSW
Louis J. Giraudo
John Gressman
Sandra Hernandez, M.D.
Mitch Katz, M.D.
Edward Kersh, M.D.
Paul Kumar
David Lawrence, M.D.
Michael Lighty
Gabriel Metcalf
Anthony Miles
Jacob Moody, MDiv, MSW
Bob Morales
Laura Norrell, M.D.
Tim Paulson
Bob Prentice, Ph.D.
Anthony Wagner
Jim Wunderman

ST. LUKE'S BLUE RIBBON PANEL

When St. Luke's Hospital opened in the 1870s, its mission was to provide care to anyone who came through its doors, regardless of race, age or ability to pay. More than 137 years later, St. Luke's continues to provide medical care to ethnically diverse, predominantly low-income patients from neighborhoods with increased rates of health care disparities.

In recognition of the importance of St. Luke's to San Francisco, a Blue Ribbon Panel was established in March 2008 to advise planning efforts for the campus. The panel was charged with creating a viable plan for acute care hospital and outpatient services at St. Luke's that complements and is supported by CPMC's institutional plan and meets the health care needs of the communities served.

The panel was created as an independent body under the guidance of San Francisco Supervisor Michela Alioto-Pier and San Francisco Department of Public Health Director Mitch Katz, M.D. The panel members included leaders in health care, business, community organizations, and labor, as well as members of CPMC's Board of Directors.

On September 25, 2008, the CPMC Board of Directors unanimously voted to approve the Blue Ribbon Panel's recommendations. The recommendations address the need for CPMC to continue to provide critical services to the community, including building a new acute care community hospital on the site of the St. Luke's Campus, integrating the medical staffs at St. Luke's and CPMC, and maintaining critical services at St. Luke's including an emergency department, OB/GYN, medical/surgical, an intensive care unit, urgent care, and a new Center of Excellence on Senior Health.

For a detailed list of participants in the Blue Ribbon Panel process and their affiliations, including the Blue Ribbon Panel Community Outreach Task Force members, please refer to Section Eleven, St. Luke's Campus, and Appendix D, Blue Ribbon Panel Recommendations and CPMC Resolution.

CPMC'S AFFILIATION WITH SUTTER HEALTH

Sutter Health is one of the nation's leading not-for-profit networks of community-based health care providers, delivering high-quality care in more than 100 Northern California communities. As a network of 26 community-based hospitals and numerous outpatient facilities, long-term care centers, home health and hospice services, and research facilities, Sutter Health serves more than three million people throughout Northern California. Sutter Health's hospitals and medical centers have relationships with more than 8,000 physicians and employ more than 41,000 people. These health care providers, with their varied skills and talents, have come together as Sutter Health to preserve and strengthen their local health care missions.

CPMC has been affiliated with Sutter Health since 1996. As an affiliate of Sutter Health, CPMC maintains ownership of its facilities and control over its health care mission. Participation in the Sutter Health network provides shared expertise to improve health care through systemwide best practices, administrative efficiencies, and financial stability.

Since Sutter Health is a not-for-profit organization, any money remaining after employee salaries and other expenses have been provided for is reinvested in health care. To improve services to patients, Sutter Health is making significant investments in new facilities. At CPMC alone, the expenditures for new and renovated facilities over the next ten years will be more than $2 billion. These funds will come directly from CPMC and Sutter Health—not from taxpayer dollars or government subsidies.

Over the next ten years, Sutter Health will also spend $950 million to implement electronic health record (EHR) technology and $1.2 billion in a broad range of patient safety initiatives. As part of an ongoing commitment to advance quality in health care and increase patient safety, Sutter Health has invested $50 million in new advanced technologies such as fundamental changes in Intensive Care Unit (ICU) care and medication delivery.

— Beyond Medicine —

Not-for-profit can't mean not worrying about the bottom line.

Community-based non-profit hospitals must be ready at any hour of the day or night for every kind of emergency. That means having the staff, medicine, and materials on hand to deliver that care—regardless of a patient's ability to pay.

We provide patients with safe, high-quality health care 24 hours a day, 7 days a week, 365 days a year. The best-trained staff, the most up-to-date technology and the safest possible facilities require money—quite a lot of it, in fact. In order to provide the best care possible, nonprofits must provide staff with competitive salaries and benefits, make sure they are trained on new techniques, constantly update medical equipment, provide ample community benefit, and upgrade buildings so they are strong enough to withstand an earthquake—just to name a few needs.

At California Pacific Medical Center, the price tag for rebuilding our facilities over the next ten years will probably be more than $2 billion. This money won't come from taxpayer dollars or the government—we will have to earn it ourselves and use it wisely. Our generous donors also make a big difference.

So, while we are a non-profit hospital, we still need to generate enough funds to invest in our future. That's why every dollar we make over and above our costs is put back into our hospital, which means it is put back into the health and care of San Francisco. After all, we've been in San Francisco for more than a century. If we want to be here for generations to come (and we do), we have to keep an eye on the bottom line.

CPMC BOARD OF DIRECTORS

CPMC maintains a governing board separate from Sutter Health. In 2007, the Board of Directors for CPMC and St. Luke's Hospital merged. The CPMC Board is comprised of a dedicated group of volunteers who are civic leaders, philanthropists, physicians, and members of the community interested in health care issues important to San Franciscans.

2008 CPMC BOARD OF DIRECTORS

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THE PHYSICIAN FOUNDATION AT CALIFORNIA PACIFIC MEDICAL CENTER (PFCPMC)

The Physician Foundation at California Pacific Medical Center (PFCPMC), created in January 2003 and organized under Section 1206(l) of the California Health and Safety Code, is a non-profit organization whose mission is to conduct clinical care, research, and education. This mission is largely fulfilled in partnership with a multi-specialty medical group with a focus on tertiary and quaternary services (Physician Foundation Medical Associates). PFCPMC is also affiliated with Marin Headlands Medical Group, a newly affiliated medical group in Marin County.

The goals of PFCPMC are to create alternatives to the university model for specialty physicians, establish a "core faculty" to sustain graduate medical education, create a vehicle for recruitment and retention of physicians committed to research and education, expand the organization's position as a major referral center, and provide services to communities that do not have ready access to services.

The Board of Directors of PFCPMC works closely with PFCPMC Executive Management and Physician Foundation Medical Associates (PFMA). Their collaborative planning allows PFCPMC to assess community need, technological advances in medicine, and the health care market and provide advanced, high-quality, and cost-effective care to patients. Each year, PFCPMC provides community benefits to serve the poor and underserved, including traditional charity care and public programs. Since the organization's inception, the annual cost of providing these services has ranged from 16 percent to 25 percent of net revenues.

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CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION (CPMC FOUNDATION)

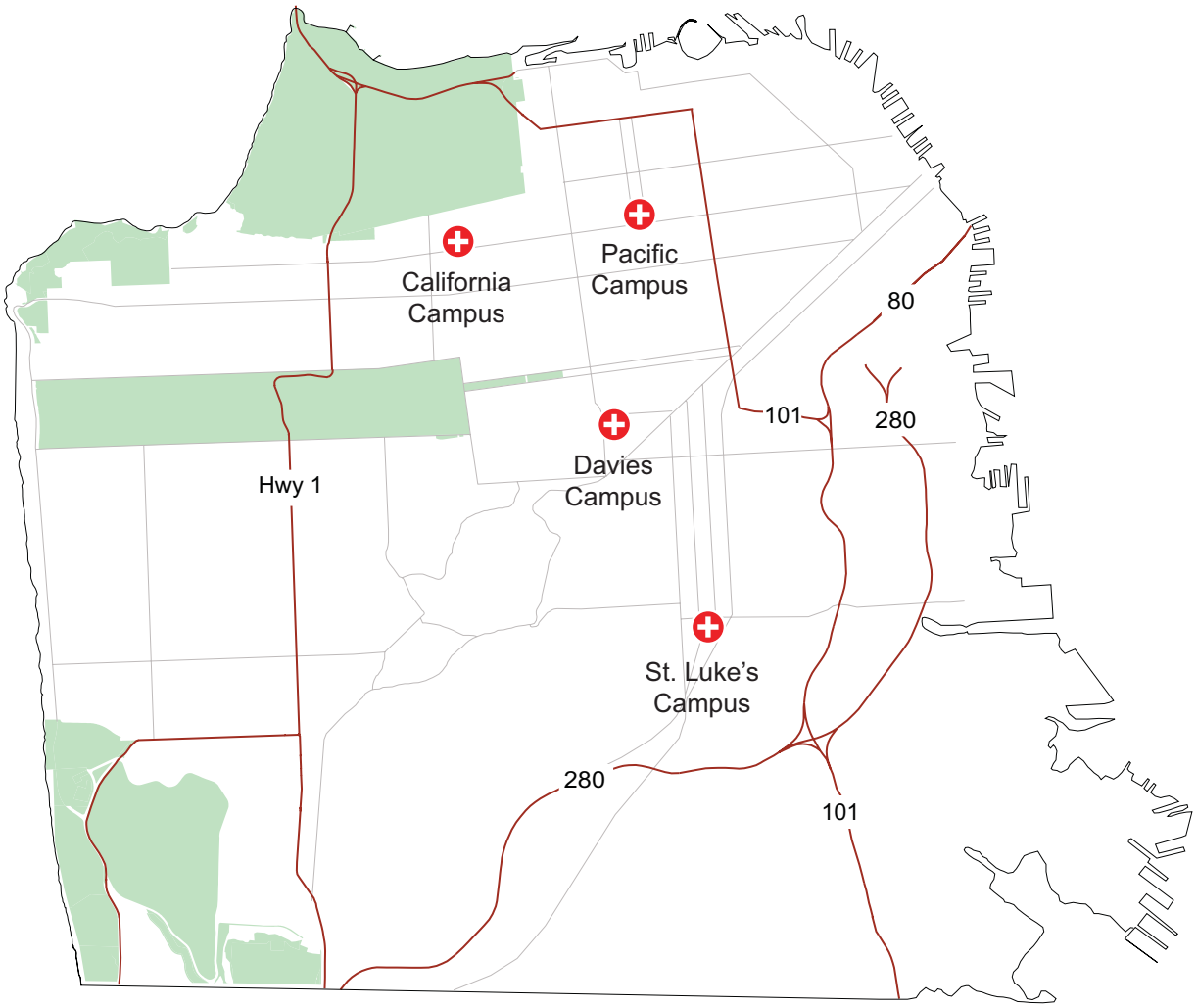
California Pacific Medical Center Foundation (CPMC Foundation) develops the resources that enable CPMC to serve all of San Francisco with the latest treatments and technology, and to practice the most modern, innovative medicine possible. CPMC Foundation is a separate, incorporated not-for-profit organization whose mission is to develop philanthropic resources for California Pacific Medical Center. CPMC Foundation is governed by a volunteer Board of Trustees comprised of distinguished members of the community.

CPMC Foundation depends on a vast network of dedicated volunteers to help meet its mission and fundraising goals. In 2007, CPMC benefited from 91,500 hours of work from a compassionate group of volunteers.

In 2007, CPMC Foundation raised over $26.7 million, exceeding its goal by nearly $4 million. CPMC Foundation's donors and volunteers have given CPMC many philanthropic resources for health care.

The CPMC Foundation Board of Trustees has approved a comprehensive campaign goal supporting citywide health care. The money raised will be used to fund programs and services at the new Cathedral Hill Campus, the rebuilt St. Luke's Hospital, and for the other projects described in this IMP.

Figure 03-01
California Pacific Medical Center — Existing Campuses



SECTION THREE: CPMC'S ROLE IN SAN FRANCISCO HEALTH CARE

This section describes San Francisco's medical resources, including medical services provided by California Pacific Medical Center and others, along with the demographics of San Francisco and CPMC patients and CPMC's response to the community's health care challenges.

MEDICAL CARE IN SAN FRANCISCO

San Francisco is a diverse, unique city that is home to over three-quarters of a million people. Eight hospitals serve the general population. A ninth hospital—Laguna Honda Hospital, operated by the City and County of San Francisco—provides long-term care, rehabilitation, and skilled nursing services to adult residents of San Francisco who are disabled or chronically ill. Of the remaining eight hospitals, three—CPMC, Kaiser, and University of California, San Francisco Medical Center—operate hospital facilities at more than one location. While St. Francis Memorial and St. Mary's Medical Center are separate facilities, they are both part of the Catholic Healthcare West (CHW) system.

CPMC plays a critical role in providing essential health care services in San Francisco. CPMC has more staffed beds and a higher average daily inpatient census than any other hospital in San Francisco. About two-thirds of CPMC's inpatients and outpatients are San Francisco residents. CPMC handles almost one-third of total San Francisco hospital discharges, about half of the babies born in San Francisco, and almost one-third of the City's emergency department visits.

San Francisco Inpatient Care

In 2006, according to the latest data available from the Office of Statewide Health Planning and Development (OSHPD), San Francisco hospitals (excluding the Veterans Affairs Medical Center) had a total of 2,736 staffed inpatient beds and a total average daily census of 1,961 inpatients. CPMC, with the St. Luke's Campus, had about one-third of the City's daily hospital census; UCSF

maintained approximately one-quarter and San Francisco General Hospital another 19 percent. The number of staffed beds and the average daily census for 2006 are shown in Figure 03-02.

Even before the addition of St. Luke's, CPMC delivered more babies than any other San Francisco hospital. San Francisco births in 2006 are shown in Figure 03-03.

San Francisco Outpatient Care

All San Francisco hospitals also provide critical medical services to outpatients. Figure 03-04 shows the number of emergency department (ED) visits and total outpatient visits in 2004, the most recent year for which OSHPD data are available.

In 2004, CPMC had the second highest number of emergency department visits in San Francisco. Now that St. Luke's is a CPMC campus, CPMC has more emergency department visits than any other San Francisco hospital. CPMC, San Francisco General Hospital, and UCSF Medical Center each handled approximately 28 percent of outpatient visits in 2004 (see Figure 03-04).

San Francisco Hospitals

Statistics are only one aspect in comparing San Francisco hospitals. Each hospital has its own history, specialties, and patient base. San Francisco's hospitals are shown in Figure 03-05.

Figure 03-02
San Francisco Inpatient Care — 2006

	Staffed Beds	% SF Total	Daily Census	% SF Total
CPMC	791	28.9	489	24.9
St. Luke's*	145	5.3	138	7.0
Total	**936**	**34.2**	**627**	**31.9**
UCSF	587	21.5	486	24.8
SFGH	383	14.0	374	19.1
Kaiser	217	7.9	203	10.3
St. Mary's	322	11.8	116	5.9
Saint Francis	239	8.7	123	6.3
Chinese	52	1.9	32	1.6
TOTAL:	**2,736**		**1,961**	

Source: California Office of Statewide Health Planning and Development (OSHPD), 2006 Hospital Annual Financial Data.
*St. Luke's is listed separately because it became a part of CPMC in 2007.

Figure 03-03
San Francisco Births — 2006

CPMC	5,681	Kaiser	4,746
St. Luke's*	1,163	UCSF	1,896
Total	**6,844**	SFGH	1,225
		Chinese	0**
		Saint Francis	0
		St. Mary's	0
		Total	**7,867**
		TOTAL	**14,711**

Source: OSPHD.
*St. Luke's is listed separately because it became a part of CPMC in 2007.
**Chinese Hospital refers its maternity patients to CPMC under an affiliation agreement.

Figure 03-04
San Francisco Outpatient Care — 2004

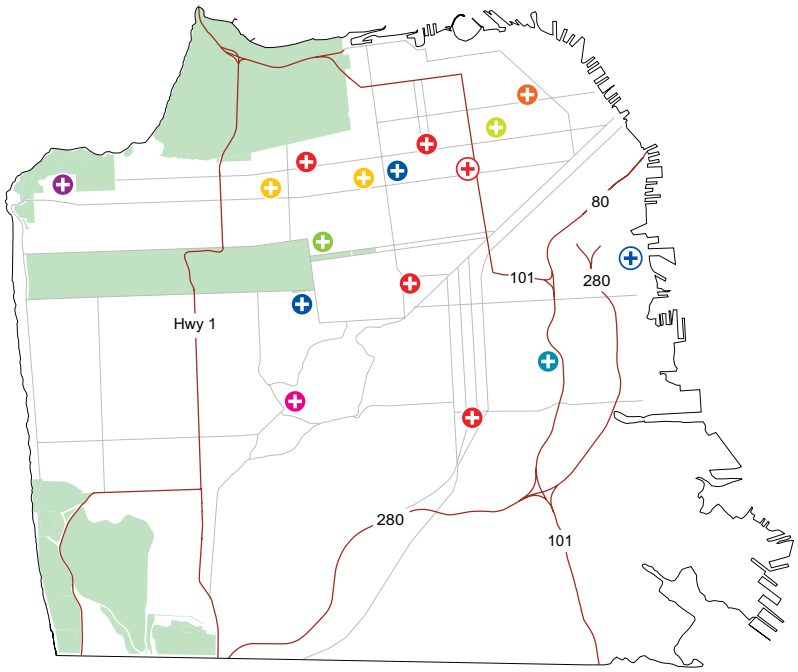
	ED Visits	% SF total	Outpatient Visits	% SF total
CPMC	46,522	21.1	608,119	25.8
St. Luke's*	23,697	10.8	40,415	1.7
Total	**70,219**	**31.9**	**648,534**	**27.5**
SFGH	52,914	24.0	651,924	27.6
UCSF	35,092	15.9	665,445	28.2
Kaiser	22,691	10.3	41,537	1.8
St. Francis	17,576	8.0	180,137	7.6
St. Mary's	16,533	7.5	114,005	4.8
Chinese	5,210	2.4	59,935	2.5
TOTAL	**220,235**		**2,361,517**	

Source: OSPHD.
*St. Luke's is listed separately because it became a part of CPMC in 2007.

SAN FRANCISCO HOSPITALS/ MEDICAL CENTERS

- California Pacific Medical Center
  - California Campus
  - Davies Campus
  - Pacific Campus
  - St. Luke's Campus
  936 staffed beds
- Chinese Hospital
  52 staffed beds
- Kaiser Foundation Hospital
  217 staffed beds
- Saint Francis Memorial Hospital
  239 staffed beds
- St. Mary's Medical Center
  322 staffed beds
- San Francisco General Hospital (SFGH)
  383 staffed beds
- University of California, San Francisco Medical Center (UCSF)
  587 staffed beds
- San Francisco Veterans Affairs Medical Center (SFVAMC)
  244 staffed beds
- Laguna Honda Hospital and Rehabilitation Center
  N/A

Figure 03-05
San Francisco Hospitals/Medical Centers



- CPMC Existing Campuses
- CPMC Proposed Cathedral Hill Campus
- Chinese Hospital
- Kaiser Foundation Hospital
- Saint Francis Memorial (CHW)
- St. Mary's Medical Center (CHW)
- San Francisco General Hospital
- University of California San Francisco Medical Center
- UCSF Medical Center Proposed Mission Bay Hospital
- San Francisco Veterans Affairs Medical Center

CPMC PATIENTS AND SAN FRANCISCO DEMOGRAPHICS

This subsection describes the demographics of CPMC's patients and compares those demographics to the overall population of San Francisco. Challenges facing CPMC as a result of San Francisco's demographics are also described. CPMC's responses to those challenges are described in the subsection that follows, "Responding to Community Needs: CPMC's Community Benefits and Charity Care."

Characteristics of CPMC Patients and the San Francisco Community

In 2007, 70 percent of CPMC's inpatients came from San Francisco and 21 percent were from other Bay Area cities. Six percent were from other parts of Northern California and approximately three percent were from Southern California or out of state. A higher percentage of outpatients are local. In 2007, 75 percent of CPMC's outpatients came from San Francisco and 21 percent were from other Bay Area cities. Two percent of outpatients were from elsewhere in Northern California and the remaining one percent were from Southern California or out of state (CPMC Community Benefit Plan Report, 2007). Patients who travel from outside San Francisco for health care at CPMC are often drawn by its noted specialty programs.

In order to further understand CPMC's role in providing health care to the San Francisco community, it is helpful to review the demographics of the community and the opportunities and challenges presented by the City's diversity. San Francisco has a population of 776,733 with a density of 16,633 people per square mile, making it the eighth densest city in the United States. San Francisco is one of the most ethnically diverse cities in the world. Compared to the rest of California, it has more Asian/Pacific Islanders and fewer Whites and Hispanics, as shown in Figure 03-06. The ethnic distribution of CPMC patients is shown in Figure 03-07.

Figure 03-06
Population by Race/Ethnicity — 2000

Ethnicity	San Francisco	California
White	43.6%	46.7%
Asian/Pacific Islander	31.2%	11.1%
Hispanic/Latino	14.1%	32.4%
African American	7.6%	6.4%
American Indian	0.3%	0.5%

Source: United States Census Bureau, 2001.

Figure 03-07
Ethnic Distribution of CPMC Patients

Ethnicity	Inpatients	Outpatients
White	54%	53%
Asian/Pacific Islander	24%	24%
Hispanic/Latino	8%	8%
African American	7%	6%
Other/Unknown	7%	9%

Source: CPMC 2007 Community Benefit Plan Report.

According to California Department of Finance projections, the City's population is projected to grow modestly to 821,000 by the year 2020 but decline to pre-2006 population levels by 2030. (Source: Market Assessment and Benchmarking Project for the City and County of San Francisco Department of Public Health, prepared in December 2007 by the Lewin Group; called the Lewin Report.)

The population in San Francisco is aging, with decreasing numbers of younger residents (age 35 and under). Today, residents age 65 and over comprise 14 percent of the City's total population. By 2030, this group is projected to grow by 79 percent and comprise 26 percent of the total population. Meanwhile, younger residents are projected to leave the City; this group will decrease by about 24 percent between 2006 and 2030. Although San Francisco's total population may shrink by 2030, according to the Lewin Report, the

Figure 03-08
Health Insurance Coverage, San Francisco

Insurance	% of SF Residents
Medicare	14
Medi-Cal	7
Third-Party	65
Other Public	3
Uninsured	11

Source: SFDPH Charity Care Report (Fiscal Year 2005).

growing proportion of elderly residents will result in a 26-percent increase in demand for hospital acute care beds from 2010 to 2030. People over age 65 typically use more health care services than their younger counterparts due to the higher prevalence of chronic and acute diseases at later stages of life.

Other Demographic Challenges

Many San Franciscans speak languages other than English, which can affect their access to health care services. According to the United States Census Bureau (2001), 46 percent of San Francisco residents over the age of five speak a primary language other than English. One-third of San Francisco Unified School District (SFUSD) students are English language learners. Although Cantonese and Spanish are the languages spoken by most of the English learners, more than 57 languages are spoken as the primary language in the homes of SFUSD students (SFUSD, 2001).

Another demographic factor that significantly affects health and well-being is income. Although San Francisco has one of the highest median household incomes in the nation, the wealth is not evenly distributed. Sixty-two percent of San Francisco's households earn less than the mean household income and 22 percent earn less than $25,000 per year (U.S. Dept. of Housing and Urban Development, 2001). Income has an obvious impact on access to health care and health insurance coverage. Figure 03-08 shows health insurance coverage of San Francisco residents.

RESPONDING TO COMMUNITY NEEDS: CPMC'S COMMUNITY BENEFITS AND CHARITY CARE

As indicated by the demographic information above, health care is not equally distributed among all San Franciscans. A multitude of preventable medical conditions, social problems, and health disparities disproportionally plague the City's poor, young, aged, and people of color.

CPMC builds partnerships with organizations that care for these populations with financial support, leading-edge medical expertise, and specialty care services. CPMC has established its own programs and developed many successful collaborative efforts with both the public and private sectors.

CPMC's vision for community benefits is to reduce health disparities in vulnerable populations, enhance quality of life, and lead in the promotion of health and well-being for all people by working collaboratively and building capacity within the community by providing equal access to culturally and linguistically appropriate health and social services and resources, health education, and advocacy.

CPMC Community Benefits Mission Statement

To transform the lives of the people in our community by actively engaging community members and stakeholders in the planning, prioritizing, designing and delivering of holistic, compassionate and caring services and programs that address unmet needs.

In order to reach this goal, four strategies are employed: eliminate health disparities, increase access to care, provide mental health services, and develop chronic disease prevention programs with models that can be duplicated in other communities.

Assessing Community Needs—Building a Healthier San Francisco (BHSF)

CPMC is a founding member of and continues to participate in Building a Healthier San Francisco (BHSF). BHSF was formed in 1994 to comply with a California law requiring not-for-profit hospitals to undertake a formal health care needs assessment of the community they serve and develop a community benefits plan. BHSF includes all San Francisco private hospitals, the San Francisco Department of Public Health, and many health care organizations and philanthropic foundations. BHSF is now a successful partnership using the shared resources and expertise of its members to assess and improve the health care needs of San Franciscans.

BHSF has conducted the following needs assessments to better understand San Francisco's health care needs.

2001 Community Health Needs Assessment

The 2001 Community Health Needs Assessment found that African Americans are more likely to suffer from preventable illnesses and die prematurely than any other ethnic group in San Francisco. The African American Health Disparity Initiative (AAHDI), described further below, was created in response to this finding in the 2001 assessment.

2004 Community Health Needs Assessment

The 2004 Community Health Needs Assessment focused on health improvement, analyzing health conditions by neighborhood. A key finding was that increased use of preventative services such as primary care visits, particularly in low-income neighborhoods, could prevent many hospitalizations for "ambulatory care sensitive conditions," or ACSCs. Common ACSCs include asthma and adult diabetes.

2007 Community Health Needs Assessment

The 2007 Community Health Needs Assessment is presented in an innovative, interactive web site, "Health Matters in San Francisco" (www.healthmattersinsf.org). This web site goes beyond the scope of the previous assessments, containing data by zip code to provide a picture of San Francisco's diverse communities, updated information about best health care practices from other communities, health-related news, and community event listings. The goal of this web site is to serve as a tool for community change.

The 2007 assessment again confirmed the need for greater attention to the Bayview, Tenderloin, Civic Center, and South of Market in the areas of health care, social services, economic development, and violence prevention. Residents of these neighborhoods continue to show higher rates of ACSCs, resulting in decreased life expectancies. Based on the results of this needs assessment, CPMC has developed a three-year Community Health Programs Strategic Plan to address community needs.

Community Benefits Planning—CPMC's Community Benefit Advisory Council

CPMC has created a Community Benefit Advisory Council to analyze and interpret the BHSF Community Health Needs Assessments in order to guide CPMC's community benefits efforts. The council has representatives from CPMC's Board of Directors, management, medical staff, and community-based organizations that serve vulnerable populations. All of CPMC's community benefit work is led by the following principles developed from the Public Health Institute's guide, Advancing the State of the Art in Community Benefit:

- Emphasis on disproportionate unmet health-related needs
- Emphasis on primary prevention
- Building a seamless continuum of care

- Building community capacity
- Emphasis on collaborative governance

Community Health Programs Provided or Supported by CPMC

In addition to establishing and participating in new programs to meet community needs, CPMC recognizes that there are many not-for-profit community-based organizations and public programs with a long history and resulting expertise in serving vulnerable populations. CPMC also works in partnership with these groups and programs to successfully address the unmet health care needs of the community.

Healthy San Francisco

In 2006, CPMC and other San Francisco health care providers participated in Mayor Gavin Newsom's Universal Health Care Council to develop a plan to provide access to health care for San Francisco's 82,000 uninsured adults. This plan became "Healthy San Francisco," an innovative program launched by the City in 2007. Its goal is to provide a primary "medical home" to participants, allowing a greater focus on preventative care, as well as specialty care, urgent and emergency care, and other health services. Healthy San Francisco is not insurance, but is a critical enhancement of the San Francisco health care safety net.

More than 33,000 people have enrolled in Healthy San Francisco, and 27 public and other community clinics participate in the program. Until mid-2008, all inpatient care for participants was provided by San Francisco General Hospital. In September 2008, CPMC and three other San Francisco hospitals—Saint Francis Memorial, St. Mary's Medical Center, and UCSF Medical Center—agreed to provide inpatient and other services to Healthy San Francisco participants. CPMC has agreed to provide inpatient services to over 6,000 Healthy San Francisco participants who have North East Medical Services as their primary care medical home. North East Medical Services is part of the San Francisco Community Clinic Consortium and has clinics in the Chinatown/North Beach, Visitacion Valley/Portola, and Sunset neighborhoods.

The African American Health Disparity Initiative

The African American Health Disparity Initiative (AAHDI) was created in response to the 2001 Community Health Needs Assessment and includes all hospitals in San Francisco, the San Francisco Department of Public Health, the San Francisco Community Clinic Consortium, and others. CPMC has taken a lead in the following three important AAHDI programs.

African American Breast Health Program
African American women diagnosed with breast cancer are more than twice as likely to die from the disease, compared to white women. CPMC proactively sought and obtained input from the African American community in planning, implementing, and evaluating the African American Breast Health (AABH) program, which addresses this disparity in breast cancer survival rates. Limited access to early detection and timely follow-up significantly contributes to the disparity and is amenable to intervention.

In 2007-2008, 3,500 women have been reached through the AABH early detection program, which includes media campaigns, health education, and outreach. More than 653 uninsured and underinsured women received no-cost mammogram screening; half of these women received transportation assistance. Women found to have breast cancer received treatment including chemotherapy, surgery, radiation, and social support assistance. In 2007, the program was awarded two service industry awards for its innovation and publication excellence.

In July 2007, the AABH program expanded to include the Sister-to-Sister project, which provides early detection screening for women from other vulnerable populations such as Latinas, Asian/Pacific Islanders, lesbian and transgender women, women under 40, and the homeless. Together, the AABH and Sister-to-Sister programs have more than 40 established partnerships with groups including the San Francisco Commission on the Status of Women, the National Coalition of 100 Black Women, the Glide Health Clinic, the Lyon-Martin Health Clinic, the South of Market Health Center, Providence Baptist Church, and Calvary Hill Community Church. Culturally and linguistically appropriate materials are being designed in Spanish, Tagalog, and Chinese.

African American Prostate Health Initiative

African American men are disproportionately at greater risk for delayed care and preventable death from prostate cancer. The African American Prostate Health Initiative (AAPHI), a part of the African American Health Disparity Initiative, is a collaboration of hospitals, health care providers, cancer-focused agencies, community-based organizations, community residents, and prostate cancer survivors who are working together to improve the health of African American men in San Francisco. The organizations included in AAPHI provide targeted outreach, screening, and treatment free of charge for African American men. In three years, AAPHI educated thousands of men and women on prostate health, screened more than 800 men, and provided numerous prostate health services. The program enhanced its community partnership collaborations with historically visible institutions in the African American community including faith-based organizations, clinics, and social organizations.

Figure 03-09
Demographics of Bayview Child Health Center Patients — 2007-2008

Race/Ethnicity	Percentage
African American	61%
Pacific Islander	12%
Hispanic/Latino	11%
Multiracial African American and other	6%
Caucasian	3%
Asian	3%
Other Multiracial	3%
Native American	1%

Neighborhood	Percentage
Bayview-Hunters Point	66%
Visitacion Valley	12%
Ocean View/Merced Heights/Ingleside	4%
Potrero Hill	3%
Mission	3%

Source: CPMC

Bayview Child Health Center

As the third piece of its leading role in the African American Health Disparity Initiative, CPMC has established the Bayview Child Health Center in partnership with the Physician Foundation at CPMC and the CPMC Foundation.

One in every six children in the Bayview-Hunters Point neighborhood has asthma, the highest rate in San Francisco. The number of children who are overweight is on the rise, and the infant mortality rate is among the highest not just in San Francisco but in all of California. The Bayview-Hunters Point neighborhood has the highest density of both children and African Americans in San Francisco. It is also one of the poorest and most underserved communities.

The Bayview Child Health Center, a new medical center at 1335 Evans Avenue, provides high-quality pediatric primary care and serves as a hub for access to community and civic resources. The clinic has spearheaded community outreach for this program by organizing and planning community health fairs,

— Beyond Medicine —

Taking on a sleeping giant: Hepatitis B.

An estimated 1 in 10 Asians is infected with Hepatitis B—a disease that can lead to cirrhosis of the liver and liver failure, and that's responsible for 80% of all primary liver cancer worldwide.

In fact, Asians and Pacific Islanders (API) have the highest liver cancer rate of any race/ethnic group. For many, Hepatitis B infection can be avoided through an effective vaccination. For those who have Hepatitis B, medication is available to help control the disease.

While Hepatitis B is 100 times more infectious than HIV/AIDS, it can be stopped. San Francisco has become the first city in the country to take on Hepatitis B by testing and vaccinating all API residents. Because there are usually no symptoms, the virus is often not discovered until it has already done considerable liver damage.

That's why California Pacific has partnered with community organizations to screen, vaccinate and educate San Franciscans about this disease. We hosted community outreach forums, panel discussions, and screenings at the Imperial Banquet Room in Chinatown and at the Asian Heritage Street Celebration in Japantown.

California Pacific has some of the nation's leading experts in liver disease who bring the latest advancements and research to our patients. Our team of specialists have seen first-hand the effects of Hepatitis B in San Francisco and are committed to educating patients and providing free vaccinations.
When a deadly virus threatens our community, we fight back with every resource we have. It's all part of how we can help make San Francisco a better, stronger, healthier place to live.

offering talks on children's health issues, providing medical advice for community-based organizations, and networking with community leaders.

Since its opening in March 2007, the Bayview Child Health Center has seen almost 500 patients for approximately 2000 visits. The center has been welcomed as a valuable asset for the families in the Bayview-Hunters Point community. In addition to providing high-quality primary and urgent medical care, the clinic offers other programs designed to reduce health disparities in the community, such as free mental health services, case management services, asthma education classes, and pediatric obesity treatment.

The demographics of the patients served by the Bayview Child Health Center since it opened in 2007 are shown in Figure 03-09.

Despite the fact that children have almost universal access to health insurance in San Francisco, 23 percent of patients of the Bayview Child Health Center have lapsed insurance or no coverage. The center provides a financial eligibility specialist who helps families sign up for insurance and/or guides them through the CPMC Charity Care process.

Hepatitis B Initiative

In 2007, CPMC partnered with the San Francisco Hep B Free campaign—"Be Sure, Be Tested, Be Free." This will be a two-year campaign to screen, vaccinate, and treat all Asian and Pacific Islander residents for Hepatitis B. Asians and Pacific Islanders have the highest risk of Hepatitis B of any ethnic group and comprise 34 percent of the City's population. CPMC raised $341,000 in 2007 to support a free screening and vaccination program with a goal to screen at least 10,000 people over the next two years. The screenings have been taking place at community settings and health fairs. CPMC has participated in 15 community events in Asian and Pacific Islander neighborhoods and screened almost 2,000 individuals, more than half of those tested program-wide. CPMC will also conduct Continuing Medical Education and other educational opportunities for both providers and patients.

Partnership for Community Health—San Francisco Community Clinic Consortium

To meet its community outreach objectives, CPMC has recognized the need to go beyond its campuses to help the underserved in neighborhoods throughout the City. The Partnership for Community Health (formerly known as the Charity Care Partnership Fund) is a partnership between CPMC and the San Francisco Community Clinic Consortium (SFCCC). The SFCCC clinics participating in this partnership are strategically located in medically needy neighborhoods identified as having the City's highest rates of health disparities and adverse health outcomes.

In 2007, the Partnership for Community Health provided primary medical care and supportive services to more than 11,000 patients. In addition to providing uninsured patients with critically needed, preventative and primary outpatient services, giving these patients a "medical home," the program has also established a network for the patients to obtain much-needed specialty care from CPMC-affiliated physicians. In 2007, 322 uninsured patients were referred for 684 specialty services. The majority of these referrals were for gastroenterology and ophthalmology specialty services. More than 50 CPMC affiliated specialists and specialist groups participated in this program in 12 areas of specialty.

CPMC committed a total of $6 million to this partnership, and this funding was distributed between 2005 and 2008. CPMC's Family Health Center at the California Campus also participates in this program.

Figure 03-10 shows the number of patients served by the Partnership for Community Health in 2007. As shown by these statistics, the vast majority of residents served by the Partnership for Community Health are persons of color (79 percent) and low-income (87 percent with incomes below 200 percent of the federal poverty level). All are uninsured.

CPMC has received two major awards for its Partnership for Community Health program. CPMC received the 2007 West Coast and National VHA Leadership Award for showing exceptionally high levels of performance in its community benefits efforts, specifically for its Partnership for Community Health program. The VHA is an alliance of more than 2,400 not-for-profit health care organizations, including 1,400 hospitals. CPMC was one of five hospitals nationwide to receive this award for community benefits efforts.

In 2008, CPMC was one of five recipients of the prestigious American Hospital Association NOVA Award for its efforts in improving community health through collaborative efforts, including its Partnership for Community Health program. The American Hospital Association is a national organization that represents and serves hospitals, health care networks, and other care providers. Membership includes close to 5,000 hospitals and 37,000 individuals.

2008 CPMC COMMUNITY HEALTH AWARDEES

Circulo de Vida Cancer Support and Resource Center

Curry Senior Center

Look to End Abuse Permanently (LEAP)

San Francisco General Hospital Foundation - CARE Program

2008 CPMC INVESTMENT GRANTEES

American SCORES Bay Area - SCORES Corps Wellness Initiative

Arthur H. Coleman Community Health Foundation - Nutrition Education and Weight Management Program

Asian & Pacific Islander Wellness Center

Bernal Heights Neighborhood Center - NEST Case Management Program

Boys and Girls Clubs of San Francisco - Boys and Girls Club Behavioral Health Program

Calvary Hill Community Church - Faith, Family and Fitness Program

Chinatown Public Health Center - Chinese Lay Health Workers Diabetes Education & Management

Episcopal Community Services - Next Door Shelter

Family Health Center at San Francisco General Hospital - Health Coaches for Youth

Figure 03-10
Demographics of Partnership for Community Health Patients — 2007

Race/Ethnicity	Number of Patients	Percentage
Hispanic/Latino	3,603	33%
Asian/Pacific Islander	2,729	25%
African American	2,293	21%
Caucasian	2,293	21%
Native American	109	1%

Household Income	Number of Patients	Percentage
Up to 100% FPL*	6,787	63%
100 — 200% FPL	2,620	24%
200 — 400% FPL	1,520	13%

Source: CPMC 2007 Community Benefit Plan Report.
*100% of FPL (Federal Poverty Level) for 2007 is $10,400 for a single person and $21,200 for a family of four.

Community Health Grants Program

In 2008, CPMC invested $500,000 in 25 organizations, supplementing $1.5 million in grants in 2005 through 2007, to support programs that work within the community health priority areas identified by the CPMC Community Benefit Advisory Council.

By supporting community-based health care providers with expertise in serving the neediest residents of San Francisco, CPMC enhances the City's health care safety net and builds a continuum of health care that significantly reduces barriers to care, improving the health of the entire community.

The Community Health Grants Program represents an investment in community health promotion by offering three tiers of funding opportunities: partnership grants, investment grants, and community health awards.

Partnership Grants

Partnership Grants are multiple-year projects that include substantial collaboration between CPMC and community organizations/public programs. Partnership Grants must include CPMC medical staff or employee involvement in the program plan and service delivery. Funding in this category is intended to support non-CPMC staff and activities. Funding levels range from $50,000 to $100,000 per year. Projects at this level of support must have a major focus to address unmet medical needs.

Investment Grants
Investment Grants are projects supported for one year that target CPMC community health priorities. Projects may be time-limited or ongoing programs that address community need and have a significant programmatic component. Priority is given to projects that offer potential for CPMC employee involvement and opportunity for collaboration. Funding levels range from $25,000 to $50,000.

Community Health Awards
Community Health Awards offer one-time funding to support community health projects that are short in duration and limited in scope (up to $10,000).

Health Champions

Health Champions is an innovative school-based health promotion program intended to transform the way San Francisco's elementary and middle school communities approach nutrition and physical activity. The objective of Health Champions extends beyond typical disease education and integrates healthy practices into the school environment. During the 2007-2008 school year, Health Champions continued its partnership with two schools: (1) McKinley Elementary School, a small school with a diverse student body, operated by the San Francisco Unified School District and located across from the Davies Campus in the Castro neighborhood; and (2) De Marillac Middle School in the Tenderloin, a tuition-free Catholic school with a high percentage of Latino students, established in 2001 to provide support to students from low-income families in this ethnically diverse neighborhood.

Health Champions aims to introduce a wide variety of ways to be healthy and active into the school year. Health Champions programming includes demonstrating best practices in nutrition and physical fitness curriculums, participating in community physical activity events, and helping to incorporate healthy foods into school meals and the rest of daily life.

Health Champions continues to partner with the San Francisco Community Clinic Consortium (SFCCC) by serving as a host site for two members of the SFCCC Health Corps. These Health Corps members provide 1,700 hours of community service during their placements and are respon-

2008 CPMC INVESTMENT GRANTEES (Continued)

Health Initiatives for Youth - Dimensions Clinic

Homeless Prenatal Program - Keeping Families Together

Maitri - Enhancing End-of-life Care for Persons Living with AIDS

Native American Health Center - Head Start for Oral Health

San Francisco Bringing Up Healthy Kids Coalition/ NICOS Chinese Health Coalition

San Francisco Women Against Rape - Students Talking About Non-violent Dating

Sunset Youth Services - Youth Violence Prevention Project

Swords to Plowshares - Access to Health and Self-Sufficiency for Homeless Veterans

Tenderloin Health - Oral Health Collaboration for Homeless HIV+

Vietnamese Youth Development Center - Tenderloin Youth Live Healthy Project

Women's Community Clinic - Health Training Program

2008 CPMC PARTNERSHIP GRANTEES

Bayview Hunters Point Multipurpose Senior Services, Inc. - Project Access

2007 CPMC COMMUNITY HEALTH AWARDEES

Asian and Pacific Islander Wellness Center

Asian Women's Resource Center

Central American Resource Center

Circulo de Vida Cancer Support and Resource Center

Curry Senior Center

Excelsior Family Connections

Quesada Gardens Initiative

San Francisco Senior Center

The Reading Tree

Western Addition/Fillmore MAGIC

2007 CPMC INVESTMENT GRANTEES

Asian Perinatal Advocates - API Home Visitation and Mental Health Program

Bernal Heights Neighborhood Center - NEST Case Management Program

Boys and Girls Clubs of San Francisco - Boys and Girls Club Behavioral Health Program

Community Educational Services - San Francisco Health Academics Project

Episcopal Community Services - Behavioral Health Services at Next Door Six-Month Shelter

sible for coordinating the day-to-day health activities for each school site.

A representative from Health Champions serves on the Mayor's Challenge Shape-Up SF steering committee and the Childhood Obesity task force. Health Champions was selected as one of eight programs in the U.S. to form a youth obesity learning collaborative by the Hospital Association's Health Research and Education Trust.

HealthFirst

The St. Luke's Health Care Center (HCC) internal medicine and pediatric clinics helped create HealthFirst, an evidence-based program that aims to reduce health care costs while improving care to high-risk patients with chronic illnesses who have little or no health insurance. HealthFirst encourages patients to seek outpatient medical help for chronic conditions to avoid unnecessary hospitalization and expensive trips to the emergency department. HealthFirst also provides information to help patients with self-management of chronic diseases.

Kalmanovitz Child Development Center

The CPMC Kalmanovitz Child Development Center is at its new location at 1625 Van Ness Avenue. A satellite center has been established at the St. Luke's Campus to serve the children in the neighborhoods around St. Luke's. The Child Development Center provides expertise to community-based organizations such as A Home Away from Homelessness and

Raphael House, a program that coordinates educational assessment and care for children of homeless and low-income families.

Patient Assistance Foundation/Community Health Resource Center

CPMC provides the primary financial support for the Patient Assistance Foundation, the not-for-profit organization that directs and oversees the Community Health Resource Center (CHRC). The CHRC provides comprehensive nutrition and social services counseling for targeted vulnerable populations at a sliding scale, or no fee for those with no ability to pay. CHRC offers programming at the Pacific Campus as well as at numerous community settings. During 2007, the CHRC had direct contact with more than 12,000 people. Nutritional counseling, social work services, educational programming, and medical screenings accounted for most of the community outreach, including asthma and diabetes education programs.

CPMC Baby Steps

CPMC Baby Steps is a unique and innovative program designed to aid parents in a time when they seek advice, support, community resources, and answers to health-related concerns, through group-building and knowledge-sharing. CPMC BabySteps maintains a web site (cpmcbabysteps.org) to allow San Francisco families to build and maintain their social networks.

The Nurses that Care

An important step toward building effective partnerships is engaging local communities in better understanding and addressing community health issues, concerns, and aspirations. Local health care providers, like CPMC, promote a variety of prevention strategies ranging from education to providing free medical services for HIV/AIDS, asthma, cardiovascular disease, and other preventable diseases.

CPMC's Department of Community Health Programs is an integral part of bringing the strengths of CPMC to the community in innovative and beneficial ways. The Department of Community Health Programs recognizes that all three elements of wellness (body, mind, and spirit) work together to

2007 CPMC INVESTMENT GRANTEES (Continued)

Latina Breast Cancer Agency - Breast Health Program for Underserved Hispanic/Latina Women

Third Street Youth Center and Clinic - Re-entry Youth Mental Health Services Expansion

Women's Community Clinic - Girls Creating Change

2007 CPMC PARTNERSHIP GRANTEES

Bayview Hunters Point Multipurpose Senior Services, Inc. - Project Access

NICOS Chinese Health Coalition - Healthy Children, Healthy Community

Walden House - Prostate Health Initiative

2006 CPMC COMMUNITY HEALTH AWARDEES

Asian and Pacific Islander Wellness Center

Asian Women's Resource Center

Asthma Resource Center of San Francisco, Inc. with San Francisco Asthma Task Force

Bayview Health and Environmental Resource Center

Chinatown Public Health Center

Curry Senior Center

2006 CPMC COMMUNITY HEALTH AWARDEES (Continued)

Florence Crittenton Services

The Glide Foundation/Glide Health Services

Mission Neighborhood Health Center/Resource Center

The Reading Tree

Richmond District YMCA

Vision Youthz

2006 CPMC INVESTMENT GRANTEES

Asian Perinatal Advocates - Home Visitation Program

Latina Breast Cancer Agency - Women Caring for Women: Breast Health Program for Underserved Hispanic/Latina women

Operation Access - Donated Surgical Care for the Uninsured

2006 CPMC PARTNERSHIP GRANTEES

Galileo Academy of Science and Technology/Community Educational Services - Galileo Health Academy

St. Anthony Foundation - St. Anthony Mental Health Project

NICOS Chinese Health Coalition - Healthy Children, Healthy Community

Walden House (Fiscal Agent for the Hospital Council African American Health Disparity Project) - Prostate Health Initiative

promote health and quality of life. By working with a variety of dedicated health care providers, faith communities and volunteers, CPMC's Department of Community Health Programs in collaboration with the Department of Nursing work together to strengthen CPMC's vision of community wellness.

A new outreach program called The Nurses that Care invests time and funds in efforts and initiatives focusing on prevention, wellness, and increases the visibility of CPMC in the community. To date, nurses have worked in community settings conducting flu shot campaigns, nursing consultations, participating in health fairs and conducting blood pressure screenings.

Health Ministry Program

CPMC has implemented numerous programs in the Bayview-Hunters Point neighborhood, including the Health Ministry Program. This program combines the work of lay ministers, nurses and counselors who have worked together to develop a faith-based program helping vulnerable families in the neighborhood. The program's goal is to address, improve and help eradicate social and health concerns affecting the community. The program specifically addresses child immunization rates, access to health care, lack of physical activity, and chronic disease awareness, screening campaigns, violence prevention, breast cancer, and grief counseling. Staff and volunteers work to build non-judgmental relationships, provide job development skills and empower individuals to meet their own needs.

Library and Educational Services

Since it is known that patients who are educated about their health care have improved outcomes, CPMC provides extensive educational resources. Education centers and libraries located on the campuses include the Institute for Health & Healing Library, Newborn Connections, the Women's Health Resource Center, and the Community Health Resource Center.

The Center for Patient and Community Education is a collaborative developed to create learning resources to educate patients, families, and the community. In addition to standard forms of educational materials such as handouts, accu-

rate medical information is also provided on the web at "Learning About Your Health" (www.cpmc.org/learning). Information is available in Chinese, Spanish, and Russian.

Medical Education and Training

CPMC provides a model of specialty care by blending excellence in academics and research with a focus on patient-centered care. CPMC has medical residency and training programs, as well as an active postdoctoral education program. (See "Medical and Professional Education" in Section Five of this IMP.) CPMC also provides training for operating room nursing students, occupational therapists, physical therapists, and surgical technologists.

CPMC's interns and residents provide a number of services to the underserved community. Interns are able to work in the Emergency Department at San Francisco General Hospital and residents can work at the San Francisco Free Clinic. In addition to providing training, this opportunity increases the care that the Free Clinic can provide.

Medicare and Medi-Cal Reimbursement Shortfalls

CPMC provides inpatient care to many patients who are covered by Medicare and Medi-Cal. These public insurance programs do not fully reimburse CPMC for the cost of the services provided to their insured patients. In 2007, CPMC incurred $69,536,000 in unpaid costs for Medi-Cal patients and $79,778,000 in unpaid costs for Medicare patients, for a total of over $149 million in unreimbursed shortfalls for these programs for 2007 alone. Shortfall amounts for prior years are shown in Figure 03-11.

Charity Care

One type of community benefit provided by all private San Francisco hospitals is charity care, defined as medical care "provided to those who cannot afford to pay and without expectation of reimbursement." These patients are generally uninsured.

Approved charity care applications to all San Francisco hospitals largely come from Supervisorial District 6 (Tenderloin, Civic Center, and South of Market), District 9 (The Mission), and District 10 (Bayview-Hunters Point, Potrero Hill, and Visitacion Valley).

2005 CPMC COMMUNITY HEALTH AWARDEES

A Home Away from Homelessness

Asian and Pacific Islander Wellness Center

Asian Women's Resource Center

Círculo de Vida Cancer Support and Resource Center

Episcopal Community Services

MAITRI

Margie Cherry Complementary Breast Health Center

Richmond District YMCA

San Francisco Community Clinic Consortium (SFCCC)

San Francisco General Hospital Foundation

San Francisco Unified School District - School Health Program Department

Sisters' Network

Telegraph Hill Neighborhood Center

Tenderloin AIDS Resource Center

Women's Community Clinic

2005 CPMC INVESTMENT GRANTEES

Chinatown Public Health Center - Cancer Support Services for Chinese Women and Their Children

Latina Breast Cancer Agency

2005 CPMC PARTNERSHIP GRANTEES

Galileo Academy of Science and Technology/Community Educational Services - Galileo Health Academy

NICOS Chinese Health Coalition, Health Children - Healthy Community

St. Anthony Foundation's Free Medical Clinic - St. Anthony Mental Health Project

Walden House - Hospital Council, African American Health Disparity Project's Prostate Health Initiative

2004 CPMC COMMUNITY HEALTH AWARDEES

API Wellness Center

Asian Women's Resource Center

Círculo de Vida Cancer Support and Resource Center

Donaldina Cameron House

Ohlhoff Recovery Programs

Kimochi, Inc.

Latina Breast Cancer Agency

MAITRI

Planning for Elders

Prostate Cancer Resource

Richmond District YMCA

Sisters' Network

Tenderloin AIDS Resource Center

Women's Community Clinic

Figure 03-11
CPMC Community Benefits—2005-2007

	2007	2006	2005
		(in thousands)	
Services for the Poor & Underserved			
Traditional Charity Care	$ 5,810	5,017	5,100
Unpaid Costs of Medi-Cal	69,536	37,346	40,346
Other	10,843	6,509	4,086
Total Quantifiable Services	**86,189**	**48,872**	**49,532**
Benefits for the Broader Community			
Non-billed services	1,608	592	268
Education & Research	11,701	9,438	8,046
Cash & In-kind Donations	572	576	549
Other Community Benefits	49	5	1
Total Quantifiable Benefits	**$ 13,930**	**10,611**	**8,864**
Unpaid Cost of Medicare*	$ 79,778	58,788	61,747
Total Quantifiable Community Benefit	**$ 179,897**	**118,271**	**120,143**

Source: CPMC 2007 Community Benefit Plan Report.
*Not officially reported by Sutter Health as part of Community Benefits.

CPMC's Charity Care Guidelines

CPMC's charity care income guidelines are more inclusive than those of the California Healthcare Association, which recommends that patients at or below 300 percent of the federal povery level be eligible to apply for charity care or discount payment programs. CPMC provides charity care for those with incomes up to 400 percent of the federal poverty level, the highest level provided by any private San Francisco hospital. CPMC's annual quantifiable Charity Care and Community Benefits expenses for the last three available years are included in Figure 03-11.

The San Francisco Charity Care Project

The San Francisco Charity Care Project is an important public-private partnership that has increased and coordinated the charity care services provided by San Francisco's private hospitals. The project improves the delivery of free and low-cost health care to poor and underserved residents of San Francisco.

The Charity Care Project includes CPMC and the other San Francisco private hospitals, Consumers Union, Healthy San

Francisco, the Hospital Council of Northern and Central California, Operation Access, the San Francisco Community Clinic Consortium, the San Francisco Department of Public Health (including San Francisco General Hospital), San Francisco Medical Society, Service Employees' International Union United Health Care Workers (SEIU-UHW), and UCSF Medical Center.

The Charity Care Project was formed in response to an ordinance passed by the San Francisco Board of Supervisors in 2001 (the "Charity Care Ordinance"). With the input of the Charity Care Project, the San Francisco Department of Public Health prepares an annual report required by the Charity Care Ordinance, analyzing charity care provided by San Francisco hospitals. These charity care reports also contain recommendations for improvements to health care in San Francisco.

The Charity Care Project worked during 2007 to enlist participation of San Francisco hospitals, including CPMC, in the Healthy San Francisco project. The Charity Care Project has also worked recently to support the City's Hepatitis B Initiative.

In 2006, the San Francisco Charity Care Project received the National Association of Counties (NACo) Achievement Award. NACo is the only national organization that represents county governments in the United States, and gives awards to programs that promote responsible, responsive, and effective county government.

Other Services for the Community

In addition to the community benefits described above, CPMC provides other significant benefits to the San Francisco community. As noted earlier, it provides a major portion of inpatient and outpatient care needed by San Franciscans. Its disaster preparedness efforts are critical to San Francisco's ability to respond successfully to a human-made or natural disaster. The investment made by Sutter Health and CPMC into St. Luke's, totaling over $200 million, has allowed St. Luke's to continue its vital role in serving the areas south of Market Street. The investment in St. Luke's includes many capital projects, as well as significant operating losses incurred since St. Luke's became a Sutter affiliate and subsequently a CPMC campus.

RECOMMENDATIONS FROM 2006 SAN FRANCISCO CHARITY CARE REPORT

Since 2001, the San Francisco Department of Public Health has issued an annual report on the Charity Care provided by San Francisco hospitals. The following are excerpts from the 2006 Charity Care Report, and confirm findings from previous reports.

The Report's Conclusions and Recommendations for 2007–2008 are as follows:

1. Healthy San Francisco provides a unique opportunity for the non-profit and public health care delivery system to collaborate on the provision of services to uninsured residents.

2. Ongoing collaboration and planning around community benefits through the Charity Care Project will increase and improve access to health care, especially for populations with disproportionate unmet needs.... The Charity Care Project should focus its efforts on residents of the following neighborhoods: Bayview Hunters Point, Potrero Hill; Tenderloin, Civic Center; and Bernal Heights, Mission, and Visitacion Valley.

3. Continuing to standardize reporting, analysis and application of charity care and community benefit data will improve the provision of health care services in San Francisco to individuals with disproportionate health needs.... The Charity Care Project should continue to promote institutional reforms and community benefits standards recommended by the Public Health Institute (PHI) in its ongoing demonstration project, Advancing the State of the Art in Community Benefits.

SAN FRANCISCO COMMUNITY BENEFITS PARTNERSHIP

The San Francisco Needs Assessment Work Group and Charity Care Work Group recently made a decision to combine efforts to form the San Francisco Community Benefit Partnership.

This newly established group focuses on the importance of hospital community benefit planning. CPMC is an active participant in the Community Benefit Partnership.

The goal of the San Francisco Community Benefit Partnership is to improve planning and priority-setting to create a greater impact at the neighborhood level. The partnership will focus on four areas:

- Improve access to care
- Prevent chronic disease and increase wellness
- Reduce the incidence of communicable disease
- Engage in violence prevention

COMMUNITY OUTREACH

CPMC has been an active participant in the neighborhoods around each of its campuses as well as in citywide efforts to address community needs. CPMC understands the importance of maintaining positive neighborhood relations and is committed to providing resources and assistance. This includes donating meeting space for community groups, sponsoring forums on health-related topics, and financially contributing to local events and activities.

Citywide Outreach

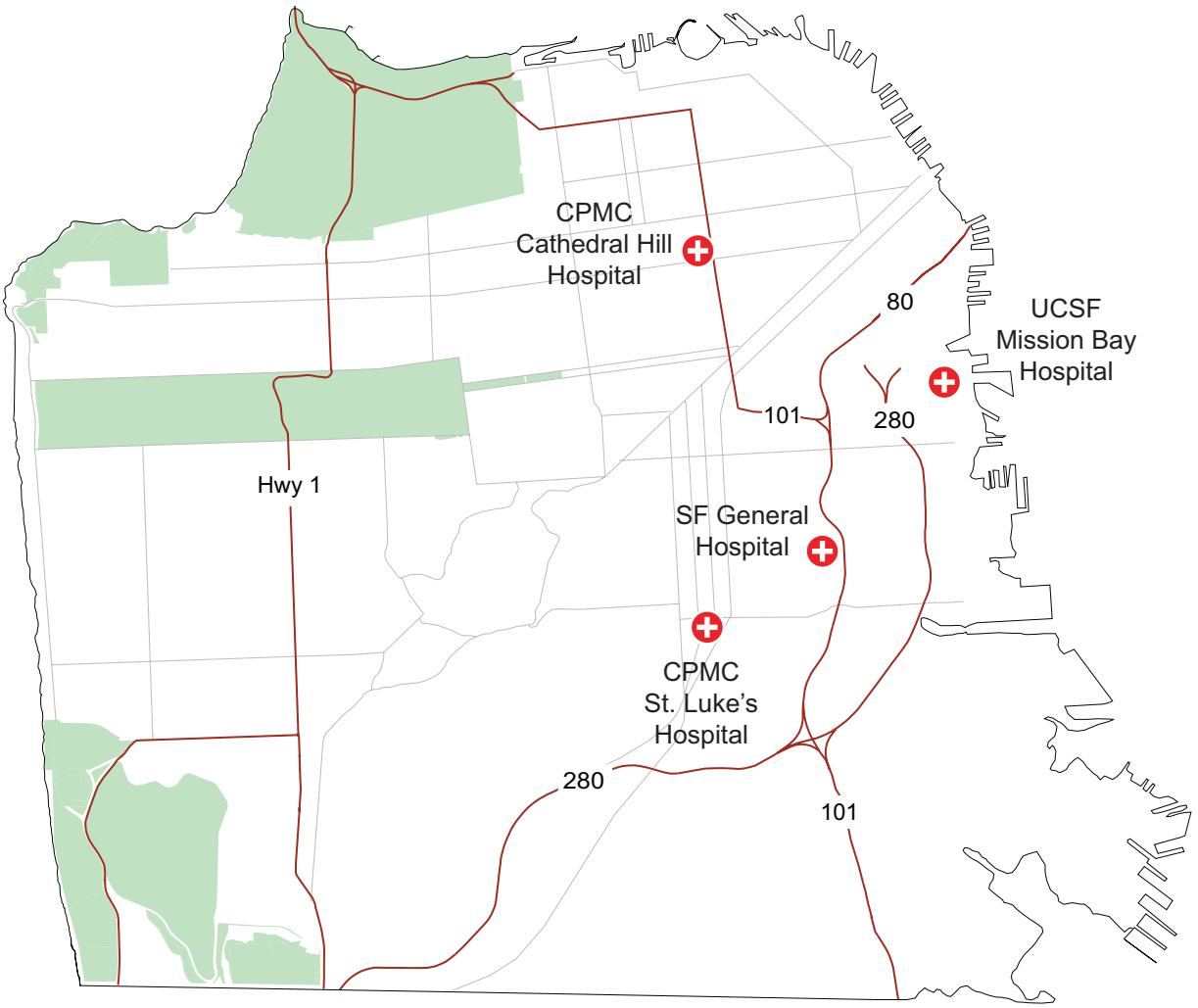
CPMC employees and physicians volunteered at nearly two dozen community events in 2007. They provided screening, educational materials, counseling, and referrals and took part in numerous street fairs, benefits, lectures, conferences, support groups, and classes to promote community health and well-being. Throughout the year, more than 1,400 healthy-heart screenings were conducted. In addition, CPMC participates in fundraising events and supporting activities for organizations such as the March of Dimes, American Heart Association, American Cancer Society, and Project Homeless Connect.

CPMC continues to work with the San Francisco Board of Supervisors, Health Commission, Hospital Council, numerous community organizations, and Mayor Gavin Newsom to prepare for the future of health care in the City, with a special emphasis on the needs of low-income and other vulnerable populations.

Campus-Specific Outreach

Please see the "Community Outreach" subsection in Sections Seven through Eleven for a detailed description of CPMC's efforts to date.

Figure 04-01
Proposed Hospitals Designed to be Operational After a Major Earthquake



SECTION FOUR: CPMC'S ROLE IN DISASTER PREPAREDNESS

Hospitals play a unique role in society's ability to survive disasters. Following a catastrophic event such as an earthquake or other natural disaster, a terrorist attack, or a major accident, the public will turn to its hospitals for emergency care. This expectation also applies to extreme medical situations, such as epidemics or pandemics. A community's social and economic recovery from any emergency will be significantly facilitated by functioning hospitals.

In order to provide care to San Francisco residents following a catastrophic event, hospitals must remain standing and operational. Due to antiquated medical facilities, however, most existing hospital buildings in San Francisco would not be available to serve those seeking help following a major earthquake. The importance of restoring hospital operations following an earthquake is specifically recognized in the City and County of San Francisco Emergency Operations Plan—Earthquake Response Plan Enhancement.

CPMC, UCSF Medical Center, and San Francisco General Hospital are the only hospitals in San Francisco currently planning to build new SPC 5-rated facilities to comply with the most stringent requirements of SB 1953, as described below. These hospitals would be operational after a major earthquake and could be the only hospitals available to serve the entire City in the aftermath of an event. The proposed locations of these new facilities are shown in Figure 04-01. The centralized location of CPMC's Cathedral Hill Hospital will significantly enhance the ability of San Franciscans to obtain needed medical care following a major seismic event. With the beds at the new St. Luke's Campus, CPMC would more than double the number of beds potentially available. CPMC's Cathedral Hill Hospital and new St. Luke's Hospital will be essential components of the City's emergency preparedness efforts.

This section of the IMP addresses CPMC's role in emergency response and disaster preparedness planning. First, it reviews CPMC's historic role in responding to the challenges that have faced San Francisco during and after emergencies. It then addresses CPMC's current and future disaster preparedness planning efforts, including the implications of SB 1953, the state law that sets deadlines for all California hospitals to meet stringent seismic building codes by either retrofitting existing buildings or constructing new facilities.

CPMC'S HISTORIC ROLE IN EMERGENCIES

1906 Great Earthquake

The 1906 earthquake (estimated at 8.25 on the Richter Scale) and resulting fires devastated San Francisco, killing thousands of people and injuring thousands more. The medical centers that became CPMC were well-established by 1906. In the immediate aftermath of the "great quake" and subsequent fires, the Davies Campus (then German Hospital) welcomed more than 2,000 refugees, charging nothing for their care. German Hospital employees pumped water around the clock from the hospital's deep well for firefighters and neighborhood residents. On the California Campus (then Children's Hospital), plaster and soot buried children in their beds, and a chimney fell through the roof of the maternity cottage. Due to the efforts of the nurses, all 116 patients were safely removed from the damaged main hospital. During the three days and nights that San Francisco burned, refugees moved out of town toward the safety of the sand dunes and hills to the west. Ninety-nine patients, most of them near death, were admitted to temporary wards established at Children's Hospital. All but five were saved. The original hospital building at that campus was eventually torn down as a result of earthquake damage.

At St. Luke's Hospital, the earthquake left the brand-new Gibbs Pavilion practically destroyed and the rest of the buildings shaken. Within an hour, physicians and nurses were tending to the wounded in tents, the Red Cross flag was flying to notify people where to obtain care, and refugees were gathering on the grounds as smoke rose from fires to the north. The firestorm that started downtown reached within seven blocks of the hospital.

1989 Loma Prieta Earthquake

The Loma Prieta earthquake (6.7 on the Richter Scale) struck in October 1989. Centered 50 miles south of San Francisco in the Santa Cruz Mountains, the earthquake killed 63 people, destroyed an elevated portion of the Bay Bridge, sparked fires that burned parts of the City's Marina District, and disrupted transportation and services for months.

— Beyond Medicine —

When everything's falling apart your hospital shouldn't.

All of us living in earthquake country realize that sooner or later a major quake is going to strike. We know to have an earthquake-preparedness kit on hand in case water is lost, power is down, stores are shut, and ATMs don't work.

But what happens if we need medical care and our hospital has been damaged, or even destroyed, by a big earthquake? It's a scary thought. That's why a state law was passed requiring all California hospitals to ensure that their buildings are strong enough to withstand a major earthquake and be able to remain safely open for patients.

It's essential work. It also happens to be expensive. Statewide, the cost of upgrading hospital facilities is estimated at around $110 billion. Community-based hospitals like California Pacific Medical Center must pay for the work themselves—without local, state or federal government funding—which means spending more than $2 billion to retrofit existing facilities as well as building new ones. What's more, each year of delay costs an additional $78 million in increased construction prices alone.

Planning for this level of spending requires prudent financial management, generosity from donors, and responsible, forward-thinking decision making on the part of administrators and public officials who are charged with approving the projects. But it's worth the effort. Hospital seismic safety is a vital investment—not just in bricks and mortar, but also in peace of mind for the community.

PAST REPORTS ON EARTHQUAKES

Northridge Earthquake, Los Angeles Area, 1994

1906 Earthquake
"Substantially all of the City west of Van Ness Ave. and 20th St. (was) completely destroyed by fire. The burned district comprised the entire business section of San Francisco, and also the residences of about 250,000 people." — St. Luke's Board Minutes, May 11, 1906

1989 Loma Prieta Earthquake
"I was halfway onto the Bay Bridge when Loma Prieta hit. It took me several hours to work my way back to the hospital, but once I got there I didn't leave again for three days. We had 14 earthquake patients (at the Pacific Campus), mostly from the Marina…. We have earthquake drills twice a year, and Loma Prieta gave us a chance to see where we needed to make refinements." — Michael Rokeach, M.D., Chairman, CPMC Department of Emergency Medicine, 1989

Staff and physicians at the CPMC campuses (then California, Pacific, and Davies) were well-prepared to care for patients after the earthquake due to ongoing emergency preparedness training. Fortunately, no buildings at any of the CPMC campuses suffered major structural damage.

Epidemics and Other Medical Emergencies

CPMC, through its predecessor institutions, has been instrumental in responding to numerous medical emergencies and epidemics, including bubonic plague and typhoid fever in the early 1900s, the Great Influenza Epidemic of 1918-1919, tuberculosis throughout the early 1900s and returning in 1985, and polio from the late 1920s until the early 1960s, when vaccines virtually eliminated that disease.

AIDS is the latest epidemic to test the resources in San Francisco. Again, CPMC was instrumental in the City's response. At the height of the epidemic, the Davies Campus set aside two entire nursing units to care for up to 150 patients at a time. Davies was the first hospital in the country to offer the medication gangcyclovir to AIDS patients threatened with blindness. Other pioneering AIDS treatments got their start at CPMC as well, and countless CPMC physicians, nurses, therapists, and volunteers dedicated their lives to treating this disease. Medical researchers at CPMC made significant contributions to the study of AIDS-related therapies.

Coming Home Hospice was established in 1987 in response to the AIDS crisis. It was the first residential hospice in the nation for people in the last stages of AIDS. The hospice is now part of CPMC and also serves patients with other terminal illnesses.

CPMC continues to respond to medical needs of the community, such as recent efforts to provide free screenings and immunizations for Hepatitis B, particularly in the Asian/Pacific Islander community where this disease is most prevalent. The City's goal is to be the first United States city to test and vaccinate all Asians and Pacific Islanders for Hepatitis B.

CPMC'S CURRENT ROLE IN SAN FRANCISCO EMERGENCY PREPAREDNESS

CPMC continues to have a major role in San Francisco's ongoing emergency preparedness efforts. Emergency response planning is continually evolving, with all levels of government and critical facilities such as hospitals playing key roles. CPMC's disaster preparedness efforts focus on internal and citywide planning, supplies, training and drills, and coordination with the Neighborhood Emergency Response Team (NERT) program.

Internal and Citywide Planning

CPMC is a part of the Hospital Council Emergency Preparedness Task Force, a group that includes San Francisco hospitals, to improve and coordinate emergency response and preparedness services and available resources. CPMC is currently updating its internal disaster plan, which will be coordinated with the Council's work.

CPMC uses the Hospital Incident Command System (HICS) structure when responding to emergency events. The HICS structure is used by hospitals throughout the United States as a standardized approach in managing emergency situations. CPMC has its main Hospital Command Center at the Pacific Campus, with a satellite command center at each of the other campuses. Each center could, if necessary, serve as a stand-alone command center. The Davies Campus Hospital Command Center is more seismically sufficient due to the recent retrofit work on that campus.

The Sutter Health system is also currently working on an updated emergency plan to assure the most effective sharing of resources among all Sutter Health facilities.

Supplies

CPMC has emergency supplies at each campus. Many supplies, such as tents and radios, were purchased with federal grant funding.

Training and Drills

CPMC personnel are trained to assume various roles in the event of a disaster, using the HICS structure. First Receiver Operational Training is conducted annually. In the event of an incident involving a hazardous material release, trained staff assist with the decontamination of victims.

The Joint Commission (formerly the Joint Commission of Accreditation of Hospitals), the national hospital accreditation agency, requires hospitals to identify and plan for their hazard vulnerabilities. Two of CPMC's top potential hazards are earthquakes and power outages. The Joint Commission also requires hospitals to conduct two drills every year, one of which must be a citywide drill. CPMC participated in the City's earthquake drill in October 2008. As part of its participation, CPMC activated its command centers.

Neighborhood Emergency Response Team (NERT) Training

Many San Francisco neighborhoods have formed Neighborhood Emergency Response Teams (NERT). These teams are trained so that individuals and neighborhoods can maintain self-sufficiency after an emergency. CPMC hosts NERT trainings at multiple campuses and plans to increase coordination with NERT as a component of its updated disaster plan. Additionally, CPMC provides education and information on disaster training in its community publication, Beyond Medicine.

CPMC'S FUTURE ROLE—FACILITIES AND OPERATIONS

Senate Bill 1953 (SB 1953)

As a direct result of the devastation caused by the 1971 Sylmar earthquake, including 65 deaths and the collapse of a hospital, the California legislature passed the Alfred E. Alquist Hospital Seismic Safety Act. This act required that all acute care hospitals be designed and constructed to withstand a major earthquake and remain operational immediately after the earthquake. After the 1994 Northridge earthquake, in which many pre-1973 hospitals performed poorly and sustained major damage, the legislature adopted SB 1953, which amended the Alquist Act to toughen seismic requirements for hospitals. SB 1953 required hospitals to evaluate and rate all their general acute care hospital buildings for seismic resistance. The California Office of Statewide Health Planning and Development (OSHPD) developed standards, called Structural Performance Criteria (SPC), to be used to measure a hospital's ability to withstand a major earthquake.

Under SB 1953, any California acute care hospital that is considered a collapse hazard must cease to operate by 2008 unless it has been retrofitted to meet at least a "life safety" standard. Facilities that have been retrofitted to meet basic "life safety" standards would need to be upgraded again to more stringent seismic standards before 2030. Alternatively, such facilities could be used for non-acute care purposes, as appropriate.

Rather than choosing to retrofit, a hospital may instead elect to build a new facility in compliance with SB 1953's strictest standards. The deadline to build a new facility was extended from 2013 to 2015 under amendments made by SB 1661.

San Francisco Hospitals—SB 1953 Compliance

All San Francisco hospitals are subject to SB 1953 (except the Veterans' Affairs Medical Center, which as a federal facility is exempt from this California law) and have been analyzed pursuant to the SPC ratings found in the law. These categories range from SPC-1, buildings that pose a significant risk of collapse and a danger to the public after a strong earthquake, to SPC-5, buildings that are in compliance with the 2030 provisions of the law. Most of San Francisco's hospitals have some buildings that are rated SPC-1. Of San Francisco's active acute care hospitals, only Kaiser's Geary Campus, Chinese Hospital, UCSF Medical Center's Parnassus Campus, and CPMC's recently retrofitted Davies Campus are ranked SPC-2 or higher.

According to the article "Hospitals: Planning for the Next Big Quake" in the San Francisco Planning and Urban Research Association (SPUR) newsletter of June 2002, "Two-thirds of active, licensed beds in the city are in hospitals that do not meet current state standards, and have acute care facilities that will need to be substantially retrofitted or replaced to meet the … [SB 1953] deadlines. None meets the 2030 guidelines." The article goes on to note that "several major institutions are planning to bite the bullet and rebuild to meet the ultimate standards rather than retrofit. San Francisco General, UCSF, and California Pacific are all creating plans that propose completely new buildings." At the time this article was written, CPMC was considering building a new hospital at its California Campus.

Compliance with SB 1953 is a challenge for CPMC, as it is for most hospitals. The acute care hospital buildings on the California Campus were built between 1954 and 1974; the acute care facility at the Pacific Campus was built in 1973; the acute care hospital tower

at the St. Luke's Campus was built in 1970. These facilities are seismically inadequate and require retrofitting or replacement to comply with SB 1953. The options of seismically retrofitting either the hospital at the Pacific Campus, the hospital at the California Campus, or both, were considered but rejected because of cost, service disruption, the fact that retrofitted hospitals would be compliant under SB 1953 only until 2030, and because new hospitals have many other advantages.

The hospital facilities at the Davies Campus were built in 1964 and also required retrofitting or replacement under SB 1953; the North Tower (containing acute care beds) has been retrofitted and will be available to provide inpatient care until 2030. It was projected that this campus could be seismically upgraded in a cost-effective way with only modest disruption. In reality, this retrofit, while substantially complete, has been far more costly and disruptive than anticipated.

Additional Benefits of SB 1953 Compliance

A new hospital building that complies with SB 1953 standards will have a better chance of withstanding disasters than a structure that does not meet SB 1953 requirements. Beyond this critical improvement, however, newly constructed hospitals provide additional benefits to the public. Building a new hospital provides CPMC the opportunity to create a new, efficient facility to accommodate the health care needs of the future, and to allow for flexibility across its campuses.

In the area of emergency preparedness, the new Cathedral Hill Hospital proposed in this IMP will be vastly superior to CPMC's current facilities. Areas within or adjacent to the hospital will be planned for mass triage, minor emergency treatment areas, and built-in showers and tanks for mass de-contamination. These services currently must be provided in makeshift facilities, such as tents. In most areas of the existing CPMC campuses, it would be difficult to erect tents due to the hilly terrain and space constraints. The Cathedral Hill Hospital will also be 100-percent supported by emergency generator power. At present only the Davies Campus, due to its recent retrofit, is fully supported. At the other campuses, equipment, lighting, and other functions are not currently fully supported by emergency power.

The Cathedral Hill Hospital will have more negative pressure isolation rooms than any other San Francisco hospital. Another need identified through the City's Hospital Council planning process is space where ventilation can be isolated for a large group of patients. This type of space does not currently exist in San Francisco and will be available for the first time in the Cathedral Hill Hospital.

There are many other systems planned for the Cathedral Hill Hospital that will improve its emergency response capability. A proposed operational requirement for hospitals is that they be capable of operating entirely self-sufficiently for 96 hours, an increase from the current self-sufficiency requirement of 72 hours. For many hospitals, one major impediment to meeting this requirement is fuel tank capacity. CPMC campuses can now achieve between 56 and 72 hours of fuel sufficiency. The new Cathedral Hill Hospital will be self-sufficient for up to 96 hours.

Through compliance with SB 1953, CPMC's new Cathedral Hill Hospital will remain operational after an earthquake and be available to provide essential emergency services. The new hospital will be better able to respond to both natural disasters and human-made catastrophic events. The new Cathedral Hill Hospital will also comply with other modern hospital building codes and standards that recognize recent enhancements to patient care, improved conditions for physicians and staff, and upgrades in medical technology.

SECTION FIVE: CPMC'S OPERATIONS AND SERVICES

California Pacific Medical Center provides a wide range of health care services to the community, representing the continuum of care from before birth to the end of life. Patients and families of all ages and from diverse ethnic, cultural, geographic, educational, and socioeconomic backgrounds receive care at CPMC. Services range from primary care and extensive outpatient services to inpatient acute care with highly specialized services, to skilled nursing and long-term care services.

CPMC provides complementary care, comprehensive wellness programs, disease prevention and intervention programs, and hospice care. All care is delivered in a culturally competent, age-appropriate manner based on the identified needs of CPMC's patients, their families, and the community.

CPMC is recognized as a regional referral center providing Northern California and beyond with access to breakthrough specialized medicine.

Patients are often drawn by CPMC's noted specialty programs, which include:

- Alzheimer's Residential and Day Care
- Cardiac Programs
- Complex Digestive Disease
- High Risk Pregnancy
- Institute for Health & Healing
- Interventional Endoscopy
- Microsurgery
- Minimally Invasive Surgery
- Neurosciences
- Organ Transplantation
- Specialty Pediatrics
- Stroke Programs

This section reviews the major inpatient and outpatient services, special programs, off-campus medical services, and medical research programs offered by CPMC. It also describes employee and medical staff operations and recent honors, awards, and recognition.

MAJOR SERVICES

CPMC continually adjusts services to meet medical needs in the community, provide appropriate staffing, and complement other programs at each campus. CPMC differs from single-campus hospitals in that transfers of patients, services, and even entire programs between campuses are commonplace. For example, in 2007 CPMC moved its pediatric operations from the Pacific Campus to the California Campus, consolidating women and children's services. In 2008, the California Campus opened the first dedicated pediatric emergency department in San Francisco.

Listed on the next few pages are the major inpatient and outpatient services provided at CPMC.

AIDS & HIV SERVICES

AIDS Case Management Program
HIV Institute for Research & Treatment

CANCER SERVICES

A Lady's Touch Boutique
African American Breast Health Program
Breast Cancer Recovery Program
Breast Health Center-Mammography
Cancer Clinical Research Program
Cancer Genetic Risk Assessment
Cancer Information Systems
Geraldine Brush Cancer Clinical Research Program
Gynecological Cancer Recovery Program
Integrative Cancer Program
Lymphedema Services
Pediatric Hematology/Oncology
Peer Support
Radiation Oncology
St. Luke's Breast Health Center
Women and Cancer: A Healing Program

CARDIOVASCULAR SERVICES

Adult & Pediatric Congenital Heart Program
Cardiac Catheterization & Intervention
Cardiac Rehabilitation
Cardiovascular Risk Reduction Program
Cardiovascular & Thoracic Surgical Services
Chest Pain Center
Congenital Heart Surgery
Diagnostic Cardiac Services
Electrophysiology
Heart Failure & Transplantation Program
Interventional Cardiology
Interventional Radiology
Kanbar Cardiac Center
Pediatric Cardiac Surgery & Pediatric Cardiology
Stereotaxis Lab
Vascular Surgery & Endovascular Treatment for Peripheral Vascular Diseases
Ventricular Assist Device Implantation

COMMUNITY-BASED SERVICES
Bayview Child Health Center
Coming Home Hospice & Infectious Diseases Nutrition Program
Communi-Call
Community Health Programs
Community Health Resource Center
Health Champions
Irene Swindells Alzheimer's Residential Care Center
Irene Swindells Center for Adult Day Services
Newborn Connections
Visiting Nurses & Hospice of San Francisco (Sutter Health)
Women's Health Resource Center

COMPLEMENTARY MEDICINE
Health & Healing Clinic
Health & Healing Research Group
Health Professional Education Program
Institute for Health & Healing

CRITICAL CARE SERVICES
Cardiac Care Unit
Coronary Care Unit
Medical-Surgical Intensive Care Units
Neonatal Intensive Care Unit
Pediatric Intensive Care Unit
Transitional Intensive Care Unit

DIABETES SERVICES
Center for Diabetes Services
Diabetes & Pregnancy Program

DIAGNOSTIC SERVICES & LABORATORIES
Cardiovascular Outpatient Services
Clinical Laboratory
EEG Laboratory
Imaging Services
Leo & Gloria Rosen Gastrointestinal Laboratory
Microsurgery Laboratory Pathology
Nuclear Medicine Laboratory
Prenatal Diagnosis Center

DIALYSIS SERVICES
Dialysis Services

EMERGENCY SERVICES
Emergency Department, Davies, Pacific, & St. Luke's Campuses
Maternity Emergency Services, California Campus

GASTROENTEROLOGY/ENDOSCOPY SERVICES
Ambulatory Gastrointestinal Laboratory
Inflammatory Bowel Disease Program
Interventional Endoscopy Service
Leo & Gloria Rosen Gastrointestinal Laboratory
Motility Program
St. Luke's Gastrointestinal Laboratory

IMMUNOTHERAPY & INFECTIOUS DISEASES
Infection Control
Infectious Diseases
Kuzell Institute for Arthritis & Infectious Diseases

MEDICAL SERVICES & PROGRAMS (ADULT)
Acute Outpatient Rehabilitation
Advanced Laparoscopic Surgery
Advanced Lung Disease Program
Barry S. Levin, M.D. Department of Organ Transplantation
Center for Complex Digestive Diseases
Comprehensive Stroke Program
Department of Medicine
Department of Surgery
Division of Nephrology
Endocrinology
Epilepsy Program
Forbes Norris MDA/ALS Research Center
Gastroenterology
Geriatric Psychiatry
Hematology/Oncology
Hepatology

Infectious Diseases
Internal Medicine
Interventional Endoscopy
Maternal-Fetal Center
Memory Clinic
Minimally Invasive Gynecologic Surgery
Motility Services
Neurology/Neurosurgery
Nursing Services
Obstetrics & Gynecology
Occupational Health
Oncology Services
Ophthalmology
Orthopaedic Surgery
Otolaryngology
Psychiatry
Reconstructive & Plastic Surgery
Rheumatology
Skilled Nursing Services
Sleep Health Center
Weight Loss Surgery Program
Women & Children's Center

MICROSURGERY
Buncke Clinic
Harry J. Buncke Microsurgical Research Laboratory
Microsurgery Laboratory
Microsurgical Services

NEUROSCIENCE INSTITUTE
Comprehensive Stroke Program
Epilepsy Program
Forbes Norris MDA/ALS Research Center
Memory Clinic
Movement Disorders
Muscular Dystrophy Association
Neuromuscular Clinic
Neurointerventional Services
Neuromuscular Disease Program
Neuromuscular Research
Neurology Services
Neuro-oncology
Neurosurgery
Sleep Health Center
Spine and Disc Disease

NUTRITION & WEIGHT MANAGEMENT
Nutritional Metabolism Clinic
Weight-Loss Surgery
Weight Management Program

OCCUPATIONAL HEALTH
Employee Health
Occupational Injury Clinic
Occupational Therapy

OPHTHALMOLOGY
Lions Eye Foundation
Optometry Clinic
Pacific Vision Foundation

ORTHOPAEDIC SURGERY
Comprehensive Joint Care Program

ORGAN TRANSPLANTATION SERVICES
Heart Transplant Program
Histocompatibility Laboratory
Kidney & Pancreas Transplant Program
Liver Transplant Program

OUTPATIENT CLINICS & SERVICES
Adult Cystic Fibrosis Center
Allergy Clinic
Bayview Child Health Center
Child & Adolescent Psychiatry Clinic
Dermatology Clinic
Employee Health
Family Health Clinic
Family Practice
Hand Therapy
Health & Healing Clinic
Kalmanovitz Child Development Center
Lions Eye Foundation
Liver Disease Clinic
Mental Health Clinic
Neuromuscular Clinic
Obstetrics & Gynecology Clinic
Occupational Health Services
Occupational Therapy
Optometry Clinic
Organ Transplantation Clinic
Outpatient Infusion Services

Pediatric Specialty Clinics
Physical Medicine and Rehabilitation
Podiatry Clinic
Prenatal Diagnosis & Genetics
Radiation Oncology
Respiratory Care Services
Sibling Center
Speech/Language/Audiology Clinic
Stroke Care Center
Surgery Clinic
WellSpring Clinic
Whitney Newborn ICU Follow-Up Clinic

PATIENT SERVICES
Center for Patient & Community Education
Community Health Resource Center
Institute for Health & Healing
Interpreter Services
Joseph H. Friend Laparoscopy Education Center
Mitsubishi Cancer Resource Center
Newborn Connections
Palliative Care
Pastoral Care
Patient Relations
Physician Referral
Program in Medicine & Human Values
Specialty Referral & Transport Service
Women's Health Resource Center

PEDIATRIC SERVICES
Allergy Clinic
Bayview Child Health Center
Child Psychiatry Clinic
Gynecology (Adolescent)
Kalmanovitz Child Development Center
Neonatal Intensive Care Unit/Neonatology
Pediatric Cardiology & Cardiac Surgery
Pediatric Endocrinology & Diabetes
Pediatric Gastroenterology & Nutrition
Pediatric Genetics
Pediatric Hematology/Oncology
Pediatric Infectious Disease
Pediatric Inpatient Unit
Pediatric Intensive Care Unit
Pediatric Microsurgery
Pediatric Neurology
Pediatric Ophthalmology
Pediatric Orthopaedics
Pediatric Otolaryngology
Pediatric Outreach Programs
Pediatric Pulmonology & Cystic Fibrosis Center
Pediatric Radiology
Pediatric Specialty Clinics
Pediatric Surgery & Plastic Surgery
Pediatric Transport
Sibling Center
Whitney Newborn ICU Follow-Up Clinic

PHYSICAL MEDICINE & REHABILITATION
Acute Brain Injury Program
Acute Rehabilitation
Cardiac Rehabilitation Program
Cognitive Rehabilitation Retraining
Hand Therapy Services
Occupational Therapy
Orthopaedic Rehabilitation
Physical Therapy
Post-Acute Rehabilitation
Pulmonary Rehabilitation
Speech-Language Therapy
Spinal Cord Injury Program

PSYCHIATRIC & CONSULTATION SERVICES
Child & Adolescent Psychiatry
Department of Psychiatry
Geriatric Psychiatry
Health Psychology
Mental Health Clinic

RESEARCH
California Pacific Medical Center Research Institute
Cardiac Assist Device Research
Cardiovascular Research
Clinical Trials
Epilepsy Research
Forbes Norris MDA/ALS Research Center

Geraldine Brush Cancer Clinical Research Program
Health & Healing Research Group
Heart Failure Research
Hepatology & Gastroenterology Research Program
Kuzell Institute for Arthritis & Infectious Diseases
Liver Immunology Laboratory
Neurology Research
Neuromuscular Research
Neuro-oncology Research
Organ Preservation Research
Organ Transplant Research
Pediatric Research

RESPIRATORY CARE
Adult Cystic Fibrosis Center
Adult Respiratory Services
Pediatric Pulmonology & Cystic Fibrosis
Pentamidine Clinic
Pulmonary Function Laboratory
Pulmonary Rehabilitation
Respiratory Therapy

SENIOR SERVICES
Community Health Resource Center
Geriatric Psychiatry
Irene Swindells Alzheimer's Residential Care Center
Irene Swindells Center for Adult Day Services
Memory Clinic

SURGICAL SERVICES/ AMBULATORY SURGERY
Advanced Laparoscopic Surgery
Ambulatory Care Services
Ambulatory Surgery Unit
Center for Outpatient Surgery
Department of Anesthesiology
Department of Surgery
Minimally Invasive Gynecologic Surgery
Neurosurgery
Post-Acute Services
Weight-Loss Surgery

WOMEN'S PROGRAMS
Antepartum Testing
Breast Cancer Recovery Program
Breast Health Center
Center for Advanced Surgical Options in Gynecology
Comprehensive Pelvic Medicine & Continence Center
Diabetes & Pregnancy Program
Gynecological Cancer Recovery Program
Gynecology/Oncology Services
Minimally Invasive Gynecologic Surgery
Newborn Connections
Obstetrics & Gynecology Clinic
Premature Birth Prevention (High-Risk Pregnancy Services)
Prenatal Diagnosis & Genetic Counseling
Reproductive Medicine
St. Luke's Breast Health Center
Women's Health Resource Center
Women's Support Groups

SPECIAL PROGRAMS

The following are a few of the unique programs provided by CPMC at its various campuses.

Institute for Health & Healing

Hospitals all over the country are adding integrative health services to their programs, and the Institute for Health & Healing (IHH) is at the forefront of this emerging field. Founded in 1994, IHH was the first integrative medicine clinic certified by the State of California. The Institute for Health & Healing at the Pacific Campus is one of the largest integrative medical facilities in the nation, staffed with over 40 practitioners and doctors practicing more than 35 holistic therapies. IHH was recently named the top hospital-based holistic health center on the West Coast and was selected by Natural Health magazine as a national leader in integrative medicine; the magazine recognized CPMC as "America's Healthiest Hospital" in 2001. IHH serves more than 50,000 patients a year through comprehensive care, education, and research programs. IHH includes the Health & Healing Center, clinic, retail store, research services, and the Health & Healing Library.

Irene Swindells Alzheimer's Residential Care Program and Center for Adult Day Services

The Irene Swindells Alzheimer's Residential Care Program at CPMC is the only medical center-based Alzheimer's program in the Bay Area. The program provides compassionate, expert care to Alzheimer's patients in a homelike atmosphere. The Irene Swindells Center for Adult Day Services was developed collaboratively by CPMC and the Institute on Aging. It is a social-model adult day program designed to serve individuals with mild to moderate memory loss. The new state-of-the-art facility on the California Campus provides a structured program of activities in a supportive environment, along with education and support for family caregivers. The Irene Swindells Center for Adult Day Services is made possible by the support of the CPMC Foundation.

Women's Health Resource Center

The Women's Health Resource Center (WHRC), located on the California Campus, offers women's health information, classes and support groups for women's health and well-being, and supportive care for women with cancer. Serving more than 10,000 women annually, regardless of ability to pay for services, the WHRC provides several unique programs for Bay Area women: the Ovarian and Reproductive Cancer Recovery Program, massage therapy services, and BodyLOVE, a program to encourage healthier lifestyles through stress reduction, support groups, and nutrition education.

Health Care Center Pediatric Clinic

The Health Care Center's Pediatric Clinic at St. Luke's provides care to some of the community's most vulnerable children, with approximately 16,000 patient visits per year. With four physicians and a nurse practitioner, all fluent in Spanish, the clinic provides a full range of pediatric care.

OFF-CAMPUS MEDICAL SERVICES

CPMC also provides health care services to the San Francisco community at locations that are not part of any of the CPMC campuses.

Bayview Child Health Center

The Bayview Child Health Center opened in March 2007. Located in the Bayview-Hunters Point neighborhood—the area with the highest density of both children and African Americans in San Francisco—the Bayview Child Health Center is a joint project of CPMC, the CPMC Foundation, and the Physician Foundation at CPMC. For more information on this new program, see Section Three, CPMC's Role in San Francisco Health Care.

Coming Home Hospice

Founded in 1987, Coming Home Hospice at 115 Diamond Street provides expert, specialized end-of-life care to patients and their caregivers in a peaceful, loving, home-like environment. Coming Home Hospice is a residential hospice program that offers care and support for patients and their families facing terminal illness, when care at home is no longer an option. Caregivers provide 24-hour nursing and personal care. Coming Home Hospice was established at the height of the AIDS crisis and was the first residential hospice in the nation for AIDS patients. It has since broadened its scope to include all life-ending conditions and is currently the only licensed residential hospice facility in San Francisco. About one-half of the annual budget of Coming Home Hospice comes from the CPMC Foundation.

Kalmanovitz Child Development Center

The CPMC Kalmanovitz Child Development Center is at its new location at 1625 Van Ness Avenue. A satellite center has been established at the St. Luke's Campus to serve the children in the neighborhoods around St. Luke's. For more information, see Section Three, CPMC's Role in San Francisco Health Care.

Visiting Nurses and Hospice

In 2005, CPMC's Visiting Nurses and Hospice program merged with Sutter VNA & Hospice. The year 2006 marked the 100th anniversary of Sutter VNA & Hospice and of home health care in Northern California. Sutter VNA & Hospice's nurses, rehabilitation therapists, social workers, and home health aides visit homes of the chronically ill and disabled and provide specialty nursing services to mothers and infants. Hospice clinicians provide palliative and spiritual care for people facing end-of-life illnesses who choose to remain at home. In 2006, VNA & Hospice made more than 40,000 home visits in San Francisco.

MEDICAL RESEARCH

Research and education, prominent in CPMC's mission statement, enhance the quality of medical care at CPMC.

CPMC Research Institute (CPMCRI)

The CPMC Research Institute (CPMCRI) coordinates basic (laboratory) research and patient-oriented (clinical) research activities at CPMC. Approximately 60 principal investigators, along with laboratory and clinical researchers, molecular biologists, immunologists, pharmacologists, biochemists, physicists, epidemiologists, behavioral scientists, biostatisticians, and computer scientists conduct basic and clinical research at the CPMCRI.

Basic Research

Basic, or biomedical, research is conducted in diverse areas such as aging, arthritis, epilepsy, diabetes, neurobiology of pain, cardiovascular disease, osteoporosis, organ transplantation, mechanisms of drug addiction, neurodegenerative diseases (e.g., ALS or amyotrophic lateral sclerosis), cancer, AIDS, hepatitis, and other infectious diseases.

In 2004, much of CPMC's laboratory research was consolidated to a new location at 475 Brannan Street, near the developing Mission Bay area. This space also includes a conference room and research administration. In January 2007, additional space was leased in the same building on Brannan Street. Additional research space was also acquired in 2007 when St. Luke's became a CPMC campus.

Research facilities remaining on CPMC's campuses include one small research lab on the California Campus, two research labs in the Gerbode Building at the Pacific Campus, and addiction pharmacology research conducted at the St. Luke's Campus.

Clinical Research

Patient-oriented or clinical research usually includes studies sponsored by pharmaceutical, medical device, or biotechnology companies that are part of the industry's effort to have new drugs or medical devices approved in the United States or evaluated for new applications. These efforts are generally called clinical trials. Over 300 clinical trials are currently conducted at CPMC, including trials in the following areas:

- Amyotrophic Lateral Sclerosis (Forbes Norris ALS Research Center)
- Breast health and complex pregnancies
- Cardiology, including heart failure and mechanical assist devices
- Gastroenterology, including irritable bowel syndrome, reflux disease, and interventional endoscopic devices
- Gynecology
- Hepatology and transplantation
- HIV and other infectious diseases
- Neurology, including neuromuscular diseases, epilepsy, and stroke
- Neonatology
- Oncology, including breast, prostate, lung, ovarian, esophageal, and pancreatic cancers, and cancers of the blood
- Renal dialysis and renal transplantation
- Rheumatology

Research Funding

The CPMCRI has grown markedly in the past five years. From 2002 to 2006, total direct expenditures for research tripled from approximately $8 million to approximately $26 million. Federal grants and contracts provide the largest proportion of research funds for CPMCRI, providing over $12 million in funding in 2006.

EMPLOYEES AND MEDICAL STAFF

One of CPMC's most valued assets is its large base of skilled and dedicated employees. These employees are critical to the success of CPMC's operations. CPMC is committed to being the "employer of choice" and continues to invest in employee training, development, and retention. The success of these efforts is reflected in CPMC's ranking for three years in a row (2006, 2007, and 2008) as one of the Best Places to Work in the Bay Area, based on an employee survey administered by an outside firm for the San Francisco Business Times.

Employees

CPMC has approximately 6,800 employees. CPMC is the second largest private (non-governmental) employer in San Francisco and the fourth largest if both governmental and private employers are considered, according to the 2008 Book of Lists published by the San Francisco Business Times.

CPMC employs and contracts for nurses, technicians, and other health care professionals. However, most of the doctors who provide patient services on the four campuses are not contract workers or employees. Rather, these physicians are in private practice and have medical staff privileges at CPMC.

Employees receive competitive compensation and fully paid health benefits for themselves and their dependents. CPMC is an Equal Opportunity Employer.

Employee Demographics

Approximately 61 percent of CPMC employees are people of color (see Figure 05-01). Approximately 72 percent are women (see Figure 05-02)—a much larger percentage than in the City's population (see Figure 05-03).

Figure 05-01
CPMC Employees by Ethnicity — 2008

White:	2,685
Asian/Pacific Islander:	2,818
Hispanic/Latino:	694
Black/African American:	550
Native American/ Alaska Native:	26
Two or More Races:	34

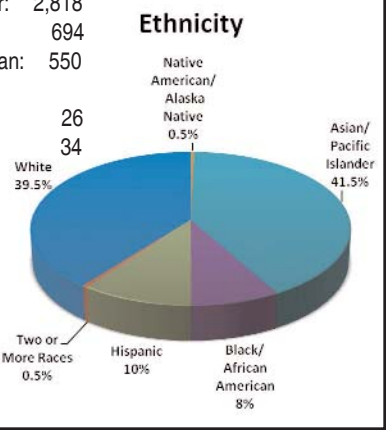


Figure 05-02
CPMC Employees by Gender — 2008

Female:	4,858
Male:	1,949

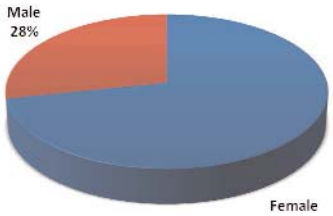
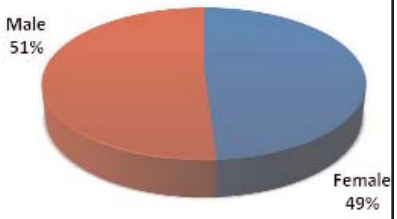


Figure 05-03
San Francisco Population by Gender — 2006



Source: 2006 United States Census

Figure 05-04
CPMC Employees by Residence — 2006

San Francisco:	3,286
South Bay/Peninsula:	1,468
East Bay:	1,236
North Bay:	531
Other:	141

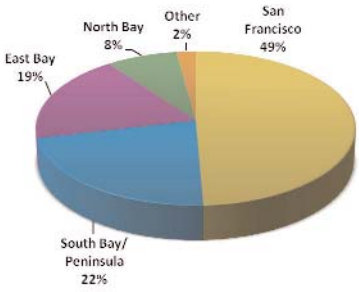


Figure 05-05
CPMC Employees by Subarea of San Francisco — 2006

Northeast:	362
Northwest:	756
Southeast:	657
Southwest:	1,479

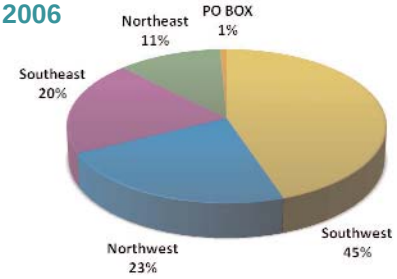
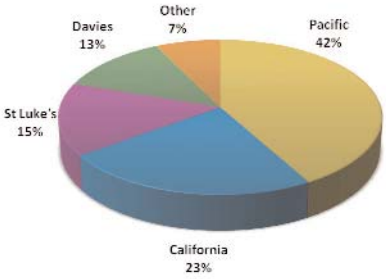


Figure 05-06
CPMC Employees by Campus — 2006

Pacific:	2,790
California:	1,540
St. Luke's:	1,012
Davies:	831
Other:	489



Approximately 49 percent of CPMC employees reside in San Francisco, 22 percent reside in the South Bay/Peninsula, 19 percent live in the East Bay, and 8 percent live in the North Bay (see Figure 05-04). Most San Francisco employees reside in the northwest, southwest, and southeast quadrants of the City (see Figure 05-05).

Approximately 42 percent of the employees work at the Pacific Campus, 23 percent at the California Campus, 13 percent at the Davies Campus, and 15 percent at the St. Luke's Campus (see Figure 05-06). The remaining employees are at other locations in San Francisco.

Employee Education and Training

CPMC is committed to providing educational and training opportunities to its employees in order to attract and retain the highest quality workers and to improve their professional growth and career mobility. This education and training reflect CPMC's goal to "grow its own workforce." Educational and training opportunities offered by CPMC include the following.

School at Work
This is an eight-month college preparatory course geared toward developing the skills of entry-level workers. The first four months of the course focus on reading, writing, gram-

mar, and math skills. The second four months emphasize health care-specific knowledge such as medical terminology, anatomy, and biology. The goal for participants who complete the course is either to enroll in college or to transfer into a promotional position.

School of Prerequisites
These San Francisco City College courses are offered on-site at CPMC campuses and include Medical Terminology, English, Conversational Spanish for Medical Professionals, Math, Sociology, Psychology, and Anatomy.

Personal and Professional Development Seminars
These free on-site seminars are offered every few weeks and cover topics such as Communication Skills, Business Writing, Speaking with Confidence, Coaching and Teambuilding Skills, Conflict Management Skills, and Project Management.

Tuition Reimbursement Program
For qualified employee applicants, CPMC offers financial support of up to $3,000 per year for "market scarce" job training.

School of Languages
These on-site classes are taught by San Francisco City College instructors and tailored to the unique needs of health care professionals. Classes include Russian, Cantonese, Spanish, and Tagalog.

Career Development Fairs
These fairs feature speakers, brochures, applications, prizes, and networking opportunities and are offered at all CPMC campuses.

Medical Staff

As of September 2008, approximately 1,644 physicians and allied health professionals have staff privileges at CPMC (Pacific, California, and Davies campuses) and 1,006 are members of the active staff. Physician members of CPMC's medical staff are required to have obtained board certification in a specialty recognized by the American Board of Medical Specialties, with limited exceptions.

Over 1,000 medical specialties and subspecialties are represented by CPMC's medical staff. The specialties of the majority of the physician medical staff are family medicine, general surgery, internal medicine, obstetrics/gynecology, ophthalmology, orthopedic surgery, pediatrics and psychiatry. Approximately 525 of the medical staff are women.

The medical staff at the St. Luke's Campus has not yet merged with the CPMC medical staff. There are 361 physicians and allied health professionals with staff privileges at St. Luke's (some of whom also share privileges at the other CPMC campuses); 195 are members of the active staff and 100 are women.

Medical and Professional Education

CPMC's tradition of support for medical education goes back to the founding of the Pacific Campus in 1857 as the first medical school and teaching hospital west of the Mississippi River. As a critical part of its mission, CPMC sponsors graduate and continuing education for health care professionals, including medical students, doctors, and nurses.

In recognition of the benefits of providing academic opportunities to medical students, CPMC began a formal teaching affiliation with Dartmouth Medical School in 2008. Eventually, as many as 24 students at a time will be training in clinical clerkships at CPMC. This partnership benefits both institutions.

Dartmouth, founded in 1797, is the fourth oldest medical school in the United States and has a well-deserved reputation for excellence. The school is in a small town in New Hampshire. The partnership allows Dartmouth students the opportunity to train in an urban hospital that treats a large, diverse population.

Continuing Medical Education

CPMC is fully accredited by the California Medical Association to provide Continuing Medical Education activities for physicians. The continuing medical education program is exceptionally diverse, due to the size of the medical center, its multiple departments, its many tertiary care activities, and its involvement in graduate medical education in a number of specialties.

Graduate Medical Education

CPMC sponsors seven post-graduate medical education programs that are approved by the Accreditation Council of Graduate Medical Education (ACGME). Approved residencies include programs in internal medicine, ophthalmology, psychiatry, and radiation oncology. CPMC sponsors accredited fellowships, which are training programs for post-residency physicians, in pulmonary and critical care medicine, cardiology, gastroenterology, and hand surgery. CPMC also provides rotations (usually 2- to 12-week programs) for residents enrolled in training programs at other institutions, mainly the University of California, San Francisco (UCSF).

CPMC has 110 trainees in its graduate medical education programs. CPMC's total expenditures for graduate medical education have been approximately $11 million each year. Medicare payments are received for the costs of graduate medical education programs.

Undergraduate Medical Education

CPMC is a major teaching affiliate of Dartmouth Medical School, providing core clerkships (those required for graduation from medical school) for Dartmouth medical students in psychiatry, internal medicine, neurology, obstetrics and gynecology, and pediatrics. CPMC also offers core clerkships in obstetrics and gynecology, pediatrics, and general surgery for students at UCSF. In addition, students from many medical schools do elective rotations in various departments, such as the Intensive Care Unit. Approximately 20 medical students are taught at CPMC each month in these programs.

Nursing Education

Recruiting and retaining the very best nurses are top priorities for CPMC, especially as nursing shortages are becoming more common. Educational development for nurses is an important part of this effort. Continuing education programs are available on-site for nurses and nurses' aides. Topics include Evidence Based Nursing Practices, Ethics, Nursing Quality and Patient Safety, and Culture and Diversity. CPMC also provides Nursing Specialty Certifications, which recognize nurses who have reached the highest levels of practice in the nursing profession. Preparation courses for Specialty Certification are available on-site in areas of specialization including neonatal, critical care, and medical surgical nursing. CPMC also offers on-site personal and professional development seminars, which are available for all levels of employees and have been found to be beneficial to CPMC's nurses.

RECENT HEALTH CARE HONORS, AWARDS, AND RECOGNITIONS

Recent honors, awards, and recognitions received by CPMC include the following.

Leapfrog Top Hospital Award

For the last three years (2006, 2007, and 2008), CPMC was named a "Leapfrog Top Hospital" based on results from the Leapfrog Hospital Quality and Safety Survey, a national rating system that provides an up-to-the-minute assessment of a hospital's quality and safety. CPMC is only one of five hospitals (adult or children) in the nation to be included in this prestigious list for three consecutive years. The Leapfrog Group was founded in 2000 by the Business Roundtable to initiate breakthrough improvements in the safety, quality, and affordability of health care for all Americans. Its membership includes many of the nation's largest employers.

Joint Commission Accreditation

The California, Pacific, and Davies Campuses received full accreditation from the Joint Commission (formerly JCAHO, Joint Commission on Accreditation for Hospitals and Organizations) in July 2007. The St. Luke's Campus received full accreditation in September 2007.

The Joint Commission is an independent, not-for-profit organization that accredits and certifies more than 15,000 health care organizations and programs in the United States. Joint Commission accreditation and certification are recognized nationwide as symbols of quality that reflect an organization's commitment to meeting certain performance standards.

VHA Performance Excellence Award

CPMC received a Performance Excellence Award for its Acute Myocardial Infarction (AMI Care) performance measures in 2006. The VHA (formerly Voluntary Hospitals of America) is an alliance of more than 2,400 not-for-profit health care organizations, including 1,400 hospitals.

Primary Stroke Center Certification

CPMC's stroke care center was recognized as one of the best in the nation by receiving Primary Stroke Care Center certification from the Joint Commission in 2006. CPMC is currently the only non-university-affiliated medical center in San Francisco to receive this certification.

Kidney Transplant Program Recognition from Health Resources and Services Administration

In 2007, CPMC's kidney transplant program was evaluated and recognized by the United States Health Resources and Services Administration for best practices based on excellence in outcomes.

100-Percent Score for Heart Attack Care at St. Luke's

St. Luke's has earned a perfect 100-percent compliance with the Heart Attack Quality Measures established by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

Best Outcomes in Sutter Health for First Pregnancy and Delivery

In 2006, Sutter Health recognized the St. Luke's Campus for having the network's best outcomes in first pregnancy and delivery.

— Beyond Medicine —

Taking care of people who are taking care of people

While we pride ourselves on being a technologically advanced, leading-edge hospital, at California Pacific, our most valued assets are our people—the 6,600 nurses and other staff who work in three shifts, 24 hours every day, 365 days every year.

We are deeply committed to being a great employer so our staff can focus on what's important-delivering safe, high-quality and compassionate care to our patients. Our compensation is competitive—in fact, our nurses are the most highly paid in the Bay Area. We provide our team with great benefits, such as fully paid health insurance for workers and their families (a benefit offered by only 8 percent of employers nationwide), a retiree health savings account and a fully funded retirement plan. And we encourage growth and development with on-site educational courses and tuition reimbursement.

Why is this so important to us? An average patient will interact with up to 40 hospital employees in a 24-hour period—from nurses, aides, pharmacists and therapists to technicians, cooks, housekeepers and security personnel. An outpatient may interact with 15 employees in a single hour. In many ways, the single best way for us to take great care of our patients is for us to take great care of our workforce.

Through shared values, strong leadership, open and honest communication and mutual trust and respect, California Pacific Medical Center is proud to have developed a culture where people can excel, and patients can benefit.

Award for Pediatric Treatment of Asthma

The State of California recently granted an award to the St. Luke's Campus for its treatment of pediatric asthma.

Pediatrics Clinic Awards

The Pediatrics Clinic at St. Luke's was recognized by the National Committee for Quality Assurance for being in the top five percent statewide for immunizing children under five. The Pediatrics Clinic also received an award for Excellence for Quality of Care from the San Francisco Health Plan (now called Healthy San Francisco).

99th Nationwide Percentile—Nursing Quality by Medical Staff

In 2007, for the second year in a row, the CPMC medical staff ranked nursing quality in the 99th percentile.

Low Nursing Turnover Rate

In 2007, CPMC's nursing turnover rate was 7.5 percent, ranking in the top 10 percent of best-performing West Coast hospitals.

Other Awards

Additionally, CPMC received the following awards, accreditations, and other recognition in 2007:

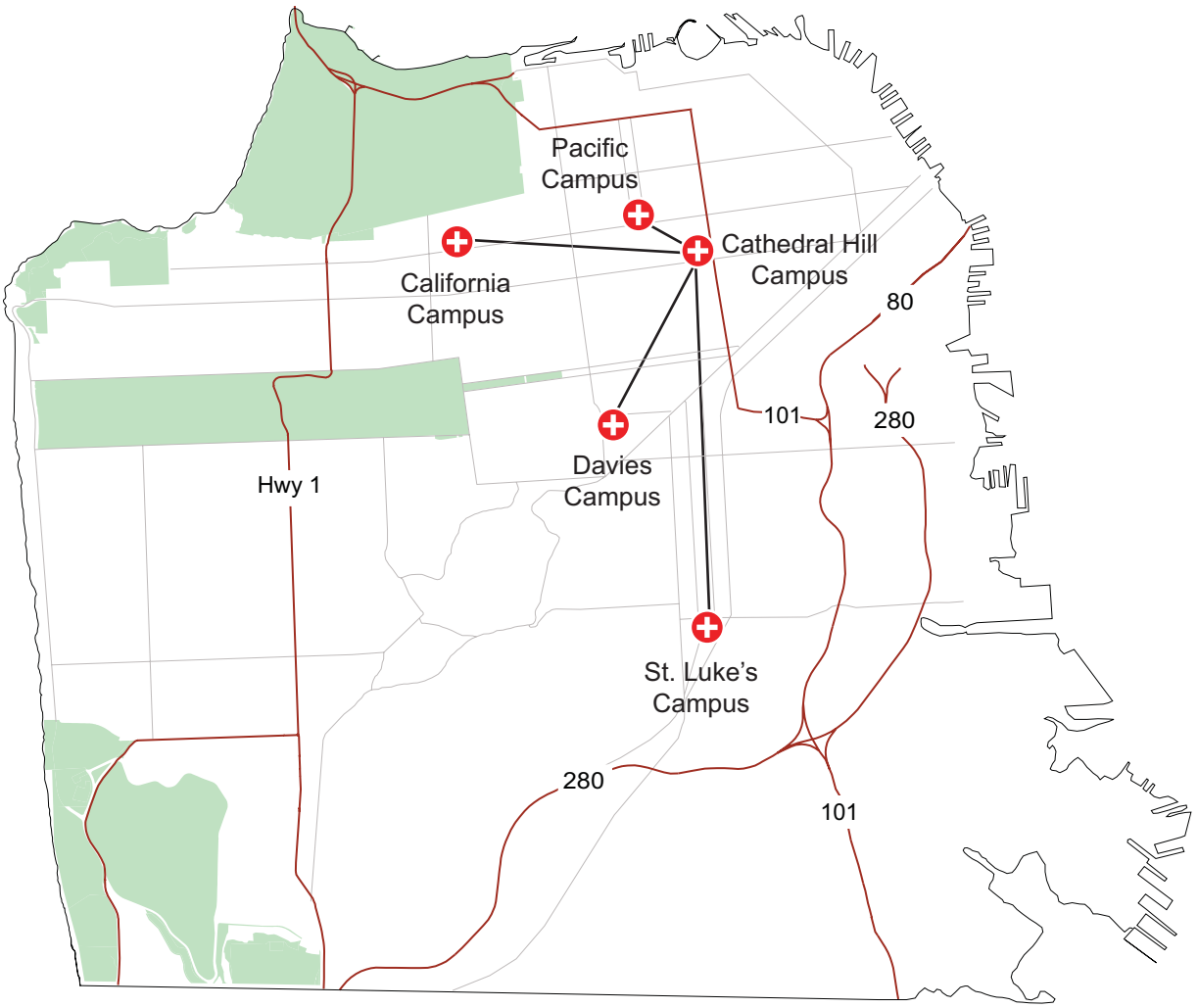
- ACS National Surgical Quality Improvement Program
- Best Hospital in San Francisco, fourth year in a row (Readers of JWeekly)
- Great California Workplaces Award in the Non-Profit Category (Employer Resource Institute)
- Family Favorite Winner (Bay Area Parent magazine)
- VHA Leadership Award for Community Benefit Excellence (one of five hospitals nationwide)
- VHA West Coast Performance Award for Clinical Performance Improvement and High Reliability
- VHA Passion Award
- Special Quality Award for participation in the American College of Surgeons
- National Surgical Quality Improvement Program (Joint Commission)

- Certificate of Special Congressional Recognition from House Speaker Nancy Pelosi for outstanding and invaluable service to the community
- Histocompatibility Laboratory—American Society for Histocompatibility & Immunogenetics full accreditation
- Five-year accreditation from the Accreditation Council for Graduate Medical Education
- American Stroke Association Get With The Guidelines Initial Performance Achievement Award
- Kidney Transplant Program honored for best practices based on outcomes (U.S. government)
- American Diabetes Association Award for Diabetes Self-Management Education Program
- Physician recognition for excellence in spine care (National Committee for Quality Assurance)
- "Beyond Medicine" branding campaign: numerous gold, silver, and bronze awards from the nation's most prestigious advertising and business communications associations
- National awards for CPMC's history, calendar, and newsletter and the "Rediscover St. Luke's" campaign
- President and CEO Martin Brotman, M.D., recognized by the American Gastroenterological Association with its highest honor, the 2008 Julius Friedenwald Medal, for lifetime achievement
- Letter of appreciation from Governor Arnold Schwarzenegger for CPMC's financial support to several community programs
- Certificate of Appreciation from the Greater Geary Boulevard Merchants Association
- Honor from Asian Perinatal Advocates for outstanding medical care and concern for Asian and Pacific Islander immigrant families
- Appreciation from the Philippine Medical Society of Northern California for generous and continued support
- Press Ganey National Success Story Award for excellence in patient satisfaction

California Pacific Medical Center
2008 Institutional Master Plan

PART II: PROPOSED FACILITIES

Figure 06-01
California Pacific Medical Center — Proposed Campuses



SECTION SIX: OVERVIEW OF CPMC'S PLANS FOR THE FUTURE

Part Two of the IMP, beginning with this section, describes CPMC's plans to strengthen its current role and create a robust foundation for the future while ensuring the seamless continuation of health care services for the community. This section provides an overview of CPMC's plans for its four existing campuses and the new Cathedral Hill Campus.

CPMC'S PLANS

CPMC faces the same health care challenges shared by all San Francisco medical institutions in planning for the future. San Francisco's demographics are changing as the population ages, and patients are requiring more intensive health care services. The need for ambulatory care is increasing. Meanwhile, emerging medical technology is requiring modern hospital space layouts.

Since CPMC plays a major role in San Francisco health care, providing services while undertaking the projects necessary to meet the City's future health care needs is critical. Responding to these challenges presents CPMC with the opportunity to go beyond compliance with seismic requirements, to plan for the future and improve the delivery of health care for everyone.

The IMP creates a framework for CPMC's multiple campuses for the next ten years and beyond. The result will be campuses with clear identities and areas of concentration. The plan lays the foundation for the next generation of health care by anticipating the needs of San Francisco's diverse population, using the latest advancements in technology and creating safe and efficient medical facilities. The plan will create a network of medical services, with primary and specialty care provided at each campus.

CPMC's plan is to create three distinct Centers of Excellence with acute and ambulatory care facilities at the Davies Campus, the St. Luke's Campus, and a proposed new Cathedral Hill Campus. The Pacific Campus will become an ambulatory care center. These campuses will be supported by outpatient care throughout the City, such as portions of the California Campus, the existing Bayview Child Health Center, and potential clinics in Potrero Hill, the Excelsior, and Stonestown.

Because each CPMC campus will have its own unique focus, CPMC will become a more functionally integrated medical center, which will best serve the needs of the community. Figure 06-02 is a summary of the projects described in this IMP. The revised Environmental Evaluation Application submitted to the City in December 2008 distinguishes between projects that are planned to be implemented in the near-term (from 2010 through 2014) from those that are planned for implementation in the long-term (from 2015 forward).

Figure 06-02
Institutional Master Plan Summary

Cathedral Hill Campus
Acute Care/Women & Children's Services
New 555-bed acute care hospital (near-term)
- Women and children's services
- Emergency department

New medical office building (near-term)
Renovation of office building at 1375 Sutter Street (near-term)

Davies Campus
Acute Care/Neurosciences
206-bed hospital (includes acute care, rehabilitation, psychiatric, and skilled nursing beds) (existing)
- Emergency department
- Microsurgery

Acute rehabilitation; rehabilitation terrain park (existing)
New Neuroscience Institute/Noe Street medical office building (near-term)
New Castro/14th Street medical office building and underground parking (long-term)

St. Luke's Campus
Acute Care/Senior & Community Health
New 86-bed hospital (near-term)
- Medical/surgical
- OB/GYN
- Emergency department
- Center of Excellence on Senior Health

Renovation of 1957 Building (near-term)
New expansion building (long-term)

Pacific Campus
Ambulatory Care
Renovation of residential building at 2329 Sacramento Street (near-term)
Rehabilitation of residential building at 2018 Webster Street for office use (long-term)
Renovation of existing hospital to create Ambulatory Care Center (ACC) (long-term)
Replacement of Stanford building and 2324 Sacramento Street building with ACC Addition (long-term)
Additional above-ground and underground parking (long-term)

California Campus
Sell campus

Cathedral Hill Campus: Acute Care/ Women and Children's Services

CPMC has determined that, in order to meet the City's health care needs in the coming decades, it must build a new seismically compliant acute care hospital at Cathedral Hill. CPMC's plan for the Cathedral Hill Campus responds to many complex demands: the need to comply with SB 1953 and SB 1661 (which will make existing hospital facilities seismically obsolete by no later than 2015), the functional challenges of older facilities, and the redundancies that result from operating four campuses that were each previously independent.

The plans will create a network of medical services, with primary and specialty care provided at each campus and tertiary and quaternary services offered at the new, state-of-the-art 555-bed acute care Cathedral Hill Hospital. The Cathedral Hill Campus will also provide women and children's services, diagnostic and treatment facilities, medical offices, and an emergency department for the entire City, all centrally located and easily accessible by transit. All Cathedral Hill projects are near-term, scheduled for completion by the end of 2014. For a detailed discussion of the Cathedral Hill Campus and planned facilities, see Section Seven.

Davies Campus: Acute Care/ Neurosciences

The Davies Campus will emphasize neurosciences and the complementary areas of rehabilitation and skilled nursing. New facilities will include a medical office building on Noe Street (a near-term project, also known as the Neuroscience Institute), and a new medical office building at Castro and 14th Streets (a long-term project). For a detailed discussion of the Davies Campus and planned facilities, see Section Ten.

St. Luke's Campus: Acute Care/ Senior and Community Health

Responding to public concerns about the need for continued acute care services for the neighborhoods south of Market Street, CPMC has committed to building a new acute care community hospital on the site of the St. Luke's Campus. The new hospital will be sized appropriately and flexibly to accommodate proposed programs and services, Blue Ribbon Panel recommendations, and growth opportunities. Planned services include a medical/surgical hospital, OB/GYN, an emergency department, an intensive care unit, urgent care, primary and urgent pediatrics, and a Center of Excellence on Senior Health. The new St. Luke's hospital is a near-term project and will be completed by 2014. For a detailed discussion of the St. Luke's Campus and the Blue Ribbon Panel process, see Section Eleven.

Pacific Campus: Ambulatory Care

Once the proposed Cathedral Hill Campus is built, acute care services at the Pacific Campus will be transferred there. The main hospital building (2333 Buchanan Street) at the Pacific Campus will then be renovated to become the new Ambulatory Care Center (ACC). The ACC will be enhanced with a new building, the ACC Addition, by 2019. All projects planned for the Pacific Campus are long-term projects to be commenced in 2015 or later, except for the renovation of 2329 Sacramento Street. For a detailed discussion of the Pacific Campus and planned facilities, see Section Nine.

California Campus

It is anticipated that the California Campus will be sold once programs and services there are transferred to the proposed Cathedral Hill Campus. The California Campus will continue to be used for medical purposes until the transfer. For a detailed discussion of the California Campus and plans for its transition to new uses, see Section Eight.

THE PROPOSED CATHEDRAL HILL CAMPUS: CORNERSTONE OF CPMC'S PLANS

While development and changes are planned at each of CPMC's campuses, the cornerstone of the IMP is the new acute care and women and children's hospital at Cathedral Hill. The facilities described in this IMP represent a capital investment in excess of $2.3 billion in San Francisco's health care infrastructure that will not require additional tax dollars from City residents. The hospital will incorporate forward-thinking design concepts for the delivery of health care, the strictest seismic standards, and sustainable features not yet seen in San Francisco health care facilities. Planned for completion in 2014, the Cathedral Hill Hospital will be centrally located on Van Ness Avenue and Geary Boulevard, at the intersection of major transit corridors. The new facility will have the added benefit of significantly revitalizing this area of the City.

The Cathedral Hill Planning Process

CPMC has considered several options for upgrading its facilities and enhancing programs and services, as discussed in Section Thirteen, Alternatives. In order to meet its mission, the community's needs, and state law, CPMC made a critical planning decision that it would need to build a new hospital in San Francisco.

Identifying the right site was a difficult task. The selected site needed to be centrally located and large enough to accommodate both acute care and women and children's services, since the new hospital would replace those services from the Pacific and California Campuses, respectively. Additional nearby sites were needed for supportive health care uses.

The selected Cathedral Hill site is near medically underserved neighborhoods such as the Western Addition, Tenderloin, Civic Center, and Polk district, is centrally located in relation to the San Francisco population, and is close to many senior communities. A new facility at this location will revitalize a key commercial, residential, and transportation corridor in the City with construction and permanent jobs, along with the resulting commercial activity. The Cathedral Hill site is easily accessible and close to public transportation, making it convenient for patients, visitors, employees, and medical staff. The site was available for purchase—a rarity for an entire City block. These factors made the site an ideal location for the future of health care in the City.

The City's review process for CPMC's new Cathedral Hill Campus began in 2005. The first proposal for Cathedral Hill was a 331-foot-tall hospital building with 620 beds. For numerous reasons, including neighborhood input and rising construction costs, the project was re-evaluated so that an alternative could be developed.

In the early part of 2007, CPMC initiated a new round of campus-wide planning and hospital redesign. This planning effort included the incorporation of the St. Luke's Campus into CPMC's citywide plan. Over the course of the year, a proposal for a hospital containing 555 beds was developed for the Cathedral Hill site. The proposed design takes into account extensive feedback from health care professionals, architects, medical planners, City officials, and neighbors.

Modern Hospital Features

The proposed new facility at Cathedral Hill provides CPMC the opportunity to implement leading-edge 21st-century hospital standards. New hospitals built in the United States today provide the following features, all of which have been shown to improve patient care as well as conditions for physicians and staff:

- Private single rooms:
  - provide patient confidentiality and privacy
  - facilitate social support by families and visitors
  - improve staff communications with patients and families
  - optimize infection control
  - increase patients' overall satisfaction with health care
- Improved lighting and increased access to natural light
- A quieter environment to reduce stress and improve sleep
- Well-designed floor layouts with placement of nurses' stations to facilitate nursing activities and reduce staff walking and fatigue
- Improved way-finding systems that allow users to easily find their way, reducing stress
- Improved ventilation and appropriate pressurization

The following features incorporated into the plans for the Cathedral Hill Hospital respond to changing medical technology:

- Greater number of, and larger, intensive care units
- Larger operating rooms to accommodate additional equipment, including imaging and robotics technology
- Larger diagnostic areas
- Wider hallways for movement of patients and equipment
- Higher floor-to-floor distances for additional utilities
- A larger emergency department
- Improved Information Technology (IT), including electronic medical records (with the goal of creating a paperless chart environment) and an electronic medication administration program

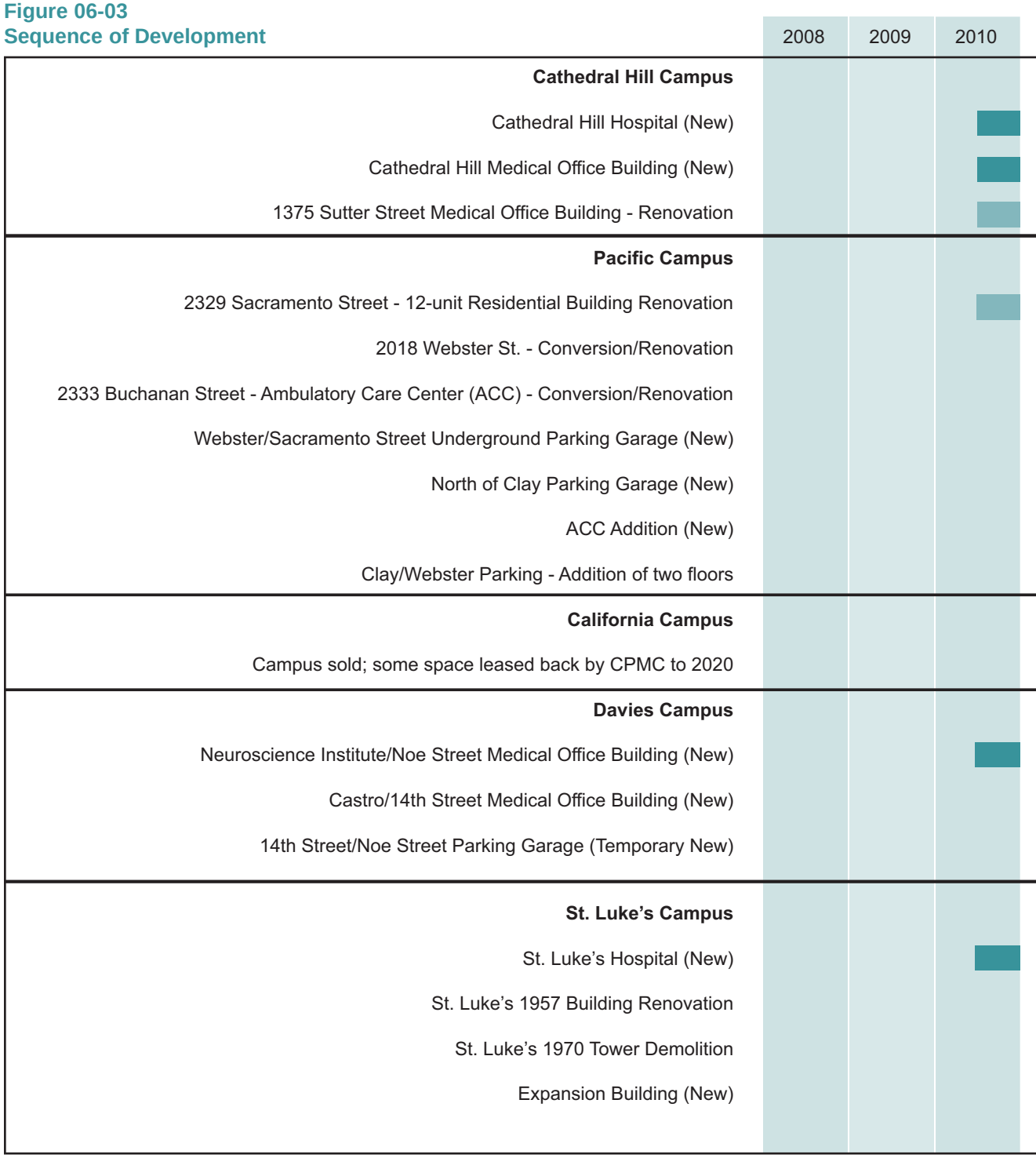
The following features of the Cathedral Hill Hospital design will enhance the hospital's ability to withstand and respond to a human-made or natural disaster:

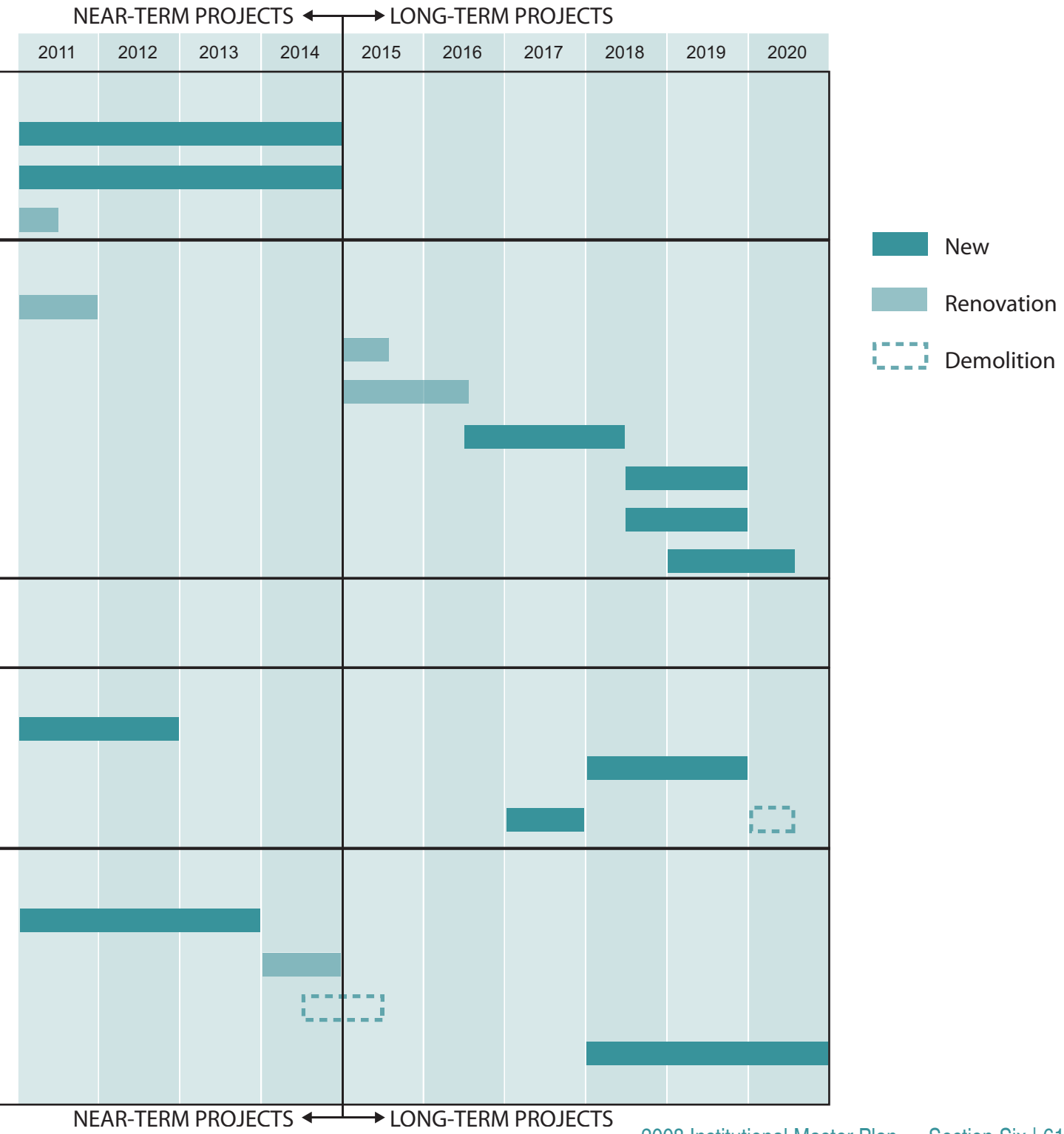
- Compliance with the strictest standards of SB 1953, resulting in a hospital that will be able to resist and still function after a major earthquake
- Compliance with "best practices" for modern hospitals, which will improve emergency room capacity and efficiency and provide for mass triage and mass deluge showers, an enhanced communications command center, an improved security control center, and improved building access control
- Ability to isolate patients when necessary to respond to a mass contamination event
- Ability to operate on emergency generator power for up to 96 hours in the event of an extended power failure

SEQUENCE OF DEVELOPMENT

In order to meet the seismic safety deadlines set by the State of California and avoid a major disruption of health care services to the community, development under the IMP will follow a carefully planned schedule. The schedule will be evaluated and modified as necessary.

Figure 06-03
Sequence of Development




NEAR-TERM PROJECTS
LONG-TERM PROJECTS
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
New
Renovation
Demolition
NEAR-TERM PROJECTS
LONG-TERM PROJECTS

STATUS OF ENVIRONMENTAL REVIEW

2005 Environmental Evaluation Application

In June 2005, CPMC submitted an Environmental Evaluation Application (EEA) to the San Francisco Planning Department. The City determined that the project described in the EEA and outlined in CPMC's 2004 IMP Update—a master plan for new development and changes at three existing CPMC campuses and the development of a new campus at Cathedral Hill—would require the preparation of an Environmental Impact Report (EIR).

In July 2006, the Planning Department conducted a public scoping meeting in accordance with the California Environmental Quality Act (CEQA). At the meeting, questions and comments raised about the new hospital focused on the proposed height and bulk of the building, parking and traffic issues, consistency with the Van Ness Avenue Area Plan, need for coordination with the Geary and Van Ness Bus Rapid Transit (BRT) projects, and environmental impacts such as effects on wind patterns, microclimates, and shadows. Similar concerns were raised regarding development at CPMC's other campuses, including traffic and impacts on adjacent residential areas, particularly during construction.

2008 Revised Environmental Evaluation Application

St. Luke's became a CPMC campus on January 1, 2007. In the early part of 2007, CPMC began a new round of planning and hospital redesign to address the incorporation of St. Luke's into CPMC as well as the rising costs of new construction.

In February 2008, CPMC submitted a revised EEA to the City. In response to recommendations of the St. Luke's Blue Ribbon Panel, and to reflect other project design changes, additional revisions to the EEA were submitted in December 2008. The Planning Department has indicated its intention to conduct a new public scoping meeting for input on the environmental analysis. This meeting is expected to be held in early 2009.

Transportation Analysis

Included as Appendix B is a Transportation Study that was prepared for this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Figure 06-04
Proposed Cathedral Hill Campus Citywide Context

Luisa

Mother of Triplets

"Even though I knew my doctor had other patients, I always felt special. He relieved my stress and gave me the confidence and assurance that I could do this."

Luisa stands about 5′ 1″ in heels. So when she learned she was expecting triplets, she realized she was going to need the best specialists available to help her carry three babies in such a tiny body. She chose California Pacific Medical Center because of its experience and success with high-risk multiple births. In fact, she and her husband had so much confidence in CPMC that they moved to San Francisco from the East Bay to be closer to the hospital. Luisa was constantly amazed by the amount of time and attention she received, not only from doctors and nurses, but also from nutritionists, genetic counselors and ultrasonographers. She was especially impressed and thankful when Patient Financial Services helped her navigate the waters of insurance claims.

Although nearly 90 percent of all triplet births result in preterm labor, Luisa accomplished the superhuman task of carrying her babies to full term. Much of it was due to her strength and determination, but Luisa also credits her doctor with making her feel calm, focused and confident throughout her pregnancy. During her C-section delivery, three teams were present—one for each infant—consisting of a neonatologist, a NICU nurse and a respiratory specialist. But as each little girl arrived healthy and weighing more than four pounds, everyone happily realized that no special care was necessary. Over the next three days, a busy team of nurses offered a steady and very much-appreciated stream of advice, ideas and techniques on life with three newborns. By the time they left the hospital, Luisa and her family were prepared and excited for the next chapter in their lives. Or, shall we say, the next three.

SECTION SEVEN: CATHEDRAL HILL CAMPUS

California Pacific Medical Center is committed to a vision of health care for the community that will fulfill CPMC's mission of clinical excellence, education, and research. This vision encompasses a new state-of-the-art facility and programs at the Cathedral Hill Campus, located at Van Ness Avenue and Geary Boulevard. CPMC seeks to build a new 555-bed acute care hospital at Cathedral Hill to continue to provide high-quality health care to San Francisco and meet state seismic safety deadlines.

The new Cathedral Hill Hospital will bring CPMC's acute care, critical care, and emergency services from the Pacific and California Campuses to one central location that will provide essential services to the community and remain operational after a major earthquake. The new facility will be a state-of-the-art tertiary and quaternary care hospital for San Francisco, providing major medical programs and services such as organ transplantation, interventional cardiology, oncology, gastroenterology and other critical care services. The Cathedral Hill Hospital will also include a distinct women and children's hospital, providing maternity, pediatrics, and neonatal intensive care. The Cathedral Hill Campus will include a new medical office building across Van Ness Avenue from the proposed hospital, as well as a medical office building at 1375 Sutter Street.

The Cathedral Hill Campus is critically important to San Francisco and is needed to preserve essential health care services in the City. The plans lay the foundation for the next generation of health care using the latest advancements in medical technology and building facilities. The plans will create a signature urban facility that will represent San Francisco's commitment to accessible health care and serve the community for decades to come.

This section of the IMP is divided into three sub-parts. The first part is a comprehensive overview of the existing conditions at the proposed Cathedral Hill Campus, including its location, existing buildings, and transportation conditions. The second part of the section describes the proposed facilities and future development. The last part focuses on neighborhood context and City requirements.

Figure 07-01
Cathedral Hill Campus: Location and Context

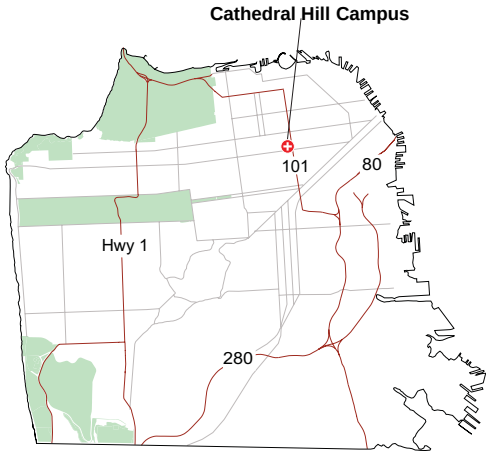
EXISTING CONDITIONS

Location and Context

The Cathedral Hill Campus will be located in the Cathedral Hill neighborhood of San Francisco, on Van Ness Avenue at the intersection of Geary Boulevard. Its location is important to the City. The site is on major transportation corridors, offering easy access by public transit as well as by car. It is also close to downtown San Francisco and forms an extension of the urban core. The proposed hospital will provide more access to health care in the diverse neighborhoods surrounding the campus, including the Tenderloin, Civic Center, Little Saigon, Western Addition, Japantown, Lower Pacific Heights, and the Polk district.

The Cathedral Hill Campus occupies an overall site area of approximately 3.85 acres. The building site slopes moderately down from Franklin Street to Van Ness Avenue on the east and gradually down from Post Street on the north to Geary Street on the south. The proposed Cathedral Hill Hospital will be located on the west side of Van Ness Avenue, and the proposed Cathedral Hill Medical Office Building will be located on the east side of the street. The hospital site generally slopes 36

Figure 07-02
Cathedral Hill—Citywide Context



feet in a southeast direction. The medical office building site slopes 24 feet in a southeast direction.

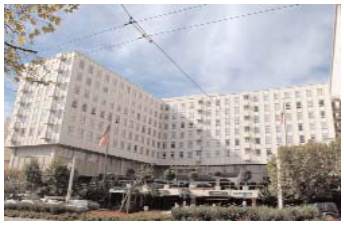
In addition, the campus will make use of an existing office building at 1375 Sutter Street, located one block north of the proposed hospital site. CPMC acquired the 1375 Sutter building in 2008. The building will be used for supporting medical office uses for CPMC.

Existing Buildings

The western portion of the proposed campus is a full city block, approximately 106,000 square feet in area, bounded by Van Ness Avenue, Geary Boulevard, Post Street, and Franklin Street. The block is currently occupied by two buildings: the Cathedral Hill Hotel, a 402-room hotel with ten stories above ground and one basement level; and the 1255 Post Street Office Building, an 11-story building with one basement level on the northwest corner of the lot, bordering Post Street and Franklin Street.

The eastern portion of the proposed campus, where the proposed Cathedral Hill Medical Office Building would be located, is on the western part of the block bounded by Van Ness Avenue, Cedar Street, Geary Street, and Polk Street. (Geary Boulevard becomes Geary Street east of Van Ness Avenue.) There are seven existing buildings on this portion of the future campus. All of these buildings would be demolished to allow construction of the proposed Cathedral Hill Medical Office Building. CPMC will meet or exceed all legal requirements related to relocation and replacement housing.

Existing Buildings at the Proposed Cathedral Hill Campus



1. Cathedral Hill Hotel
1101 Van Ness Avenue

Present Use:	402-room hotel and retail
Height:	10 stories with a basement / 176 feet
Gross Square Feet:	445,391
Parking:	405 spaces

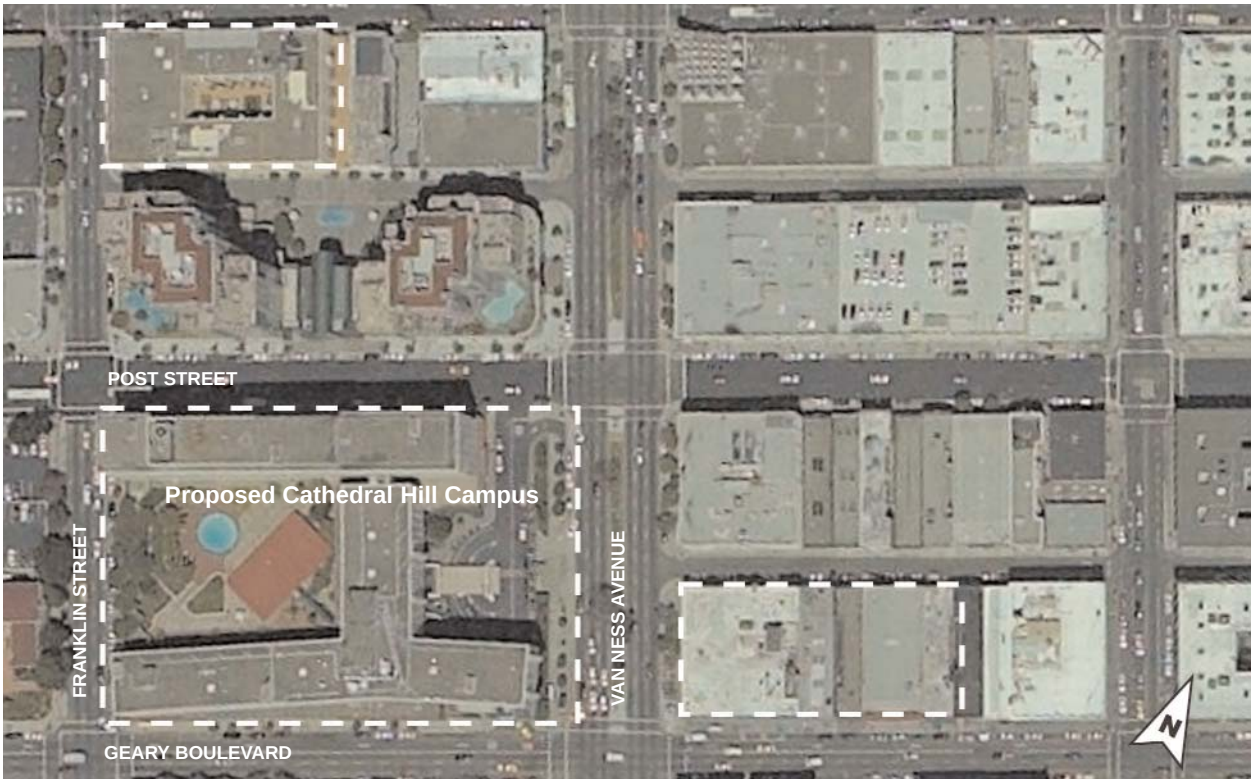
2. Office Building
1255 Post Street

Present Use:	Office, ground-floor retail, 16 hotel rooms
Height:	11 stories / approx. 180 feet
Gross Square Feet:	209,700

3. 1100 Van Ness Avenue

Present Use:	Retail
Height:	3 stories / 40 feet
Gross Square Feet:	39,240

Figure 07-03
Cathedral Hill Campus—Aerial View



4. 1062 Geary Street

Present Use:	Residential (one unit) and light industrial
Height:	2 stories / 28 feet
Gross Square Feet:	6,960

5. 1054-1060 Geary Street

Present Use:	Residential (four units) and retail
Height:	2 stories / 28 feet
Gross Square Feet:	6,240

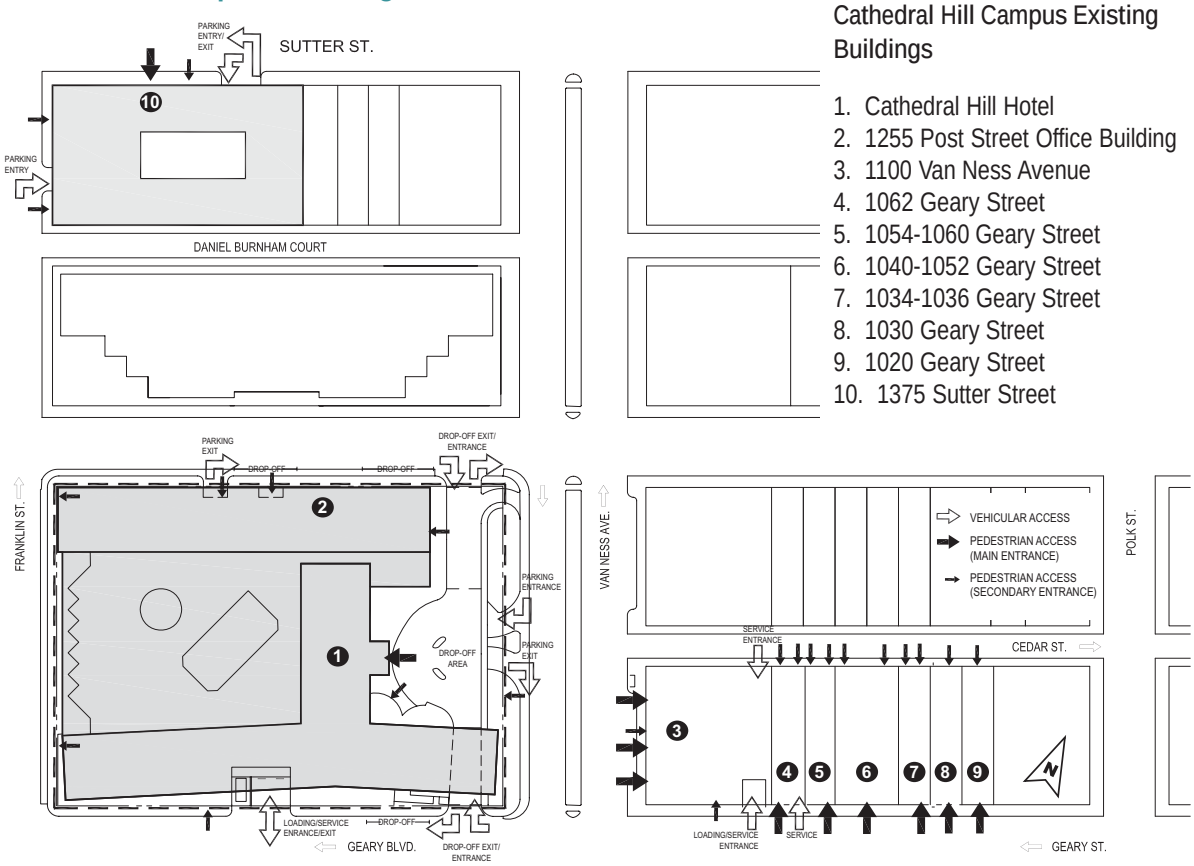
6. 1040-1052 Geary Street

Present Use:	Residential/commercial (vacant)
Height:	2 stories / 36 feet
Gross Square Feet:	26,000

7. 1034-1036 Geary Street

Present Use:	Hotel (six rooms) and retail
Height:	3 stories / 32 feet
Gross Square Feet:	5,940

Figure 07-04
Cathedral Hill Campus—Existing Site Plan



Cathedral Hill Campus Existing Buildings

1. Cathedral Hill Hotel
2. 1255 Post Street Office Building
3. 1100 Van Ness Avenue
4. 1062 Geary Street
5. 1054-1060 Geary Street
6. 1040-1052 Geary Street
7. 1034-1036 Geary Street
8. 1030 Geary Street
9. 1020 Geary Street
10. 1375 Sutter Street

8. 1030 Geary Street

Present Use:	Residential hotel and retail
Height:	3 stories / 36 feet
Gross Square Feet:	9,420

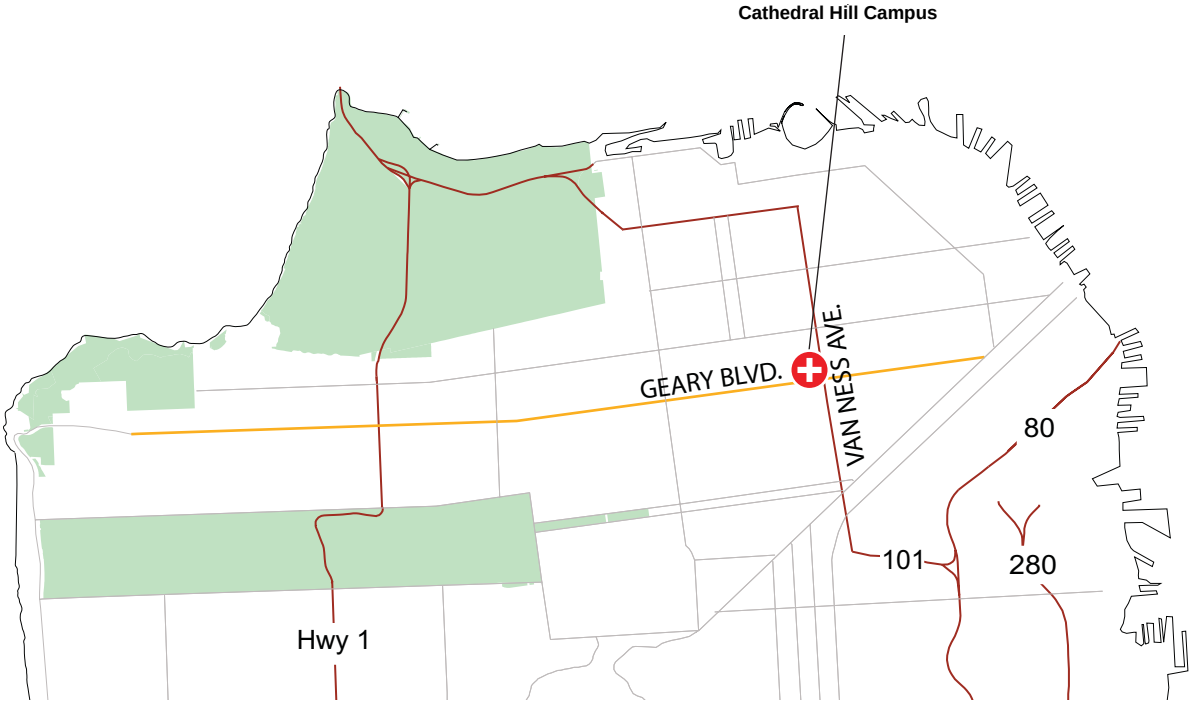
9. 1020 Geary Street

Present Use:	Retail
Height:	2 stories / 30 feet
Gross Square Feet:	6,600

10. 1375 Sutter Street

Present Use:	Retail and offices (including medical offices)
Height:	5 stories + 2 underground / approximately 80 feet
Gross Square Feet:	167,400
Parking:	172 spaces

Figure 07-05
Cathedral Hill Campus—Street Access



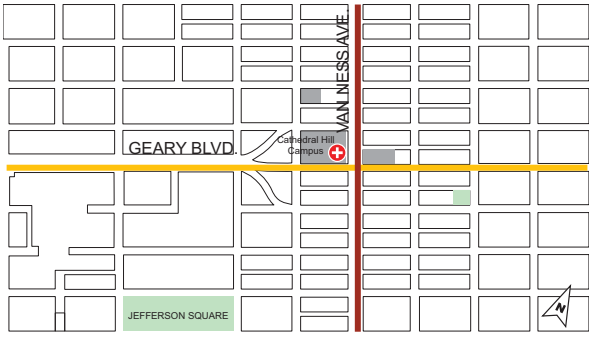
Existing Transportation Conditions

The Cathedral Hill Campus site is in a mixed-use area of San Francisco that is directly accessible by car and transit. The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

Primary access to the Cathedral Hill Campus is via two major arterial City streets: Van Ness Avenue (which is also U.S. Highway 101) and Geary Boulevard. Other abutting and nearby streets, such as Franklin and Gough Streets, are well-traveled and will provide access to the campus.

Figure 07-06
Cathedral Hill Campus—Arterial Streets



Geary Boulevard is a divided six-lane east-west roadway to the west of the hospital site. Franklin Street is a northbound four-lane thoroughfare with timed lights to accommodate large traffic volumes. Gough Street, located one block to the west of Franklin Street, is the major thoroughfare for southbound traffic. The four streets adjoining the hospital site create a clockwise traffic pattern around the site, as Franklin and Post Streets and Geary Boulevard are all one-way at this block. The Cathedral Hill Medical Office Building site has a similar situation, as Cedar Street is one-way eastbound and Geary Street is one-way westbound, permitting right turns into the building or around the block.

The 1375 Sutter Street building has access via Sutter and Franklin streets. Sutter Street is a three-lane one-way westbound street.

Regional Access

The Cathedral Hill Campus is served by three regional freeways. Interstate 80 provides access to and from the East Bay. U.S. Highway 101 (Van Ness Avenue) provides access to and from the North Bay, South Bay, and Peninsula. Interstate 280 provides access between eastern/southeastern San Francisco and the South Bay/Peninsula.

Van Ness Avenue is the continuation of Highway 101 through the City. This route connects the Golden Gate Bridge to the north (via Lombard Street) with the elevated Highway 101 south of Market Street.

Shuttle Service

Shuttle service between the Pacific Campus and the Cathedral Hill Hotel is available for employees of CPMC. The CHH Shuttle stops at the off-site Department of Surgery at 1700 California Street and the off-site Pre-Registration and Learning Center at 1825 Sacramento Street. From the Pacific Campus, riders can transfer to other CPMC-bound campus shuttles.

Transit Access

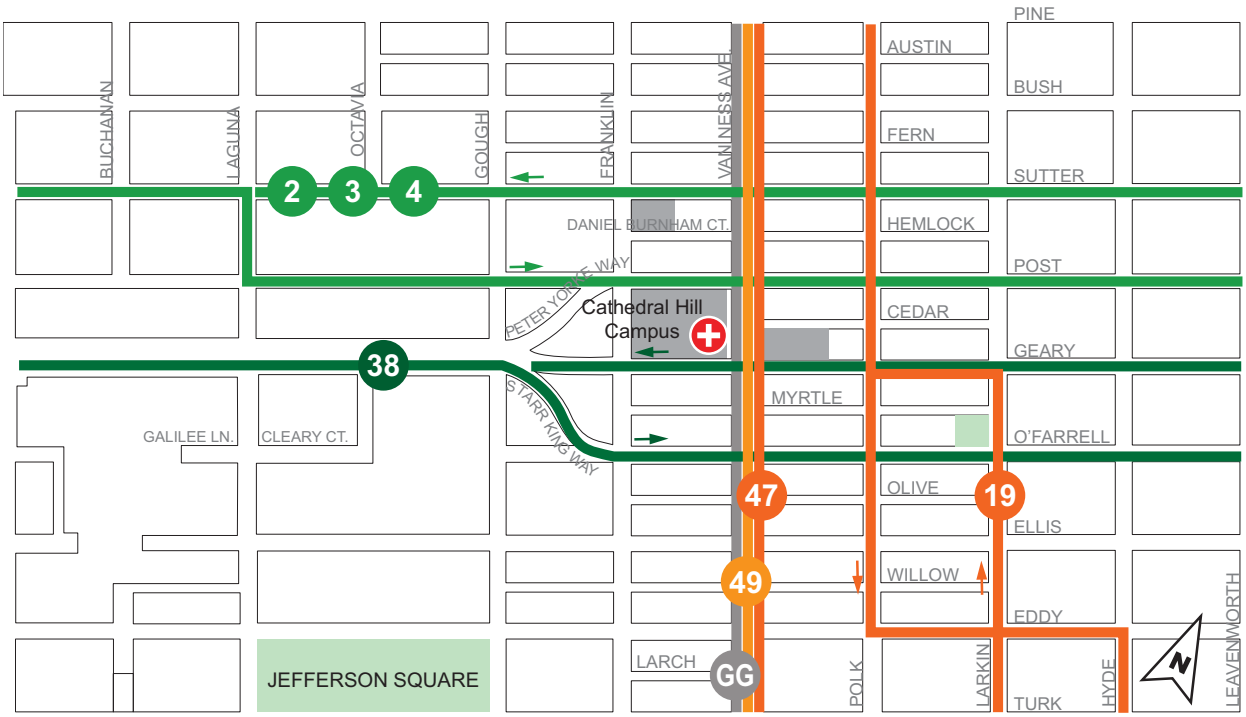
Of all of CPMC's campuses, the Cathedral Hill site is best served by transit. The Cathedral Hill Campus is served by the following Muni bus routes: 38-Geary, 47-Van Ness, 49-Van Ness-Mission, 2-Clement, 3-Jackson, 4-Sutter, and 19-Polk.

Cathedral Hill Campus Muni Bus Routes

38-Geary:	Connects the Richmond District to downtown via 43rd Avenue, Geary Street/ Boulevard, Starr King, O'Farrell Street, Market Street, and 1st Street, terminating at the Transbay Terminal.
47-Van Ness:	Connects the Caltrain station to Fisherman's Wharf via Civic Center via 4th Street and Townsend Street (Caltrain station), 5th Street, Harrison Street, 11th Street, Mission Street, South Van Ness Avenue, North Point Street, Powell Street (Fisherman's Wharf), and Beach Street.
49-Van Ness-Mission:	Connects City College to Fort Mason via Ocean Avenue and Phelan Avenue (at City College), Ocean Avenue, Mission Street, South Van Ness Avenue, Van Ness Avenue, and North Point Street.

(continued on next page)

Figure 07-07
Cathedral Hill Campus—Muni Bus Routes



Cathedral Hill Campus Muni Bus Routes (continued)

2-Clement: Connects the Outer Richmond to the Ferry Terminal through a series of streets; primarily 33rd Avenue, and Clement, California, Sutter, Post, and Market Streets.

3-Jackson: Connects the Inner Richmond to Downtown via Presidio Avenue, Jackson Street, Fillmore Street, Sutter Street, Post Street, Bush Street, and Sansome Street.

4-Sutter: Connects the Inner Richmond to Downtown via California Street and 6th Avenue and Sutter, Post, Kearny, Bush, and Sansome Streets.

19-Polk: Connects Fisherman's Wharf to Hunters Point via a series of streets, primarily Beach Street, Polk Street, Eddy Street, Hyde Street, 8th Street, Rhode Island Street, and Evans Avenue.

In Addition, Golden Gate Transit (GG) runs on Van Ness Avenue, connecting Marin to San Francisco via the Golden Gate Bridge.

Muni Bus Routes between the Cathedral Hill Campus and Other Campuses

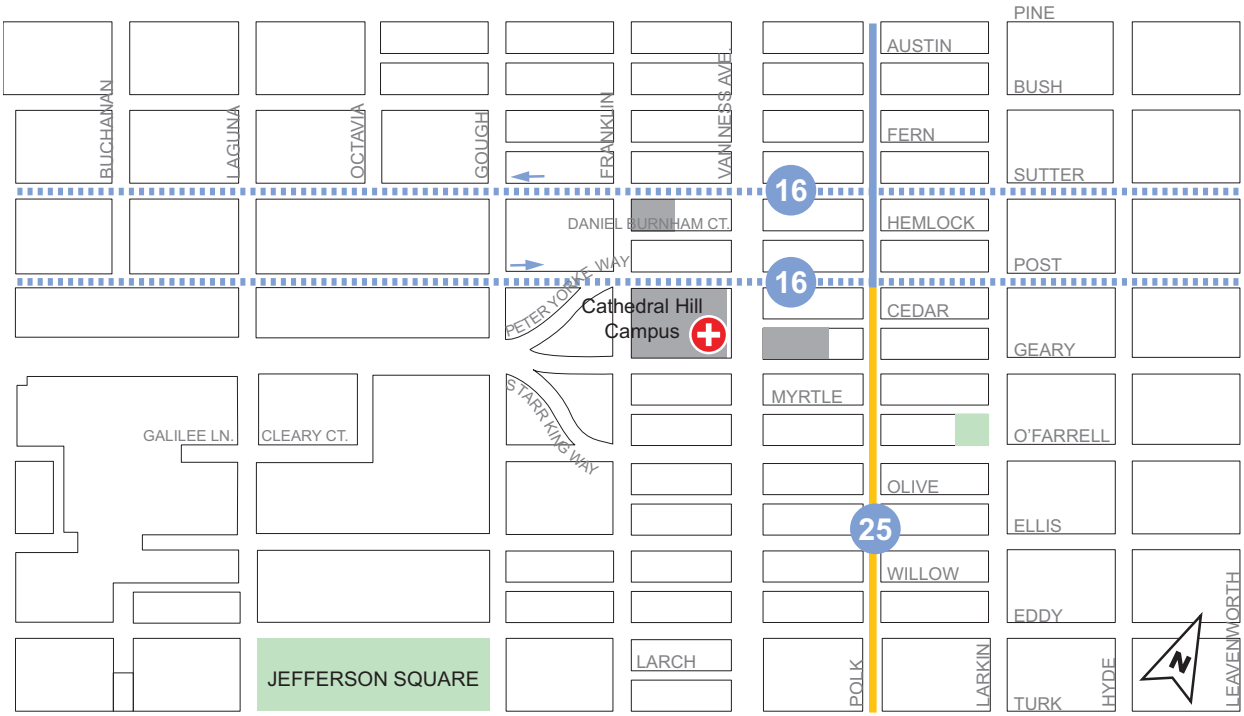
To St. Luke's Campus:
49-Van Ness/ Mission

To California Campus:
4-Sutter,
2-Clement

To Pacific Campus:
3-Jackson

To Davies Campus:
38-Geary,
24-Divisadero

Figure 07-08
Cathedral Hill Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the Cathedral Hill campus include:

Route 25: Between Post Street and Market Street, Route 25 is a Class II bike route (with signs and a dedicated on-street bike lane). Between Post Street and Beach Street, Route 25 varies between Class II and Class III (signs only, no dedicated bike lanes).

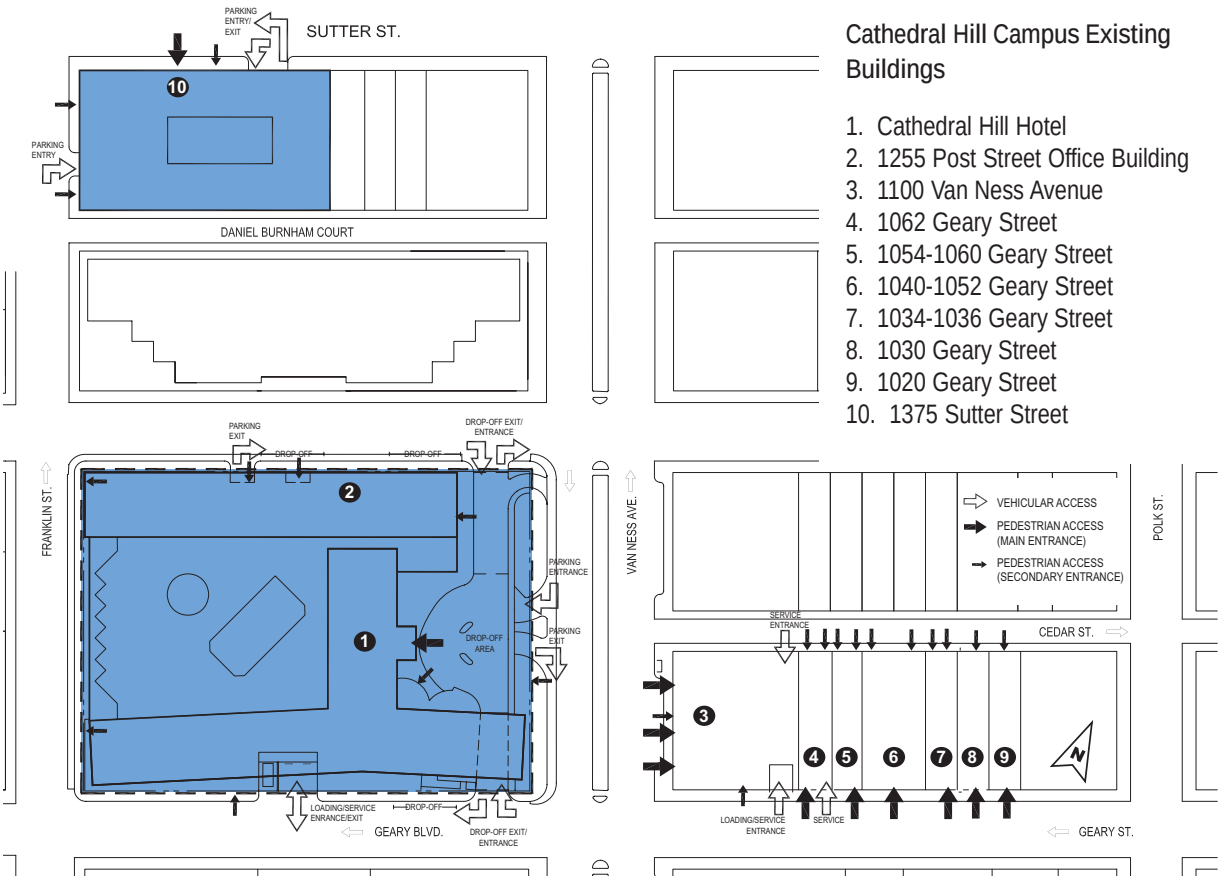
Route 16: Route 16 runs on two one-way streets—Post and Sutter—between Steiner and Market streets. This Class III narrow bike route shares the roadway with vehicles.

Bike Lane
(Dedicated bike lane on roadway edge)

Wide Curb Lane Bike Route
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)

Bike Route
(Bikes and cars share the same roadway)

Figure 07-09
Cathedral Hill Campus—Existing Off-Street Parking



Cathedral Hill Campus Existing Buildings

1. Cathedral Hill Hotel
2. 1255 Post Street Office Building
3. 1100 Van Ness Avenue
4. 1062 Geary Street
5. 1054-1060 Geary Street
6. 1040-1052 Geary Street
7. 1034-1036 Geary Street
8. 1030 Geary Street
9. 1020 Geary Street
10. 1375 Sutter Street

Off-Street Parking

The Cathedral Hill Hotel currently has 405 underground parking spaces. The garage serves the hotel and the 1255 Post Street office building, and provides parking for the neighborhood.

The building at 1375 Sutter Street has 172 parking spaces.

MODERN HOSPITAL REQUIREMENTS

- Greater number of and larger intensive care units
- Wider hallways for moving equipment and beds
- Higher floor to floor for additional utilities
- Larger emergency department
- Increased security measures
- New patient privacy standards

FACILITY PLANNING AND FUTURE DEVELOPMENT

The proposed campus at Cathedral Hill would consist of a new hospital and medical office building. The plans also include renovations to an existing office building at 1375 Sutter Street.

As one of the most important new buildings in San Francisco, the new hospital will have parallel goals to make an architectural statement as well as respect the scale, mass, and character of the existing Cathedral Hill neighborhood. The facility is designed to meet SB 1953 requirements and other current codes, regulations, and standards, as well as projected future health care needs.

Compared to older facilities, today's hospitals are larger—both to meet regulations and codes and also to accommodate new medical technologies and allow more patient privacy. In a suburban setting, a similar hospital would be built on several acres; however, a site in an urban built-out environment such as Cathedral Hill has constraints and complexities. As a result, the Cathedral Hill Hospital is designed as a high-rise building.

Currently, women and children's services and general acute care services are provided on multiple CPMC campuses. Consolidating programs at the Cathedral Hill Campus will allow for shared tertiary services and staff, collocation of emergency services, collocation of intensive care services, equality of care, and patient convenience. It will also eliminate the need for inter-campus transfer of many critically ill patients.

The New Hospital

The design of the new CPMC Cathedral Hill Hospital reflects the project's comprehensive medical care mission. The hospital incorporates forward-thinking design concepts, seismic advancements, and sustainable features in a major urban development. The result will be a 555-bed, 15-story, 925,700-square-foot acute care and women and children's hospital (with a 245,000-square-foot underground parking garage) that will lead the way for a new generation of medical centers.

Building Height and Massing

In San Francisco, building heights correlate with the underlying topography. The proposed hospital will complement the Cathedral Hill neighborhood's high-rise condominiums, apartments, and churches built atop this prominent rise.

The proposed hospital will be 15 stories as seen from Van Ness Avenue. The building will measure approximately 290 feet tall (including two central plant floors at the top levels). Because the lot is sloped, the building height will be less (approximately 260 feet) when measured on Franklin Street. The building will be approximately 240 feet tall as measured in accordance with the San Francisco Planning Code.

The building's width and height are dictated by both its site and the program uniting services from two existing urban campuses—the Pacific Campus, which provides acute care, and the California Campus, which provides women and children's services—on one city block. The diagnostic/treatment programs, which require sizable floor plates to allow various functions to adjoin each other, will be in the podium of the building. The nursing tower will rise from the podium for a total of 11 floors. The ground floors (at grade levels) will accommodate the pedestrian and vehicle entrances to the hospital, including the lobby, emergency department, off-street drop-off areas, and loading docks.

While the proposed hospital will be a contemporary high-rise, the design responds to the scale and context of the neighborhood. The façade will complement surrounding buildings. The building exterior will integrate modern and traditional architectural materials, including concrete, stone, metal, and glass.

Site Access

CPMC, in conjunction with the City and County of San Francisco, will be promoting the City's transit-first policy by accommodating public transportation options for patients, visitors, and staff at the new hospital. The proposed design incorporates direct links to bus access.

The sloping site is surrounded on all sides by major San Francisco streets. In addition, the City's policy has been to discourage vehicular access from Van Ness Avenue. To address these issues, the proposed design includes a mid-block access drive on Post and Geary, which will minimize traffic conflicts and also provide separate and distinct entrances for acute care and women and children's services. Pedestrians will mainly enter the site from the Van Ness Avenue entrance. The mid-block drive will also be the entrance to the 555-space parking garage.

The emergency department vehicular entrance will be on Franklin Street. This will be a drive-in feature that will allow ambulances and cars to conveniently drop off patients inside the building.

Significant consideration has been given to the location of the loading docks for deliveries, to minimize disruptions to the surrounding neighborhood. The loading dock entrance, located on Franklin Street, will accommodate

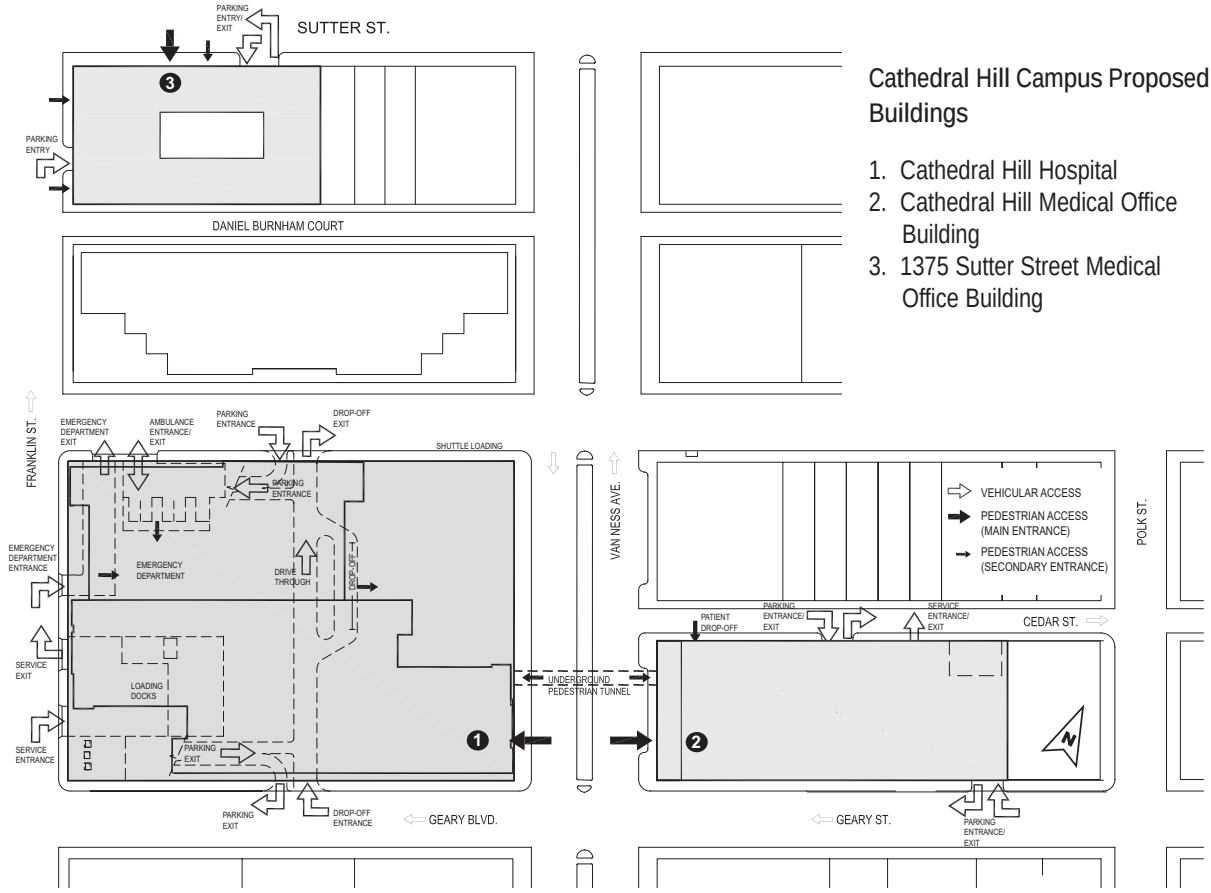
The proposed Cathedral Hill Hospital as seen from Van Ness Avenue at Geary Boulevard.

View from Franklin and Geary.

View of emergency department entrance from Franklin and Post.

Aerial views (simulations) of the proposed Cathedral Hill Hospital looking northwest (L) and east (R).

Figure 07-10
Cathedral Hill Campus—Proposed Site Plan



the largest (55-foot-long) trucks used by the hospital. This location will allow trucks to make their deliveries and maneuver inside the building, thus avoiding traffic back-ups on the street. Many deliveries to the hospital will come from Sutter Health's distribution facilities in Burlingame, California, where delivery times can be efficiently managed.

Seismic System

The Cathedral Hill Hospital will comply with the most stringent requirements of California law so that it will remain operational after a strong earthquake. In order to meet these requirements, structural engineers can choose from a number of technologies for the hospital structure. The sloping topography of the hospital site limits the viability of some technologies, such as base isolation, for practicable use in protecting the new hospital. CPMC's engineers have chosen to use viscous wall dampers with a moment resistant frame.

Viscous wall dampers, using a technology similar to hydraulic shock absorbers in a car, have been used since the 1990s to protect buildings during an earthquake. The specific dampers chosen for the Cathedral Hill Hospital were developed in Japan and successfully used in that earthquake-prone country. The proposed seismic and structural design of the Cathedral Hill Hospital is currently under review by Office of Statewide Health Planning and Development (OSHPD). Approximately 170 dampers will be installed in the exterior walls of the hospital tower. The

dampers will absorb most of the shock in a seismic event, reducing impacts on the steel building frame. Because the wall dampers are structurally integrated into the exterior walls, they will be incorporated into the façade design.

The Patient Experience

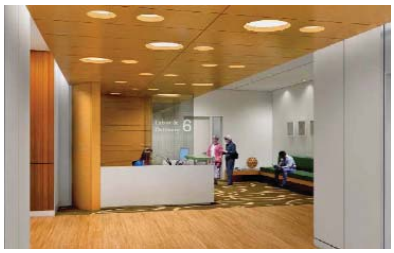
CPMC's health care delivery focuses on the patient experience—the patients come first. Patients must be able to easily recognize and locate medical facilities, which is why the Cathedral Hill Campus site is centrally located and easily accessible by transit. The new hospital will provide comfortable and healing environments, with individual patient rooms and medical consulting rooms for privacy and visitor hospitality lounges on each floor. The patient-focused design of the hospital will provide easy way-finding signage, a one-stop registration for all operating room procedures, and an easily accessible emergency department. Efficient inter-campus transit and convenient parking are important to patients and their families as well. Inside the building, high-quality interior finishes, natural lighting, and comforting ambiance will improve the overall patient experience.

Interior Design Features

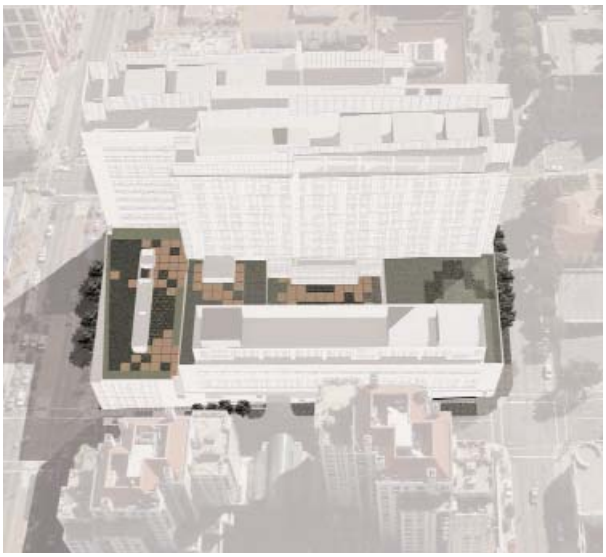
In keeping with CPMC's mission to provide high-quality health care in a compassionate and respectful environment, designers looked to the hospitality industry for models of comfort, calmness, simplicity, and elegance, as well as green elements. The use of stone flooring, wood accents, and water features will bring the patient back to nature. These architectural elements are not only aesthetically pleasing but also have proven benefits in healing.

IMPROVING THE PATIENT EXPERIENCE

- Single rooms
- Family accommodations
- Natural light
- Family and social spaces
- Convenient access and parking
- Improved way-finding



Interior views of the proposed Cathedral Hill Hospital.



Proposed Green Roof on Cathedral Hill Hospital.

Figure 07-11
Approximate Schedule for Construction of the Cathedral Hill Campus

	Start	Finish
Construction of the Hospital	8/2010	12/2014
Demolition	8/2010	6/2011
Excavation	3/2011	11/2011
Foundation	11/2011	6/2012
Structure	6/2012	4/2013
Exterior	10/2012	7/2013
Interior and Activation	9/2012	12/2014
Construction of the Medical Office Building		
Demolition	8/2010	3/2011
Excavation	4/2011	8/2011
Foundation	7/2011	6/2012
Structure	11/2011	11/2012
Exterior	11/2012	4/2013
Interior and Activation	4/2013	7/2014
Construction of the Van Ness Avenue Tunnel		
Excavation	11/2011	1/2012
Foundation	12/2011	12/2011
Exterior	2/2012	2/2012
Interior	10/2013	3/2014

Going Green

CPMC is conscious of the environmental impacts of its facilities and is committed to making the new hospital green in both its construction and its operations. The hospital is currently registered as a project seeking Leadership in Energy and Environmental Design (LEED) status. New and innovative ideas are being introduced to make the hospital an environmentally responsible facility. The design team is currently exploring alternatives for reduced maintenance, lower noise levels, and increased energy savings.

Cathedral Hill Medical Office Building

In conjunction with the construction of the new hospital, the project includes the construction of a medical office building directly across Van Ness Avenue from the Cathedral Hill Hospital site. The new building will provide offices for doctors affiliated with the hospital. The approximately 502,200-gross-square-foot Cathedral Hill Medical Office Building will be nine stories tall including a mechanical penthouse, reaching a height of approximately 130 feet as measured in accordance with the Planning Code. The proposed building will also contain underground parking with 622 parking spaces. To reduce parking demands on the neighborhood during construction, CPMC will build the parking garage first, for temporary use by construction workers. The building will be designed to meet LEED standards.

Van Ness Avenue Tunnel

A tunnel under Van Ness Avenue (approximately 30 feet below grade) is proposed to connect the hospital to the Cathedral Hill Medical Office Building. The tunnel will be used by patients, some of whom will be elderly or mobility-impaired and would find it difficult to cross Van Ness Avenue safely, particularly during inclement weather. The tunnel will also be used by physicians and staff.

1375 Sutter Street Building

The existing building at 1375 Sutter Street contains approximately 90,000 gross square feet of office and retail space with a 77,400-gross-square-foot parking garage. The building is currently a mix of general and medical office uses. As part of the Cathedral Hill Campus, the building will require upgrades to the building systems and finishes, reconfiguration of spaces, and general cosmetic improvements.

Project Schedule

Figure 07-11 shows an estimated project schedule for the planned development of the Cathedral Hill Campus.

Construction Phasing

The hospital and medical office building will be constructed over a period of approximately four years. The proposed tunnel will have a shorter construction period.

As shown in Figure 07-11, the construction phases for the structures will be demolition, excavation, foundation, structure, exterior finishing, and interior finishing. Many of these phases will overlap as work proceeds on more than one phase at the same time. The anticipated number of construction workers on the site will vary during the sequential stages of the four-year construction period for the hospital and medical office building.

Hospital Construction

On the hospital site, the building demolition, excavation, and foundation phases are expected to begin in the summer of 2010 and last almost two years (until summer 2012). During this period there will be an average of between about 15 and 20 workers and a maximum of between about 20 and 42 workers at the site. The structure phase will begin in summer 2012 and last about ten months. There will be about 285 workers present during this period. Interior finishing will begin in fall 2012 and last more than two years (until the end 2014). There will be an average of about 600 workers and a maximum of about 860 workers on the site during this period, but it should be noted that the work during this phase will be largely inside the structure. Exterior finishing will begin in fall 1012 and be completed in less than a year (by summer 2013). This phase will require an average of about 85 workers and a maximum of about 120 workers.

Medical Office Building Construction

All phases of work on the Cathedral Hill Medical Office Building from demolition through exterior finishing will occur between summer 2010 and spring 2013. The average number of workers during these phases will be between about 10 and 55. The maximum will range from about 10 to 80. Interior finishing will begin in spring 2013 and end in summer 2014. This phase will require an average of about 90 workers and a maximum of about 135 workers.

Tunnel Construction

The Van Ness Avenue tunnel will be constructed in two relatively short main time periods, with a 20-month gap in between. Demolition, excavation, foundation, and exterior finishing will begin fall 2011 and be completed by early 2012. There will be an average of between about 10 and 20 workers during this time, with a maximum of between about 15 and 30. The interior finishing phase will not begin until over a year and a half later and will last five months (until spring 2014). There will be an average of about 15 workers and a maximum of about 20 workers during this phase.

Figure 07-12
Cathedral Hill Campus—Neighborhood Context

NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

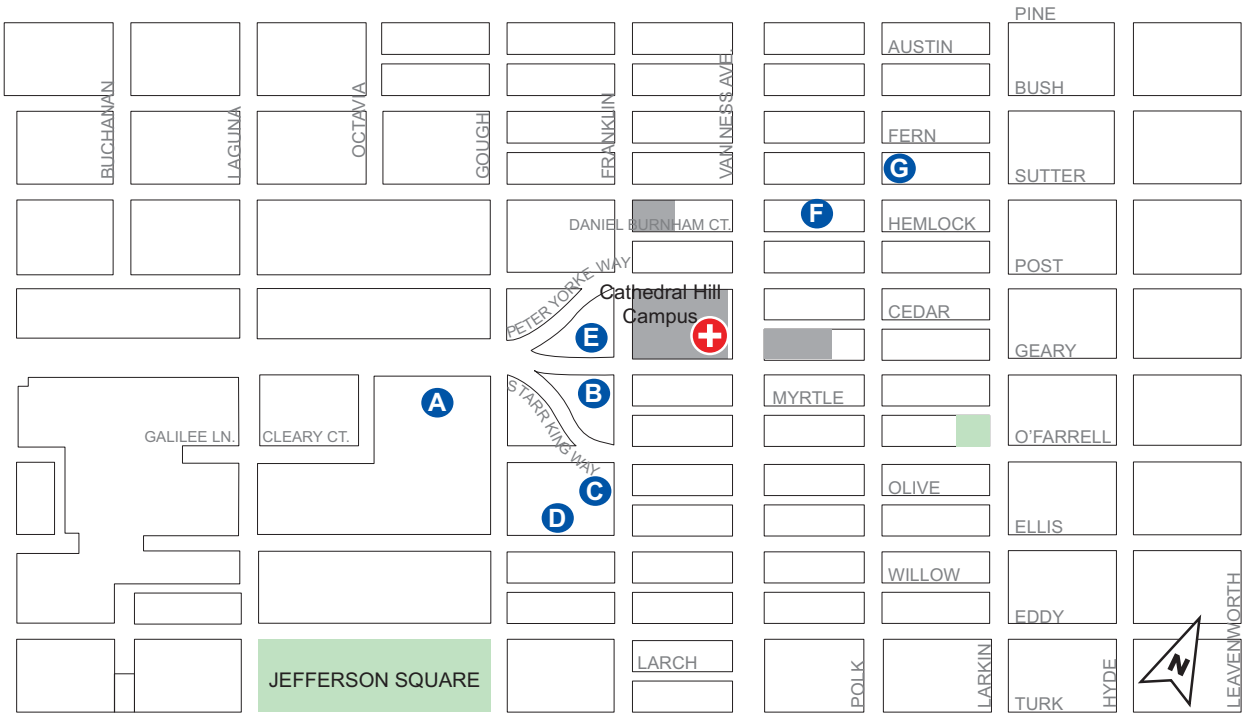
The neighborhoods surrounding the Cathedral Hill Campus include Cathedral Hill, the Tenderloin, the Polk district, the Western Addition, Civic Center, Little Saigon, Japantown, and Lower Pacific Heights.

The surrounding neighborhood is predominantly comprised of low- and mid-rise structures, with many large-scale high-rise apartment buildings, including senior housing, commercial buildings in the Van Ness corridor, and several houses of worship built atop the hill. The houses of worship include St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church. Several churches and other buildings in the neighborhood, particularly on Van Ness Avenue, are designated historic landmarks (as noted in the Van Ness Avenue Area Plan).

Van Ness Avenue is Highway 101 and is one of the busiest traffic and transit corridors in the City. It provides a north-south connection for major highways, connecting the Peninsula to the Golden Gate Bridge and Marin County. Development in this area is guided by the Van Ness Special Use District, which encourages new construction on Van Ness Avenue to be mixed-use and pedestrian-friendly.

All of these existing conditions provide context as well as design constraints for the project in relation to building mass, ground-floor activity, and architectural character.

Figure 07-13
Cathedral Hill Campus—Adjacent Institutions



City Planning Regulations

Zoning and Land Use

Cathedral Hill Hospital and Medical Office Building Sites

The portion of the Cathedral Hill Campus containing the proposed hospital and medical office building is in an RC-4 (Residential, Commercial, High-Density) zoning district. RC-4 districts encourage high-density residential uses with a maximum of one unit per 200 square feet of the lot area, and ground-floor retail to enhance the mixed-use character of the neighborhood. This district allows medical institutions as a conditional use. Medical office use is allowed in the RC-4 district as a conditional use when on the upper floors of a building. Other conditional uses allowed in this district include hotels, elementary schools, secondary schools, child care centers, and religious institutions.

ADJACENT INSTITUTIONS

A. St. Mary's Cathedral
1111 Gough Street

B. First Unitarian Universalist Church
1187 Franklin Street

C. St. Mark's Lutheran Church
1111 O'Farrell Street

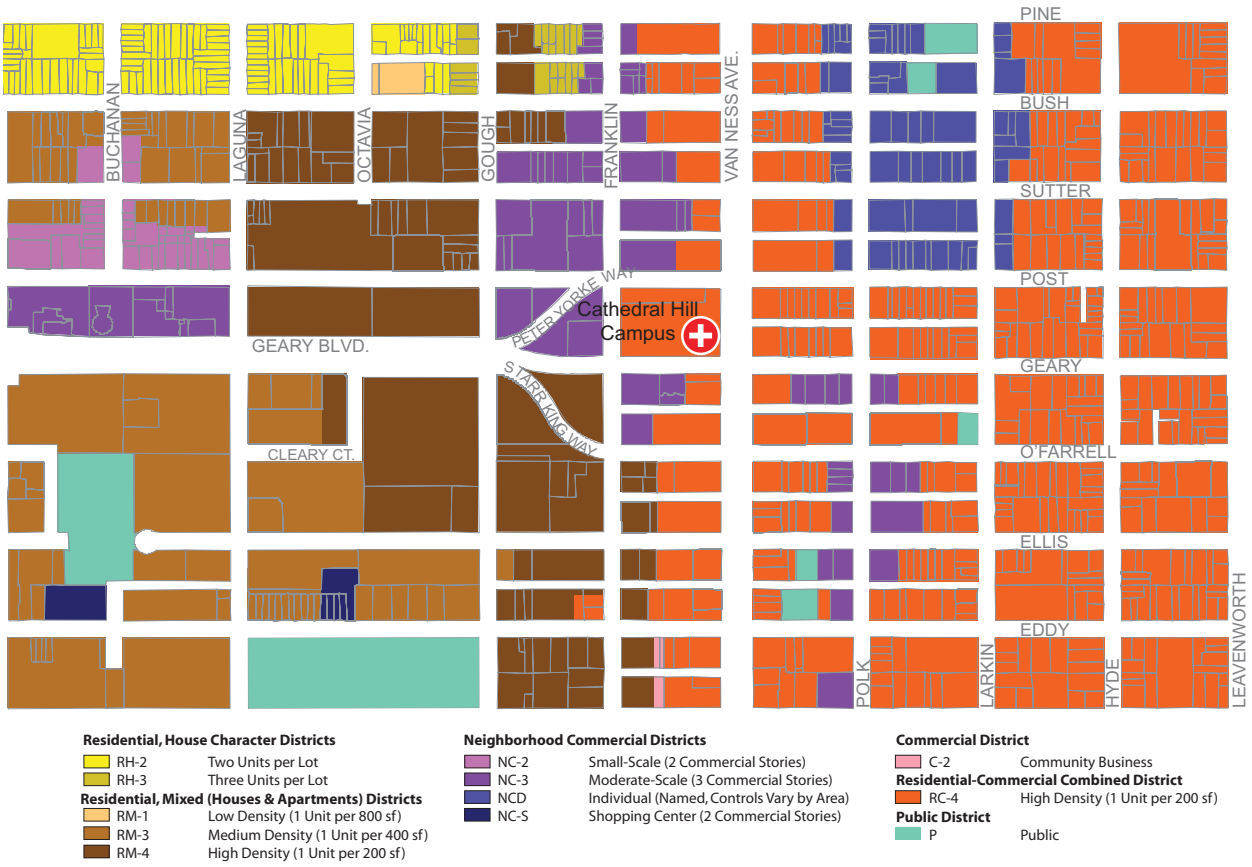
D. Sacred Heart Cathedral Preparatory
1055 Ellis Street

E. Hamilton Square Baptist Church
1212 Geary Boulevard

F. Masjid Al-Tawheed Mosque
1227 Sutter Street

G. First Congregational Church
1323 Polk Street

Figure 07-14
Cathedral Hill Campus—Zoning Districts

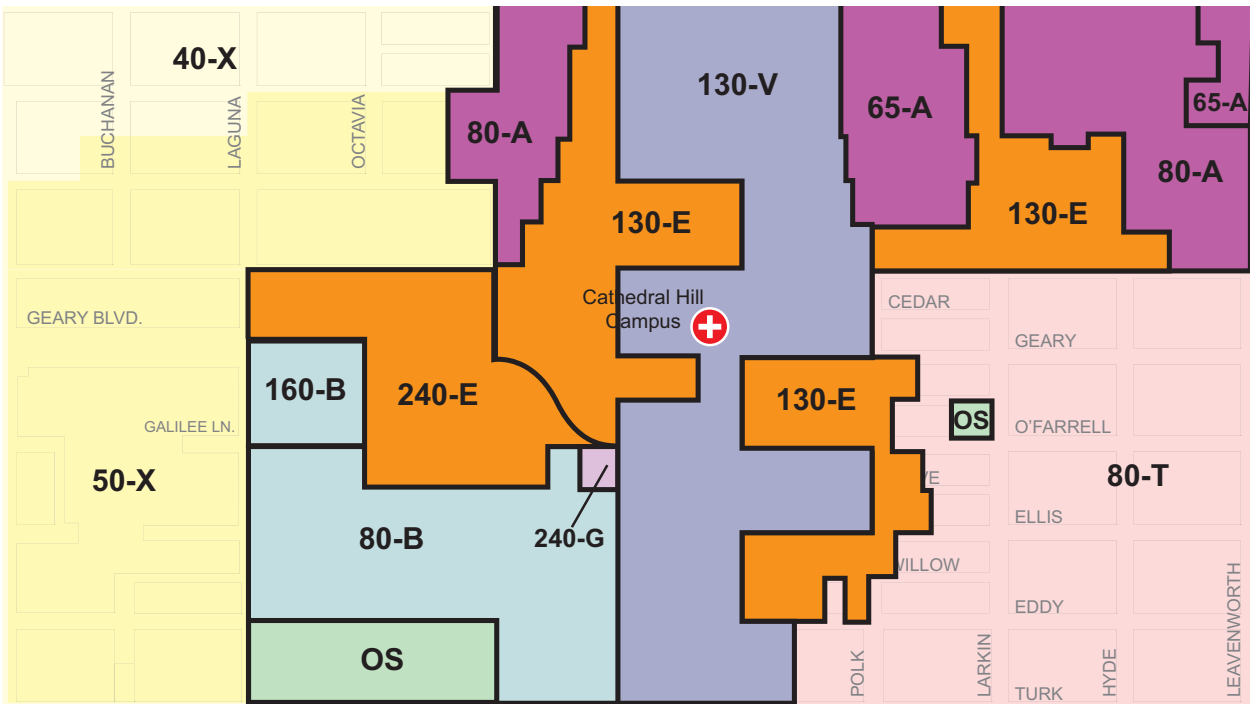


The site is also regulated by two special use districts: the Automotive Special Use District and the Van Ness Special Use District.

Van Ness Avenue has traditionally functioned as a transportation corridor connecting the northern and southern parts of the City. Historically, the corridor developed with numerous automobile-related land uses, including sales and repairs. The Automotive Special Use District was established in the 1960s to allow a continuation of automobile-related land uses along Van Ness Avenue.

Over the years, many auto-related uses have left the corridor, and a number of properties have become available for new development or adaptive re-use. In 1995, the City adopted the Van Ness Avenue Area Plan and Special Use District, which established land use, urban design, and transportation policies and regulations to preserve the character of Van Ness Avenue. The focus of the plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed-use boulevard. In order to encourage residential development, the Van Ness Special Use District eliminates density limits for housing and establishes a ratio for residential use for all new development such that, for every three square feet of floor area for non-residential uses (with the exception of hospitals), one square foot of residential area is required. This residential area requirement does not apply to the proposed Cathedral Hill Campus projects, which are hospital uses.

Figure 07-15
Cathedral Hill Campus—Building Height and Bulk Limits



The existing hotel site was part of the Western Addition A-2 Redevelopment Area. The Redevelopment Area jurisdiction expired in January 2009. The project will not require review by the San Francisco Redevelopment Agency.

1375 Sutter Street Office Building
The 1375 Sutter Street office building site is in an NC-3 (Neighborhood Commercial) zoning district. NC-3 zoning designations are reserved for commercial shopping districts serving populations beyond the immediate neighborhood. Medical office use is a permitted use in this district.

Surrounding Neighborhood
The zoning in the surrounding neighborhood supports a mix of residential and commercial uses. To the north and south of the new Cathedral Hill Campus is a continuation of the RC-4 district and the Van Ness Special Use District. The area to the east, including the Polk Street corridor and the Tenderloin/Civic Center, is zoned for NC-3 (Neighborhood Commercial) and Public uses. The general area to the west is zoned RM-4 (High Density, Residential, Mixed Houses and Apartments) and NC-3. RM-4 districts allow a building height of 240 feet.

BULK LIMITS

District Symbol	Height	Length	Diagonal
A	40 ft	110 ft	125 ft
B	50 ft	110 ft	125 ft
E	65 ft	110 ft	140 ft
G	80 ft	170 ft	200 ft
T	§ 132.2	110 ft	125 ft
V	§ 253.2	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Building Height and Bulk Limits

The proposed Cathedral Hill Campus is located in two separate height and bulk districts.

The hospital and medical office building sites are in Height and Bulk District 130-V, established in the Van Ness Special Use District regulations. This district allows heights of 130 feet, with any building over 40 feet in height requiring a conditional use permit. The bulk regulations allow a maximum building length of 110 feet and a maximum diagonal dimension of 140 feet. The Special Use District also establishes a recommended upper floor setback for continuity of street wall heights along Van Ness Avenue.

The building at 1375 Sutter Street is in Height and Bulk District 130-E, which requires buildings over 65 feet to obtain conditional use approvals. The bulk regulations allow a maximum building length of 110 feet and a maximum diagonal dimension of 140 feet.

Parking Requirements

In accordance with the San Francisco Planning Code, required parking for hospitals can be calculated either by bed count, at 1 space for every 8 inpatient beds (excluding bassinets), or by sleeping area, at 1 space for every 2,400 square feet of area. Required parking for medical office use is 1 space for every 300 square feet of occupied floor area. Required parking for general office/retail space is 1 space for every 500 square feet of occupied floor area.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR for the hospital and medical office building sites is 7 to 1, as established in the Van Ness Special Use District. The actual FAR for the property at 1375 Sutter Street is 3.6 to 1.

Van Ness and Geary Bus Rapid Transit (BRT)

The new Cathedral Hill Campus will be located at the intersection of the proposed Bus Rapid Transit (BRT) lines on Van Ness Avenue and Geary Boulevard — two of the most heavily used transportation corridors in the City. The San Francisco County Transportation Authority (SFCTA) is studying options for the BRT system. BRT aims to improve transit reliability and reduce travel time by installing dedicated bus lanes, new bus shelters with real-time information, and streetscape improvements. Any impacts near the proposed Cathedral Hill Campus associated with the planned BRT will be identified in the Environmental Impact Reports (EIRs) being prepared for the two lines.

Construction for the Van Ness BRT is currently anticipated to begin in 2010, with service to begin in 2011.

Construction for the Geary BRT is currently anticipated to begin in 2010-2011, with service to begin in 2012.

More information on the BRT and its relationship to the hospital project is provided in the transportation analysis section in Appendix B of this IMP.

Project Approvals Summary

The near-term projects at Cathedral Hill will require review and approvals by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City, county, and state agencies. The proposed Cathedral Hill Hospital and Medical Office Building will require changes to the San Francisco General Plan, Planning Code, and zoning maps. The proposed changes include amendments to the Van Ness Avenue Area Plan and planned unit

development conditional use authorizations that provide exceptions to requirements regarding ratio of residential uses, buildings over 40 feet, bulk limits, and demolition of residential units. The project will also require authorization for annual office limits. Necessary permits from Caltrans include approval of encroachment permits for the tunnel under Van Ness Avenue connecting the hospital and medical office building.

Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. The following is an overview of the major environmental topics that CPMC anticipates would be the focus of the environmental analysis for the Cathedral Hill hospital and medical office building, including possible approaches to improvement and/or mitigation measures. The more detailed analysis and conclusions on these issues will be contained in the EIR.

Land Use

Building a new hospital and medical office building at Cathedral Hill will intensify the uses at these sites. The new hospital and medical office building will be larger than the buildings that they will replace, and will generate more employment and visitor trips. It is not anticipated that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. However, the land use intensification is also relevant to other environmental topics such as transportation, discussed below. The proposed new medical office building on Geary Street will require the relocation of residential tenants. CPMC will meet or exceed all legal requirements related to relocation and replacement housing.

Aesthetics/Wind/Shadows

The new hospital building will be approximately 290 feet in height (240 feet as measured under the Planning Code), replacing the existing hotel and office building, which is approximately 180 feet in height. The additional height and bulk of the building will result in changes to the existing setting with respect to views, shadows and wind. In response to early neighborhood input, the new hospital building has been designed to address these issues. The largest height and mass has been placed on the southern half of the site for maximum distance from the adjacent residential towers. The building height on the northern portion of the site will be approximately the height of the existing office building. The majority of the Van Ness Avenue façade will be set back to preserve the streetscape and character of Van Ness Avenue. Preliminary shadow analysis completed for the new hospital and medical office building indicate that no new shadows would be cast on public parks. The project sponsor has also studied for informational purposes the effects on the adjacent residential tower, and has concluded that there will be no shadow effects on the swimming pools.

Historic and Archeological Resources

The sites for the hospital and medical office building do not include any historic resources. There are two San Francisco landmarks in the vicinity: the First Unitarian Universalist Church at 1187 Franklin Street and the Goodman Building at 1117 Geary Boulevard. The Van Ness Avenue Area Plan identifies several other significant or contributory buildings in the area. The construction management plan for the project will include specific measures as may be necessary to protect any nearby buildings, including the masonry building

at the First Unitarian Universalist Church, from construction-related impacts.

The EIR will identify the potential for construction at the site to impact archeological resources, and will include mitigation measures as may be required to address such impacts.

Transportation and Parking

Transportation and parking issues are addressed in the preliminary transportation analysis prepared by CHS Consulting for the project sponsor, contained in Appendix B of this document. The EIR will contain its own transportation analysis, which will identify any appropriate mitigation and/or improvement measures.

Other Operational Impacts

Once the hospital and medical office building are occupied, daily operations may have impacts such as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

Construction Impacts

Construction on the hospital and medical office building sites is expected to begin in 2010 and continue through approximately the end of 2014. This construction will result in temporary impacts related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise. The last year and a half of construction will generate the largest number of workers, and the medical office building parking garage will be available for parking during construction.

Community Outreach

CPMC has met with and will continue to dialogue with the members and representatives of the following groups to receive input on development plans:

- Lower Polk Neighbors
- Japantown Task Force
- Tenderloin Neighborhood Development Corporation
- Tenderloin Futures Collaborative
- Daniel Burnham Court Homeowners Association
- Hamilton Square Baptist Church
- First Unitarian Universalist Church
- Japantown Merchants Association
- Cathedral Hill Towers Homeowners Association
- Post International Homeowners Association
- Fillmore Merchants Association
- District 5 Together
- Cathedral Hill Neighborhood Association
- Sutterfield Homeowners Association
- The Sequoias Homeowners Association
- Van Ness/Eddy/Ellis Business Group
- Middle Polk Neighborhood Association
- Fillmore Jazz Community Benefit District
- Western Addition Citizens Advisory Committee
- Alliance for a Better District 6
- Larkin Street Youth Services
- D2gether

CPMC hopes to continue to be an integral part of the neighborhoods surrounding the proposed Cathedral Hill Campus. CPMC already makes the following resources available to nearby groups:

- Medical hotel for out-of-town patients and families
- Health Champions program at De Merillac Middle School
- Collaboration with Larkin Street Youth Services
- Educational assessment and care through the Kalmanovitz Child Development Center for homeless and low-income children and families at Raphael House
- Hepatitis B free screening program in Japantown
- Sponsorship of Asian Heritage Festival in Japantown
- Collaboration with benefit event for Tenderloin Health
- Flu shots at Tenderloin Health Fair
- Health screenings at Juneteenth event in the Fillmore
- Participation in Fillmore Street Jazz Festival
- Funding for St. Anthony Foundation's Free Clinic

Glenda

Nanny

"When I discovered the lump in my breast, my first thought was, This feels expensive, and I can't afford it.' The African American Breast Health Program has been wonderfully helpful and supportive."

Like most women, Glenda was extremely anxious when she found a lump in her breast. But her anxiety was twofold: As a self-employed nanny, she was underinsured. Glenda knew that treatment could be very expensive, and she didn't want to risk losing her job or her home in the process. Serendipitously, she came across a newsletter from California Pacific Medical Center that featured a story about the African American Breast Health Program. Glenda contacted Carolyn Dyson, the program's manager, and discovered that she qualified for a free mammogram and, if necessary, financial help with anything not covered by insurance.

At first, Glenda simply couldn't believe that her medical care could possibly be free of cost. But sure enough, Carolyn arranged for Glenda's mammogram and even offered free transportation to her appointments at CPMC. Carolyn was also there to comfort Glenda when she learned she had breast cancer. And, as promised, the program covered the cost of all tests and subsequent chemotherapy—even surgery to remove the lump.

During it all, Glenda felt supported not just financially, but emotionally as well. The doctors and nurses took time to explain every treatment, answer every question and address every fear. Today, Glenda continues to receive free annual mammograms through the program and remains cancer-free. She has energy to spare these days—perfect for her job caring for two-year-old twins.

SECTION EIGHT: CALIFORNIA CAMPUS

This section of the IMP describes CPMC's plans for the existing California Campus. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development, and concludes with a discussion of neighborhood context and City requirements.

HISTORY OF THE CALIFORNIA CAMPUS

The California Campus of CPMC began as a children's hospital and nursing school originally founded by women physicians. Since 1887, the California Campus has continuously provided care to women and children at the current locations on California and Maple streets. The following timeline provides a historical detail of the California Campus.

1875 Pacific Dispensary for Women and Children is founded as an outpatient clinic in a basement at 520 Taylor Street. The dispensary moves to various locations before moving into the current location at California and Maple streets.

1880 Founders of the Pacific Dispensary create the first nursing school on the west coast in December 1880.

1883-1887 Pacific Dispensary opens outpatient facilities at Methodist Episcopal Mission for Chinese Girls at 916 Washington Street, at The Boys and Girls Aid Society at Grove and Baker streets, and at 1016 Mission Street.

1885 The Pacific Dispensary and the Training School is reincorporated as Children's Hospital—A Hospital for Children and Training School for Nurses.

Children's Hospital—A Hospital for Children and Training School for Nurses, c. 1886

Little Jim Building and Eye and Ear Pavilion, c. 1900

Main Hospital, c. 1912

Contagious Disease Pavilion, c. 1912

1887 The hospital moves into a new building at California and Maple streets. The two-story hospital has 25 private rooms, open wards, a cow barn, chicken yard, and laundry.

1895 Citizens of San Francisco raise the funds to build the Little Jim Building for pediatrics at Children's Hospital.

1897 William Randolph Hearst leads the campaign for the Eye and Ear Pavilion at Children's Hospital.

1900 Children's Hospital Nurses Home opens at Sacramento and Maple streets.

1906 Plaster and soot from the San Francisco earthquake cover patients in their beds at Children's Hospital. A chimney falls through the roof of the maternity cottage, within feet of the women patients. Within half an hour of the earthquake, all 116 patients are safely relocated from the damaged main hospital to the round brick buildings on Sacramento Street. Minutes later, word arrives that the City is in flames and that most other hospitals are being evacuated. Nurses sweep away debris and drag beds out of their own rooms to create emergency wards in the old building. The earthquake forces the demolition of the 1887 Children's Hospital building.

1911 Children's Hospital opens a four-story brick-faced building at California and Cherry streets.

1912 The Contagious Disease Pavilion opens at the corner of California and Cherry streets.

1915 Children's Hospital affiliates with the University of California for the teaching of medical students.

1928 The first iron lung west of the Mississippi arrives at Children's Hospital and is widely used to treat polio patients. Similar to a modern-day ventilator, the iron lung enables breathing in patients who were otherwise unable to breathe on their own. The same year, Children's Hospital opens a new wing for maternity patients.

Main Hospital, c. 1950

1941 Hahnemann Homeopathic Hospital opens a new building at California and Maple streets.

1954 A new east wing on Sacramento Street replaces the Little Jim Building and Eye & Ear buildings with 58 pediatric beds. A new maternity suite is opened as a response to the baby boom.

1957 The School of Nursing closes at Children's Hospital.

1966 Children's Hospital builds a new wing replacing the maternity cottage.

1967 Construction of a seven-story outpatient research building at Sacramento and Maple streets is completed.

1969 Children's Hospital completes the north wing bed tower.

1973 A medical office building opens at 3838 California Street.

1974 Hahnemann Homeopathic Hospital is renamed Marshall Hale Memorial Hospital.

1981 Children's Hospital and Pacific Medical Center sign an agreement to affiliate on January 14, 1981. The new corporation is named Children's/Pacific Medical Center.

Marshall Hale Hospital, c. 1974

1984 Children's Hospital adopts a multi-corporate structure and becomes a subsidiary of the new parent corporation, The Northern California Health Center (NCHC).

1988 Marshall Hale Memorial Hospital merges with Children's Hospital.

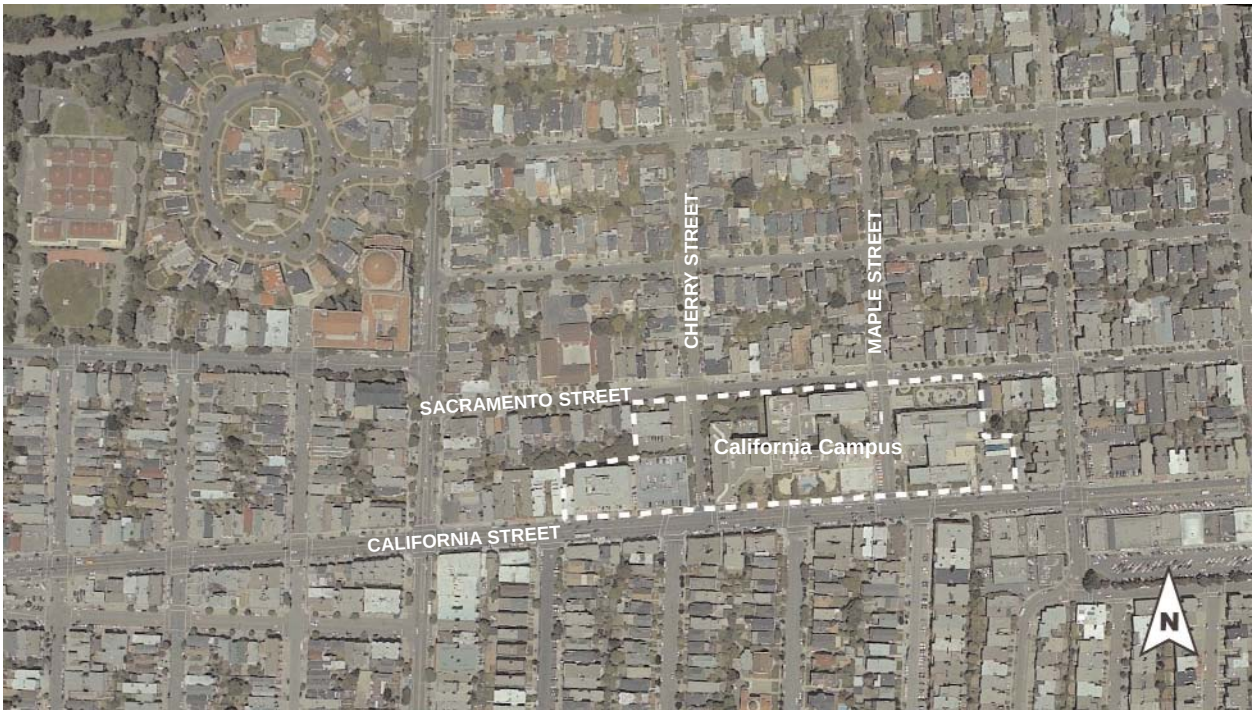
1991 Children's Hospital and Pacific Presbyterian Medical Center merge to create California Pacific Medical Center (CPMC). By the next year, the medical staffs have fully merged.

2000 CPMC rings in the new millennium by delivering a record number of 5,307 babies at the California Campus.

2007 Pediatrics moves from the Pacific Campus to the California Campus, consolidating women and children's services care at the California Campus. The California Campus has High Risk Obstetrics, Mother-Baby Obstetrics, Neonatal & Pediatric Intensive Care, Pediatric Acute Care, Pediatric Program Specialty Care, Breast Health Center, and a new minimally invasive gynecological surgical program.

2008 The California Campus opens the first dedicated pediatric emergency room in San Francisco.

Figure 08-01
California Campus—Location and Context



EXISTING CONDITIONS

Location and Context

The California Campus occupies an overall site area of 4.9 acres bordered by the Presidio Heights, Laurel Heights, and Jordan Park neighborhoods. The campus is bounded by Sacramento Street to the north, Maple Street to the east, California Street to the south, and Cherry Street to the west. The campus slopes downward in a southwest direction, with an approximately 30-foot elevation change from Sacramento Street to California Street.

The California Campus occupies nine buildings and is licensed for 400 beds, of which 242 are in-use beds. The total floor space on the campus is approximately 944,000 gross square feet. The primary services at the California Campus are skilled nursing, ambulatory surgery, and women and children's services, which include labor and delivery, Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care (PICU), Pediatrics, the Breast Health Center, and the Minimally Invasive Gynecological Surgical Program.

Figure 08-02
California Campus—Citywide Context

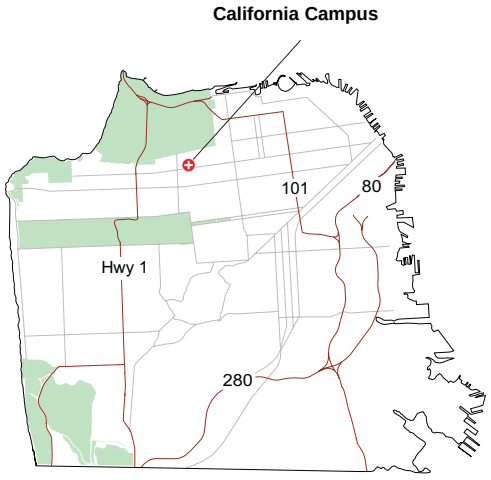


Figure 08-03
California Campus—Aerial View

Existing Buildings at the California Campus

The following is an overview of the existing buildings at the California Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)

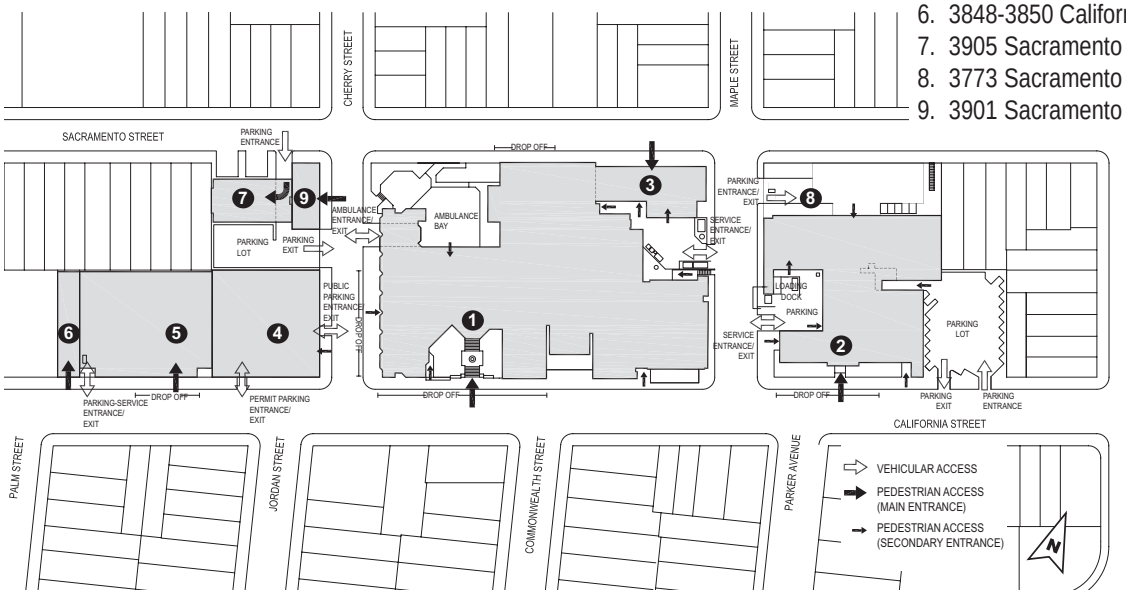
1. Main Hospital (California West Campus)
3700 California Street

Present Use:	Hospital
Height:	6 stories plus 1 below ground / 91 feet
Gross Square Feet:	360,157
Licensed Beds:	299 (186 in use)
Seismic Rating:	SPC ratings range from SPC 1 to SPC 3
Parking:	7 spaces

Figure 08-04
California Campus—Existing Site Plan

California Campus Buildings

1. Main Hospital
2. 3698 California Street
3. 3801 Sacramento Street
4. Cherry St. Parking Garage
5. 3838 California Street
6. 3848-3850 California Street
7. 3905 Sacramento Street
8. 3773 Sacramento Street
9. 3901 Sacramento Street



2. California East Campus
3698 California Street

Present Use:	Breast Health Center, Skilled Nursing Facility
Height:	4 stories / 60 feet
Gross Square Feet:	167,079
Licensed Beds:	101 (56 in use)
Seismic Rating:	SPC 1
Parking:	81 surface parking spaces

3. 3801 Sacramento Street

Present Use:	Outpatient, research
Height:	7 stories plus 2 below ground / 99 feet
Gross Square Feet:	69,110

4. Cherry Street Parking Garage
460 Cherry Street

Present Use:	Parking
Height:	6 stories / 51 feet
Gross Square Feet:	88,400
Parking:	290 spaces (enclosed)

5. 3838 California Street

Present Use:	Medical office building
Height:	9 stories plus 3 below ground / 103 feet
Gross Square Feet:	204,000
Parking:	120 spaces

6. 3848/3850 California Street

Present Use:	Offices
Height:	3 stories / 37 feet
Gross Square Feet:	4,890

7. 3905 Sacramento Street

Present Use:	Medical office building
Height:	3 stories plus 1 below ground / 40 feet
Gross Square Feet:	25,600
Parking:	25 surface parking spaces adjacent to building

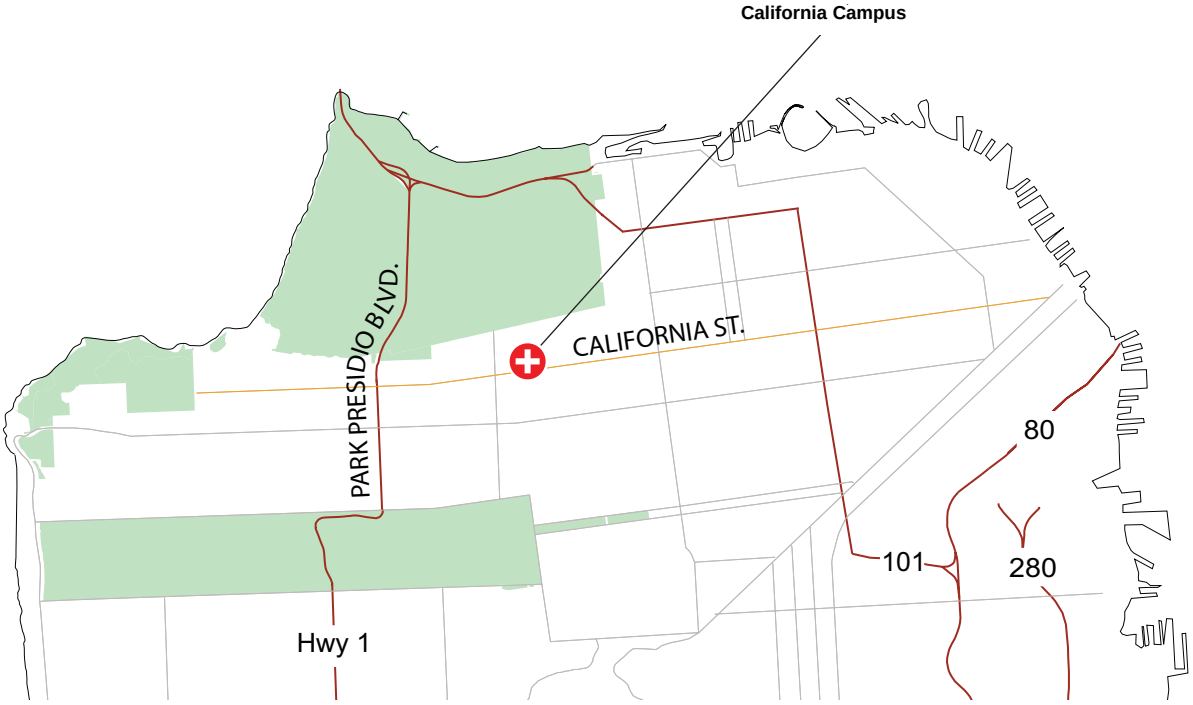
8. 3773 Sacramento Street

Present Use:	Underground parking
Gross Square Feet:	17,000
Parking:	36 spaces

9. 3901 Sacramento Street

Present Use:	Multiple-family residential
Height:	4 stories / 38 feet
Gross Square Feet:	8,300

Figure 08-05
California Campus—Street Access



Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

The California Campus has access from the west and east via several local streets, primarily California Street. California Street is a secondary arterial street that connects to the north-south Park Presidio Boulevard/ Highway 1, a major arterial street, which in turn links to Highway 101 just south of the Golden Gate Bridge. This route is a primary connection between the North Bay and South Bay. California Street also connects to Van Ness Avenue/Highway 101, a major arterial street that is a major route to the Peninsula and East Bay via Interstate 80. Other streets around the campus, such as Sacramento Street, Maple Street, and Jordan Avenue, are residential streets and are not major thoroughfares.

Figure 08-06
California Campus—Arterial Streets

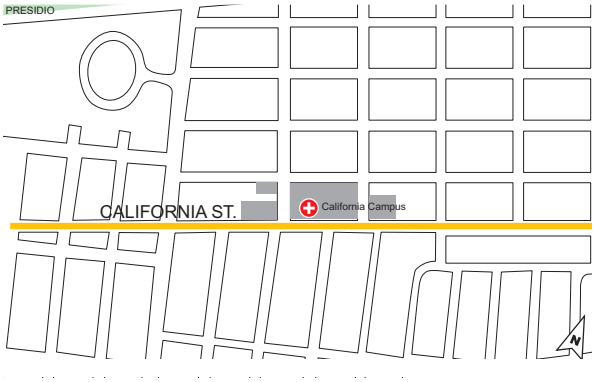
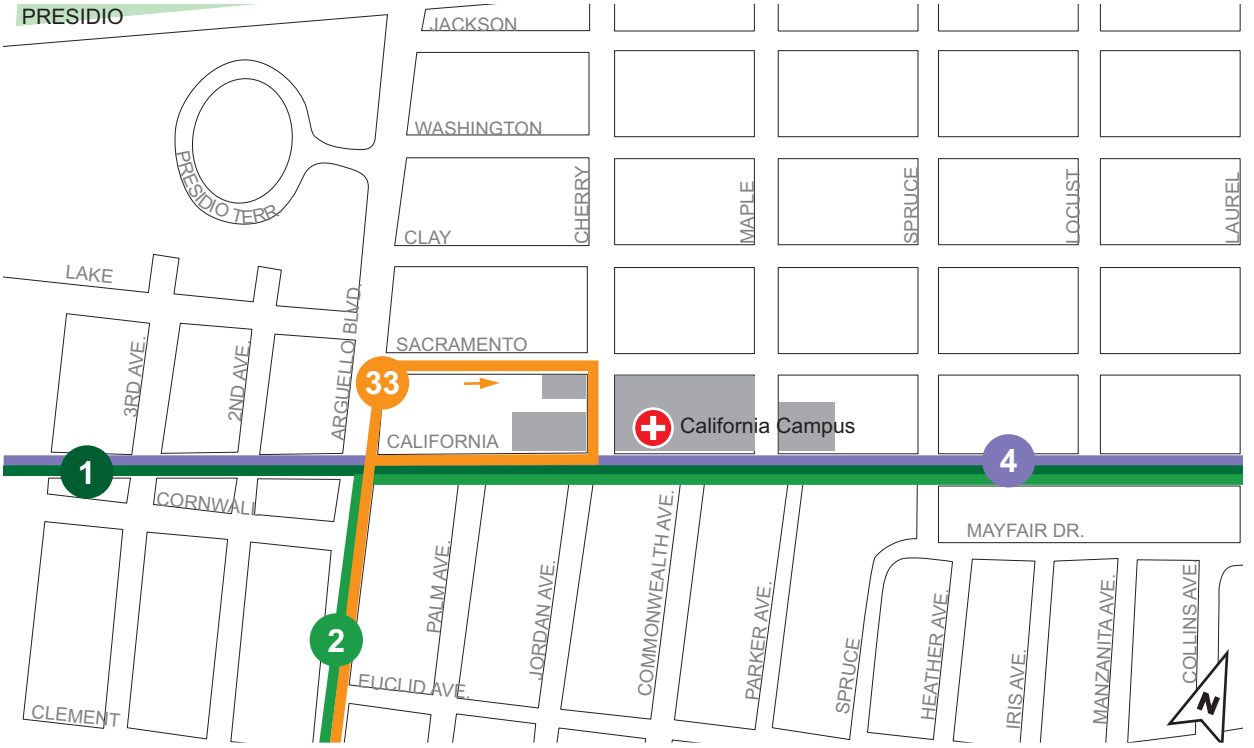


Figure 08-07
California Campus—Muni Bus Routes



California Campus Muni Bus Routes

1-California:	Connects the Richmond District to the Financial District via California and Sacramento streets.
2-Clement:	Connects the Outer Richmond to the Ferry Terminal through a series of streets, primarily 33rd Avenue and Clement, California, Sutter, Post, and Market Streets.
4-Sutter:	Connects the Inner Richmond to Downtown via California Street, 6th Avenue, and Sutter, Post, Kearny, Bush, and Sansome Streets.
33-Stanyan:	Connects the Inner Richmond/Presidio Heights at the California Campus to the Mission, primarily via Arguello Boulevard, Stanyan Street, Haight Street, Ashbury Street, Clayton Street, Market Street, Mission Street, 16th Street, and Potrero Avenue.

Muni Bus Routes between the California Campus and Other Campuses

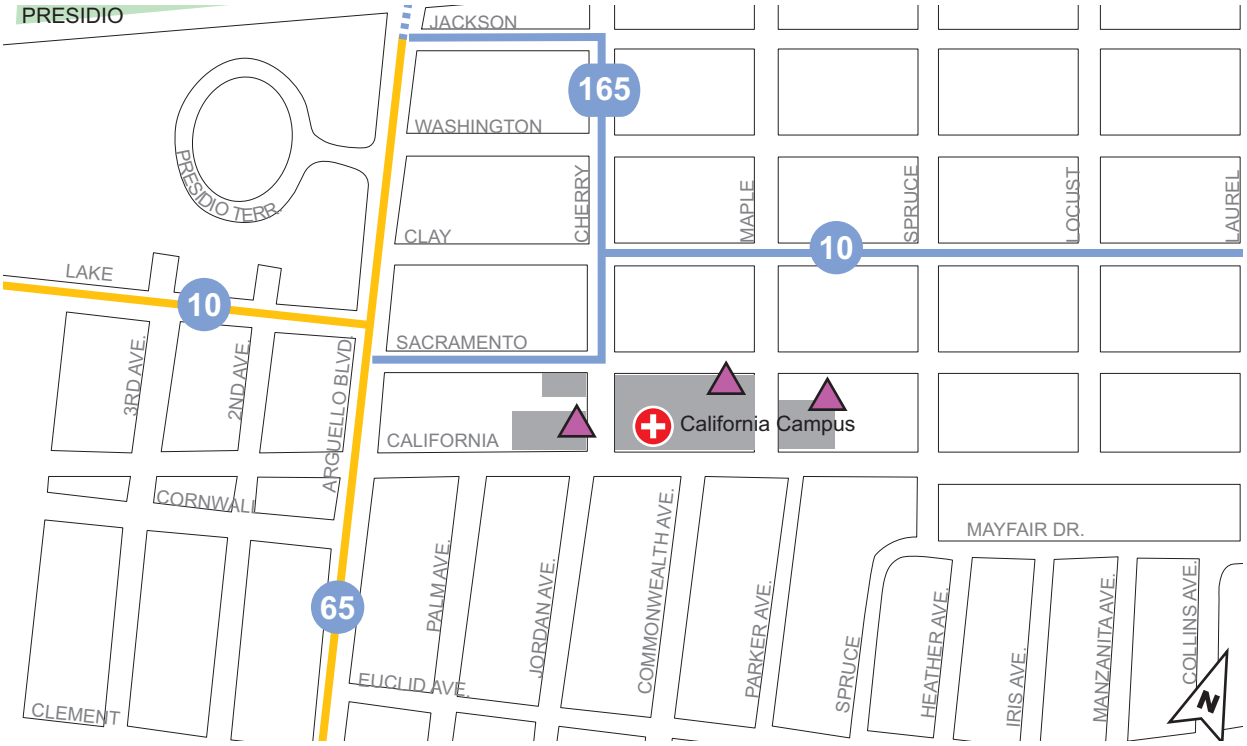
To St. Luke's Campus:
1-California,
49-Van Ness

To Pacific Campus:
1-California

To Davies Campus:
1-California,
24-Divisadero

To Cathedral Hill Campus:
4-Sutter

Figure 08-08
California Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the California Campus include the following roadways as shown on the San Francisco Bike Map:

Route 65:	Class II bike route (with signs and a dedicated on-street bike lane) on Arguello Boulevard, linking Golden Gate Park and the Presidio.
Route 10:	Class III bike route (signs only, no dedicated bike lanes) on Clay Street between Cherry and Webster Streets. On Lake Street, Route 10 is a Class II bike lane.
Route 165:	Class III bike route on Cherry Street; connects to Route 10 on Clay Street and Route 65 on Arguello Boulevard.

Bike Lane
(Dedicated bike lane on roadway edge)

Wide Curb Lane Bike Route
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)

Bike Route
(Bikes and cars share the same roadway)

Bicycle Parking

Transportation Demand Management Program

Key components of the Transportation Demand Management (TDM) program for the California Campus include free shuttle service, guaranteed ride home, secure bicycle parking, carpool subsidies, and other options to reduce vehicular trips to and from the campus. (See Appendix B for complete transportation report.)

Bicycle Facilities
The California Campus provides 16 on-campus bicycle parking spaces. Bicycle parking is located inside the Cherry Street Parking Garage. Shower facilities are also available to employees who bike to work.

Shuttle Service
CPMC operates a free shuttle service from the California Campus to all campuses and CPMC parking facilities via the Pacific Campus. Major shuttles stops within the CPMC system-wide shuttle service include the Cathedral Hill Hotel, BART/Muni Metro stations, and the off-site parking facilities at Geary Mall and the Japan Center Garage.

Carpooling
CPMC offers free parking for registered carpools and vanpools with three or more CPMC tenants or employees, along with a $2,500-per-year subsidy for vanpool vehicles.

Car Sharing
Four car share parking spaces are located within walking distance of the campus at California Street and 4th Avenue.

The shuttle service operates the following lines from the California Campus

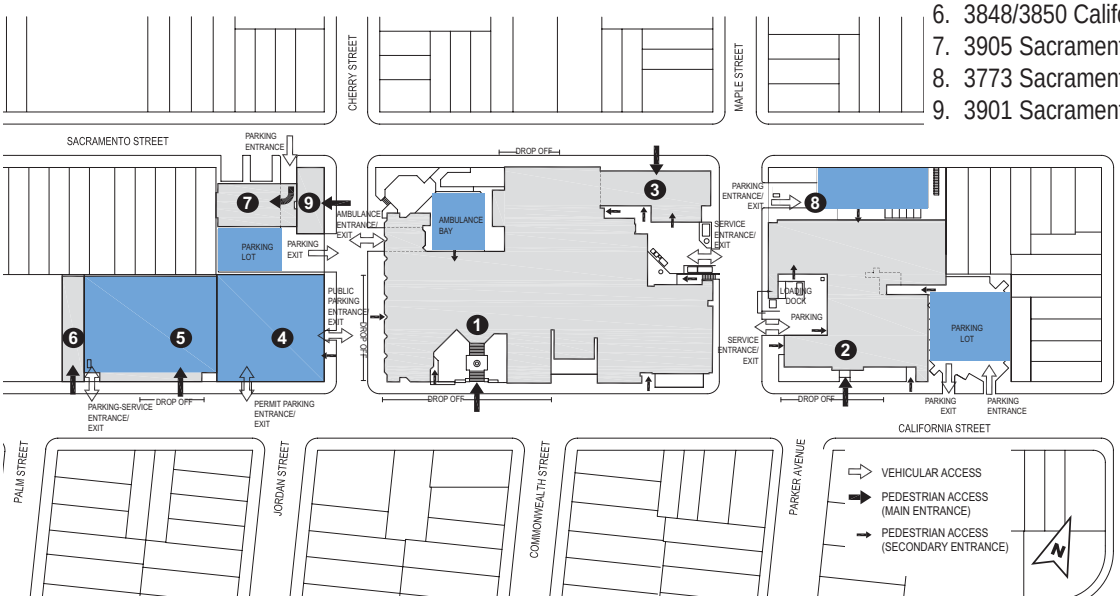
C-Line:	to the Pacific Campus (to transfer to other campuses)
GMG-Line:	to the Geary Mall Garage

The California Campus has approximately 1,540 employees

Figure 08-09
California Campus—Existing Off-Street Parking

California Campus Buildings

1. Main Hospital
2. 3698 California Street
3. 3801 Sacramento Street
4. Cherry St. Parking Garage
5. 3838 California Street
6. 3848/3850 California Street
7. 3905 Sacramento Street
8. 3773 Sacramento Street
9. 3901 Sacramento Street



California Campus Number of Parking Spaces

3700 California Street	7
3698 California Street	81
Cherry Street Parking Garage	290
3838 California Street MOB	120
3905 Sacramento Street MOB	25
3773 Sacramento Street Garage	36
Total	**559**

Off-Street Parking

Available parking is limited in the vicinity of the California Campus. The campus provides off-street parking for 559 vehicles. The main parking facilities are the Cherry Street Parking Garage, which provides parking for 290 vehicles; and the 3838 California Street medical office building, which provides parking for 120 vehicles.

FACILITY PLANNING AND FUTURE DEVELOPMENT

Medical services have been provided at the California Campus for over 120 years. Because of the current seismic condition and regulations established in SB 1953, several of the buildings can no longer be used for acute care medical services after 2013. At that time, the buildings will transition to other uses. The California Campus will play an important role for CPMC during this transition phase by allowing medical services to continue while other facilities are built and renovated. Ultimately, the California Campus will be sold and new occupants will replace CPMC.

Ongoing Projects

Minor Projects

Several construction projects have taken place at the California Campus within the last few years and others are still underway. All minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

Projects Completed in 2007

Pediatrics Services Moved to California Campus
The relocation of Pediatrics Services from the Pacific Campus to the California Campus was completed in April 2007. This move consolidated services in a central location in the main hospital at 3700 California Street, providing enhanced care for women and children. Services include High Risk Obstetrics, Mother-Baby Obstetrics, Neonatal & Pediatric Intensive Care, Pediatric Acute Care, Pediatric Outpatient Specialty Care Programs, Breast Health Center, Surgical Services, skilled nursing facilities, and a new Minimally Invasive Gynecological Surgical Program. This move involved the following renovations at the California Campus:

- An expanded Neonatal Intensive Care Unit (ICU) on the second floor
- A new pediatrics ICU on the third floor
- New pediatrics acute care inpatient beds on the fifth floor
- Renovated Prenatal Diagnosis Center on the fourth floor
- A new play room and recreation room
- Improved family lounge and kitchen
- New Physician Subspecialist Clinic
- New Minimally Invasive Gynecological Surgical Program

The Neonatal ICU was expanded due to the increasing number of premature births throughout the Bay Area. The facility can now accommodate up to 36 premature babies who require the most specialized care. New private pediatric ICU rooms were added, allowing parents to stay with their children. Larger pediatric inpatient bed rooms were also developed, providing additional space for families. The relocation of the Maternity Urgent Care Triage Department began in June 2007 and was completed in December 2007.

Gastroenterology (GI) Laboratory Relocated to 3698 California Street
In order to accommodate the renovations described above, the GI Lab on the third floor of the main hospital at 3700 California Street was relocated to 3698 California Street.

2007-2008 Projects

Pediatric Emergency Department
A new dedicated Pediatric Emergency

Department, the first facility of this type in San Francisco, opened in November 2008 at 3700 California Street. The Pediatric Emergency Department occupies space that was used for the Maternity Urgent Care Triage Department, which now has moved to a new location in the same building. The Pediatric Emergency Department project began in December 2007.

3838 California Street Lab Expansion
CPMC has planned a substantial remodel of its laboratory space at this location.

Child Development Center Space
This space, which was on the first floor of 3700 California Street, was vacated when the Child Development Center moved to 1625 Van Ness Avenue, third floor. CPMC is exploring plans for the space, which could include relocation of existing outpatient clinics, or administrative offices and conference space.

Replacement of Existing Radiographic with New Digital Radiology Equipment (Rad Room #4)
Construction of this project began in 2007.

3700 California Street Main Hospital—Renovations in Operating Rooms
This project includes remodeling of Operating Rooms #1 and #10 to accommodate a new Pediatric Laparoscopic Cardiac Program and the Minimally Invasive Gynecological Surgical Program.

The Future of the California Campus

There are currently no construction or development projects planned at the California Campus. After 2015, CPMC will offer the buildings and lots that comprise the California Campus for sale, unless required for provision of new medical services resulting from major advances in health care. Although it is anticipated that the properties will be under new ownership, CPMC will continue some operations by leasing back space until renovations and construction at the Pacific Campus are completed, between 2016 and 2019. Services provided at the California Campus will be transferred to the Cathedral Hill Hospital and the Pacific Campus in the following phases, beginning in 2015.

Phase One (2015): After completion of the new Cathedral Hill Hospital, acute care services at the California Campus (3700 California Street) will be transferred to the new facility. Diabetes Services, the Breast Health Center, MRI, Pathology and Clinical Lab space, and imaging services will remain at the California Campus until the Pacific Campus renovations are complete, at which point the services will be transferred.

Phase Two (2016): The following services at the California Campus will be transferred to the Pacific Campus upon completion of the Ambulatory Care Center (ACC) renovation:

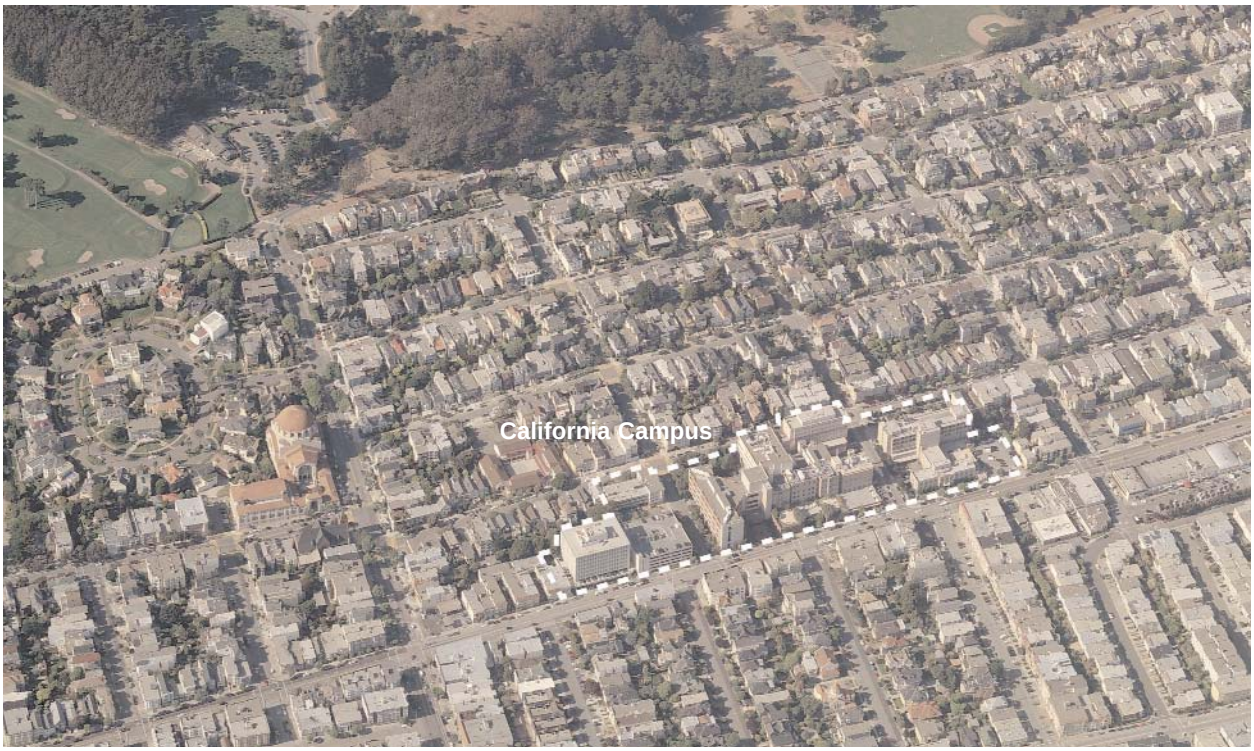
- Alzheimer's Residential and Day Care Services
- Pre and Post Ambulatory Surgery
- Outpatient GI Laboratory Service
- Physical and Occupational Therapy

Phase Three (2018): When the ACC Addition at the Pacific Campus is complete, the following services will be transferred to the Pacific Campus:

- Center for Diabetes Services
- Breast Health Center
- MRI
- Pathology and Clinical Lab Space
- Imaging Services including Rad Diagnostic, CT Scan, Bone Density, and Non OB Ultrasound

By 2019, the remaining CPMC services at the California Campus will be outpatient imaging and the lab draw site that support the medical office building at 3838 California Street.

Figure 08-10
California Campus—Neighborhood Context



NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The California Campus borders the Presidio Heights, Laurel Heights, and Jordan Park neighborhoods. The area to the north of the campus is predominantly low-rise single-family homes, and the area to the south is primarily detached single-family homes. Nearby institutions include the Congregation Emanu-El, Presidio Hill School, Claire Lilienthal public school, and UCSF Laurel Heights Campus.

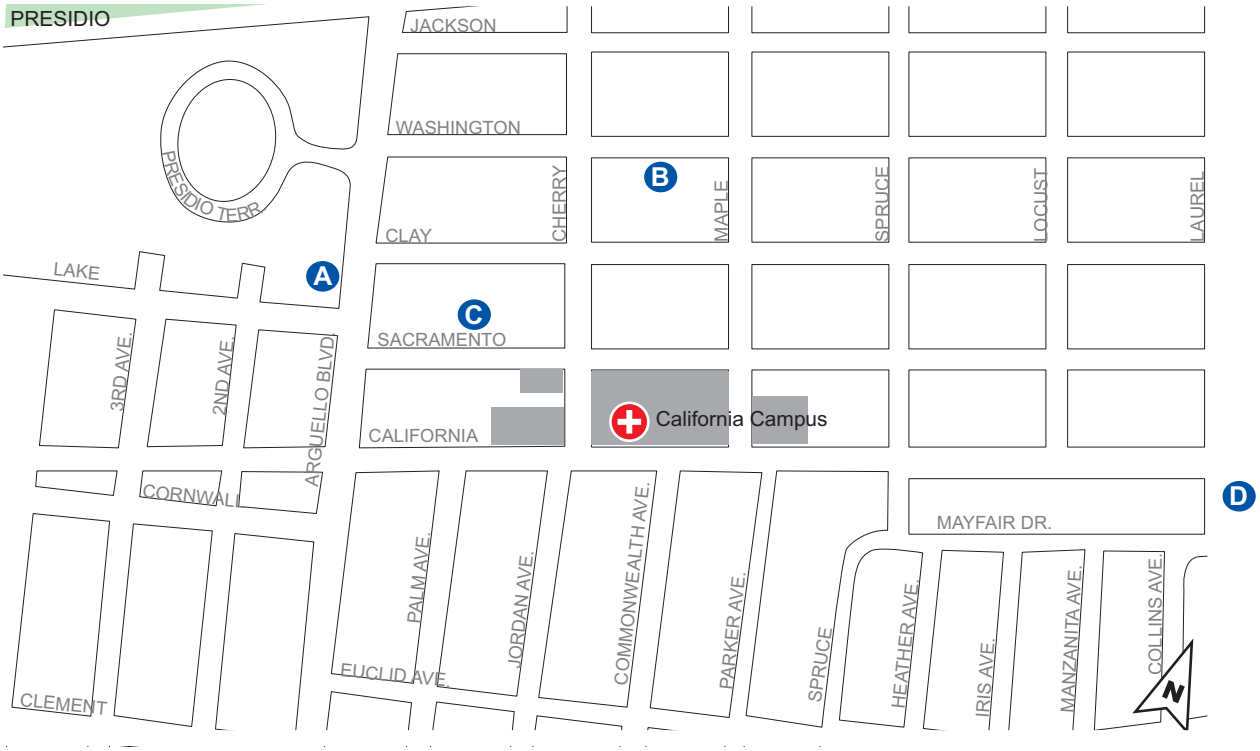
The California Campus is also surrounded by two distinct neighborhood commercial shopping areas. The Sacramento Street neighborhood commercial district provides a mix of eateries, salons, home furnishing stores, boutiques, and other neighborhood-serving businesses with housing on upper floors. The Laurel Village shopping center on California Street provides a larger selection of grocery stores, coffee shops, restaurants, retail, and several chain store establishments.

City Planning Regulations

Zoning and Land Use

Most of the California Campus is within an RM-2 (Residential, Mixed Houses and Apartments) zoning district. The northwestern corner of the campus is within an RH-2 (Residential, House, 2 units per lot) district. Although these zoning classifications are intended primarily for moderate-density apartments and one- and two-family houses, a medical center may be permitted subject to conditional use approval by the San Francisco Planning Commission. The current campus'

Figure 08-11
California Campus—Adjacent Institutions



ADJACENT INSTITUTIONS

A. The Congregation Emanu-El
2 Lake Street

B. The Presidio Hill School
3839 Washington Street

C. Claire Lilienthal public school
3630 Divisadero Street

D. UCSF Laurel Heights Campus
3333 California Street

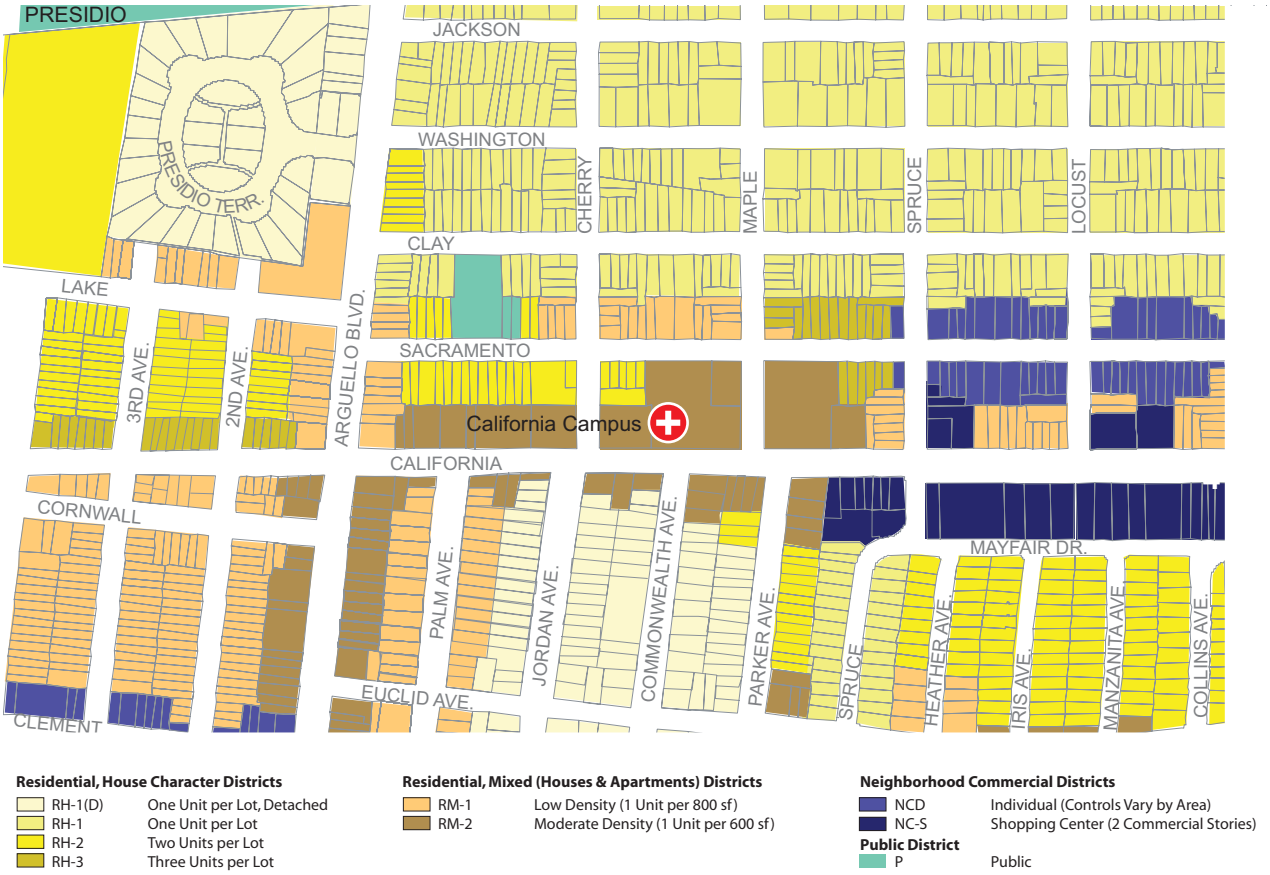
conditional use status has been authorized by the Planning Commission since the 1960s.

The area surrounding the California Campus is zoned for various uses, including low-density housing with 1 unit per 800 or 600 square feet of lot area (RM-1 or RM-2), detached single-family houses (RH-1D), and single-family houses with one unit per lot (RH-1). The Laurel Village shopping center on California Street, zoned NC-S (Neighborhood Commercial, Shopping Center), and the Sacramento Street neighborhood commercial district, zoned NCD (Neighborhood Commercial District) make up the predominant commercial activity near the California Campus.

Building Height and Bulk Limits

The campus is within two height and bulk districts. The portion of the campus at the southwestern corner of Sacramento Street and Cherry Street is in the 40-X district, and the remainder of the campus is in the 80-E district. The 80-E district requires that buildings over 40 feet in height receive conditional use authorization and that portions of buildings over 65 feet have limited horizontal dimensions.

Figure 08-12
California Campus—Zoning Districts



Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR limit for the California Campus is 1.8 to 1. The California Campus was built prior to the adoption of this limit and has an existing FAR of 3.13 to 1.

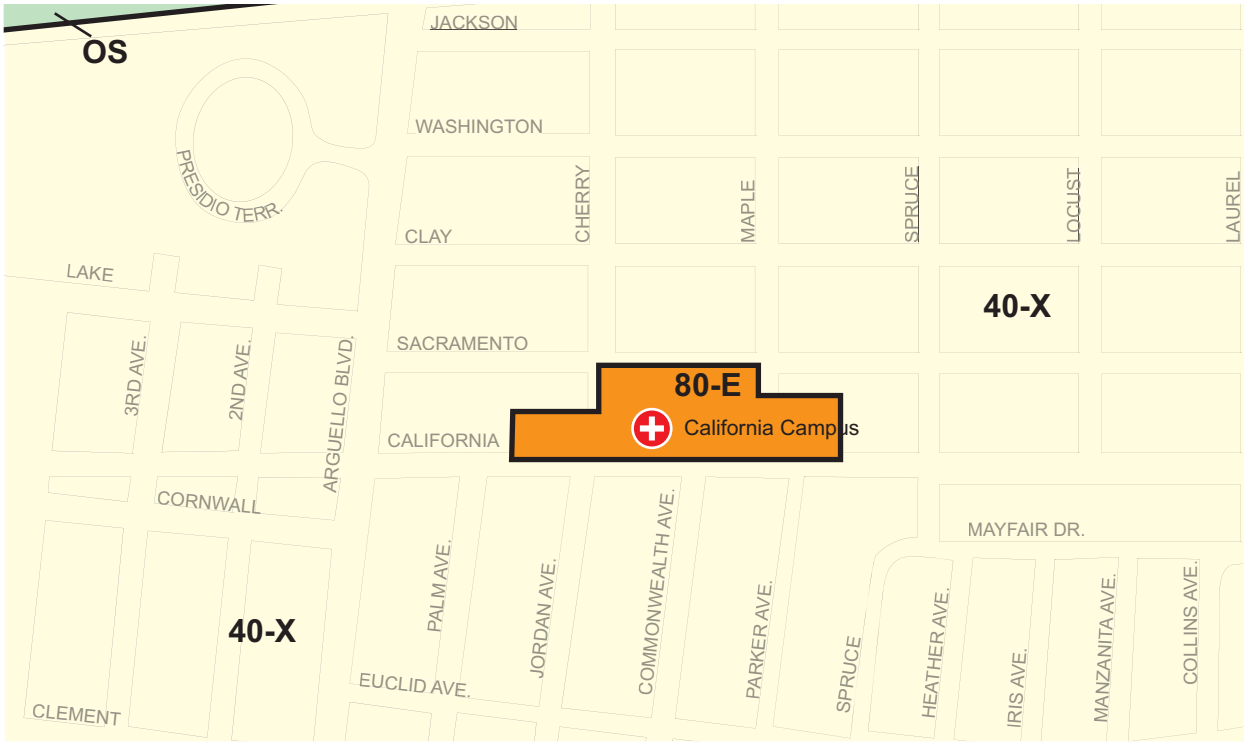
Project Approvals

As changes occur on the California Campus over time, CPMC or future owners will need to seek approvals from the City. Some of the approvals may include a parking variance as some buildings are changed from inpatient to outpatient use.

Impacts and Mitigations

Since there are no construction plans contemplated for the California Campus at this time, no impacts are anticipated. Interim uses, such as uses transferred from the Pacific Campus during the renovation of the hospital into an Ambulatory Care Center (ACC) and construction of the ACC Addition, may create interim impacts on transportation and parking. These impacts will be fully analyzed in the Environmental Impact Report (EIR) for the project. When the campus is sold, the future uses would need to be reviewed by the Planning Department and/or Planning Commission.

Figure 08-13
California Campus—Building Height and Bulk Limits



Community Outreach

CPMC has engaged neighborhood groups in the planning process for SB 1953 compliance and has met with and continues to dialogue with members and representatives of the following groups over the years to receive input on development plans and campus issues:

- Presidio Heights Association of Neighbors
- Jordan Park Improvement Association
- Planning Association of the Richmond
- Pacific Heights Residents Association
- Laurel Heights Merchants
- Individual merchants on California Street, Arguello Street, Sacramento Street, and other nearby businesses

CPMC has made the following resources available to the neighborhoods surrounding the California Campus:

- Meeting space for neighborhood groups
- Forums on health-related topics
- Open house for new Women & Children's Center (2007)
- Health fair and other events at the Jewish Community Center

BULK LIMITS

District Symbol	Height	Length	Diagonal
E	65 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Michael

Champion Barbecue Chef

"The moment I started talking to people at CPMC, I felt better. The second time I went, they already knew my name, even though it took me weeks to learn all of theirs."

For years, Michael had been competing in barbecue cook-offs and winning blue ribbons with the delicious, top-secret recipes that he'd honed and perfected over time. Then came a devastating blow: Michael had cancer of the salivary gland. The diagnosis threatened to take away so much—his health, his strength and his ability to taste. Without his sense of taste, Michael knew his days as a barbecue chef would be over.

By the time he began radiation treatment at California Pacific Medical Center, he was physically weakened and emotionally depressed. But every time Michael walked into the Radiation Therapy Center, he was greeted by warm, caring people who wanted to help him recover. The radiation therapists understood his anxiety about losing his sense of taste, and did whatever they could to save it. At one point, Michael received 40 days of hyperbaric treatment —a therapy that involves breathing 100 percent oxygen to help prevent tissue from dying after the trauma of radiation. He also received counseling to combat the inevitable anxiety and depression that comes with the diagnosis and treatment of cancer.

With CPMC's help, Michael fought his disease and won. His cancer was eliminated, and while his sense of taste was temporarily compromised, the extra efforts by CPMC kept him from losing it altogether. In fact, after about a year, it was almost completely recovered. Now Michael is back behind his grill, competing in—and winning—barbecue championships. And every so often, the CPMC staff gets to sample his masterpieces firsthand when he brings his considerable barbecue skills to hospital events.

SECTION NINE: PACIFIC CAMPUS

This section of the IMP describes CPMC's plans for the existing Pacific Campus. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development, and concludes with a discussion of neighborhood context and City requirements.

HISTORY OF THE PACIFIC CAMPUS

As one of San Francisco's oldest medical institutions, the Pacific Campus has a well-established history of providing medical care for over 150 years. The campus was originally founded as a medical school and teaching hospital. The following timeline highlights key program and facility developments from the extensive history of the Pacific Campus.

1858 The first medical school on the West Coast is founded by Elias Samuel Cooper as the Medical Department of the University of the Pacific.

1882 Dr. Levi Cooper Lane and his colleagues launch Cooper Medical College at the northeast corner of Sacramento and Webster streets with Dr. Lane's personal money.

Cooper Medical College, c. 1882

Lane Hospital, c. 1895

Stanford School of Nursing, c. 1922

1895 Lane Hospital, offering free medical care, opens as a teaching hospital at the current site of the Pacific Campus. The Lane Training School for Nurses also opens.

1908 Cooper Medical College becomes Stanford University School of Medicine.

1912 Lane Medical Library (today the Health Sciences Library) opens at the southeast corner of Webster and Sacramento streets.

1917 Stanford Hospital opens at 2351 Clay Street.

1922 The Stanford School of Nursing opens at 2340 Clay Street.

1939 Mrs. Lucie Stern finances construction of the Stern Research Building across Clay Street from Stanford Hospital.

1951 Dr. Frank Gerbode performs the first successful open heart surgery on the West Coast at the Pacific Campus.

1960 The Presbyterian Church accepts the Pacific Campus as a gift from Stanford University, and it becomes Presbyterian Medical Center.

1960 The Interns' Residence at the southwest corner of Clay and Buchanan streets is demolished to make room for the new hospital at Presbyterian Medical Center.

1964 The Institute of Medical Sciences opens the IMS Research Building at the corner of Clay and Webster streets, with the fourth and fifth floors completed in 1967.

1967 In order to reflect affiliations with the University of the Pacific for medical education and research programs, Presbyterian Medical Center changes its name to Pacific Medical Center.

1971 Garden Hospital Jerd Sullivan Rehabilitation Center at Geary Boulevard and Masonic Avenue joins Pacific Medical Center and provides physical and occupational therapy to patients.

1973 Pacific Medical Center opens the new Presbyterian Hospital at 2333 Buchanan Street. The new hospital replaces outdated facilities and allows for the renovation of the Stanford Hospital Building.

1974 The Artificial Kidney Dialysis Unit and other outpatient clinics are moved from the Cooper and Lane buildings to the partially remodeled Stanford Building. The remaining vacant buildings do not meet San Francisco earthquake codes and are demolished.

1980 The Northern California Transplant Bank opens at Pacific Medical Center and becomes one of the nation's most comprehensive centers for bone and tissue transplantation.

1980 The Kuzell Institute for Arthritis and Infectious Diseases is founded.

1980 Pacific Medical Foundation is created to develop resources for the medical center and its related organizations.

IMS Research Building, c. 1967

L to R: 2333 Buchanan under construction, Stanford Building, Lane Building, c. 1971

Stanford Nursing Students, c. 1922

1981 Children's Hospital and Pacific Medical Center sign an agreement to affiliate on January 14, 1981. The new corporation is named Children's/Pacific Medical Center.

1983 Pacific Medical Center becomes Pacific Presbyterian Medical Center.

1984 Pacific Presbyterian Medical Center performs the second heart transplant in San Francisco in the summer of 1984.

1986 Pacific Presbyterian Medical Center joins Mills-Peninsula Hospital and Marin General Hospital in forming California Healthcare System (CHS).

1986 The Pan-Med Building (known today as the Pacific Professional Building) opens at 2100 Webster Street on the site previously occupied by the Cooper and Lane buildings.

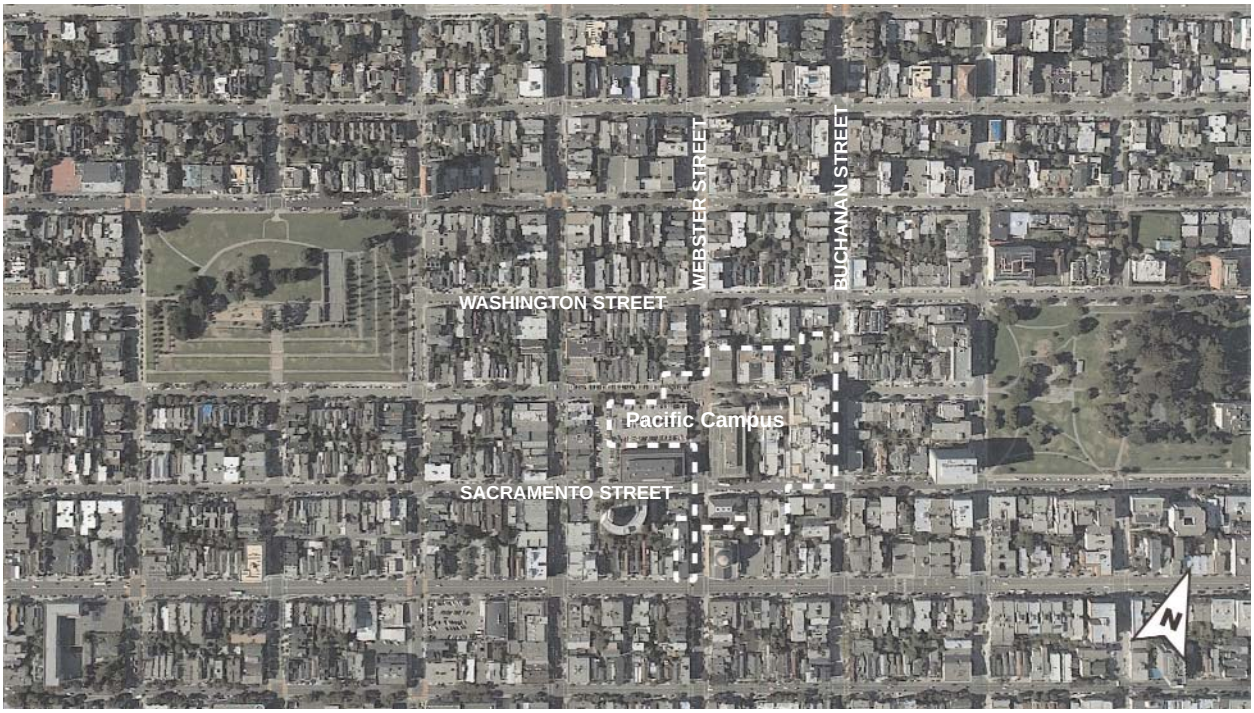
1991 Children's Hospital and Pacific Presbyterian Medical Center merge to create California Pacific Medical Center (CPMC). By 1992, the medical staffs have fully merged.

1991 Medical Research Institute merges with California Pacific Medical Center to become California Pacific Medical Center Research Institute.

1996 The Institute for Health & Healing opens at 2020 Webster Street (now known as 2040 Webster Street).

2004 The Pacific Campus opens the Kanbar Cardiac Center, a state-of-the-art clinical care facility offering advanced technology to treat heart conditions.

Figure 09-01
Pacific Campus—Location and Context

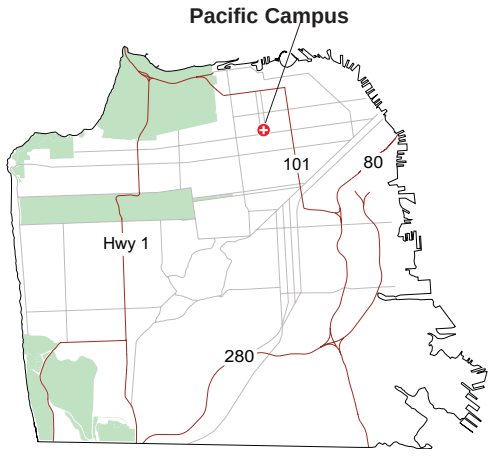


EXISTING CONDITIONS

Location and Context

The Pacific Campus occupies an overall site area of 4.6 acres in San Francisco's Pacific Heights neighborhood. The campus is bounded generally by Washington Street to the north, Sacramento Street to the south, Buchanan Street to the east, and Webster Street to the west. The campus slopes in a southwest direction, with an approximately 25-foot elevation change from Buchanan Street to Webster Street.

Figure 09-02
Pacific Campus—Citywide Context



The Pacific Campus consists of 15 buildings. The most prominent building on the campus is the nine-story Pacific Hospital building at 2333 Buchanan Street. It is licensed for 313 acute care beds, of which 298 are in-use beds. The total floor space on the campus is approximately 1,100,000 gross square feet. The principal services provided at the Pacific Campus are inpatient surgery, ambulatory surgery, organ transplantation services, adult critical care services, emergency room services, psychiatric services, and research.

Figure 09-03
Pacific Campus—Aerial View

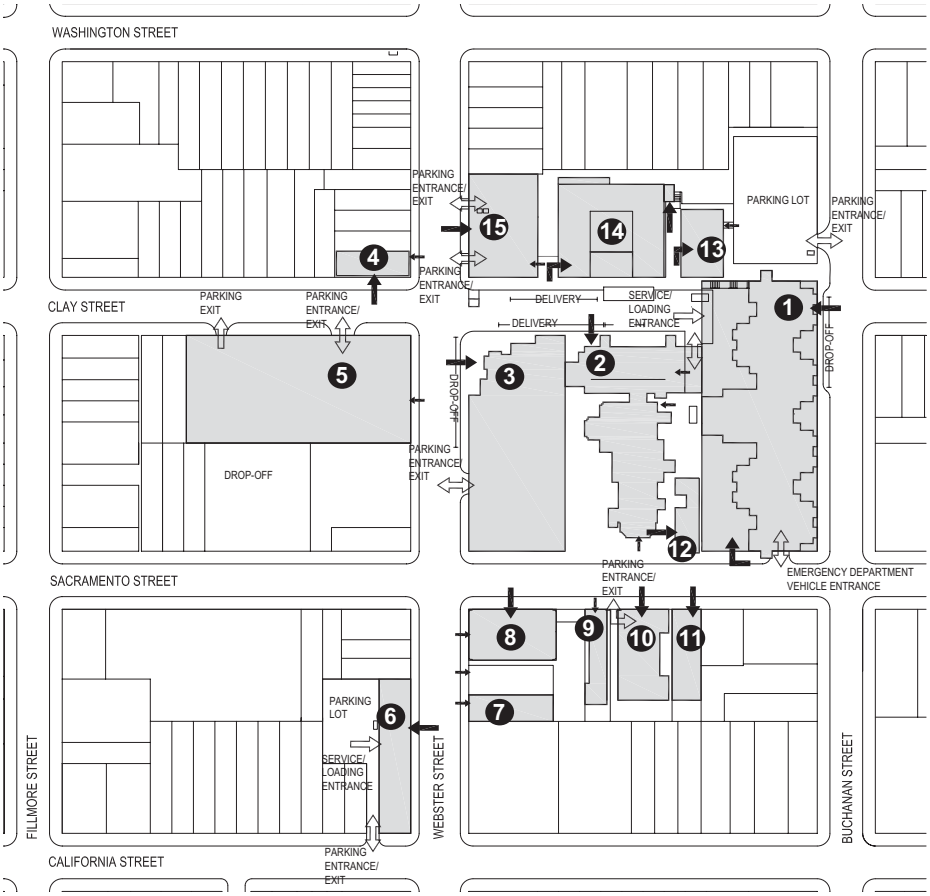
Existing Buildings at the Pacific Campus

The following is an overview of the existing buildings at the Pacific Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)

1. Main Hospital
2333 Buchanan Street

Present Use:	Hospital (acute care)
Height:	9 stories / 120 feet
Gross Square Feet:	300,800
Parking:	32 surface spaces
Seismic Rating:	SPC 1
Licensed Beds:	313 (298 in-use)

Figure 09-04
Pacific Campus—Existing Site Plan



Pacific Campus Buildings

1. Main Hospital
2. Stanford Building
3. Pacific Professional Building
4. Maas Plastic Surgery Clinic
5. Clay/Webster Parking Garage
6. 2300 California Street
7. 2018 Webster Street
8. Health Sciences Library
9. 2329 Sacramento Street
10. Mental Health Center
11. 2315 Sacramento Street
12. 2324 Sacramento Street
13. Stern Building
14. Annex Building
15. Gerbode Research Building

VEHICULAR ACCESS
PEDESTRIAN ACCESS (MAIN ENTRANCE)
PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

N

2. Stanford Building
2351 Clay Street

Present Use: Outpatient
Height: 7 stories / 99 feet
Gross Square Feet: 142,608

3. Pacific Professional Building
2100 Webster Street

Present Use: Medical office building
Height: 5 stories / 80 feet
Gross Square Feet: 232,554

Note: The Pacific Professional Building, which is not owned by CPMC, also holds four floors of underground parking with 400 parking spaces.

4. Maas Plastic Surgery Clinic
2400 Clay Street Medical Office Building

Present Use: Medical office
Height: 3 stories / 39 feet
Gross Square Feet: 15,015
Note: Non-CPMC clinic, but leases the building from CPMC.

5. Clay/Webster Parking Garage
2405 Clay Street

Present Use: Parking
Height: 4 stories / 30 feet
Gross Square Feet: 150,876
Parking: 411 spaces
Note: Public parking is available.

6. 2300 California Street
includes Institute for Health & Healing

Present Use: Medical office building
Height: 3 stories / 40 feet
Gross Square Feet: 27,655
Parking: 41 surface parking spaces

7. 2018 Webster Street

Present Use: Residential over ground-floor retail (vacant)
Height: 3 stories / 54 feet
Gross Square Feet: 5,300

8. Health Sciences Library
2395 Sacramento Street

Present Use: Library
Height: 3 stories / 48 feet
Gross Square Feet: 33,600
Note: Designated as San Francisco Landmark No. 115.

9. 2329 Sacramento Street

Present Use: 12-unit residential apartment building
Height: 4 stories / 40 feet
Gross Square Feet: 16,950

10. Mental Health Center
2323 Sacramento Street

Present Use: Inpatient/outpatient care
Height: 3 stories / 20 feet
Gross Square Feet: 28,980

11. 2315 Sacramento Street

Present Use: Six-unit residential apartment building (vacant)
Height: 3 stories / 47 feet
Gross Square Feet: 10,220

12. 2324 Sacramento Street

Present Use: Clinic
Gross Square Feet: 2,464

13. Stern Building
2330 Clay Street

Present Use: Administrative office
Height: 3 stories/ 51 feet
Gross Square Feet: 16,000

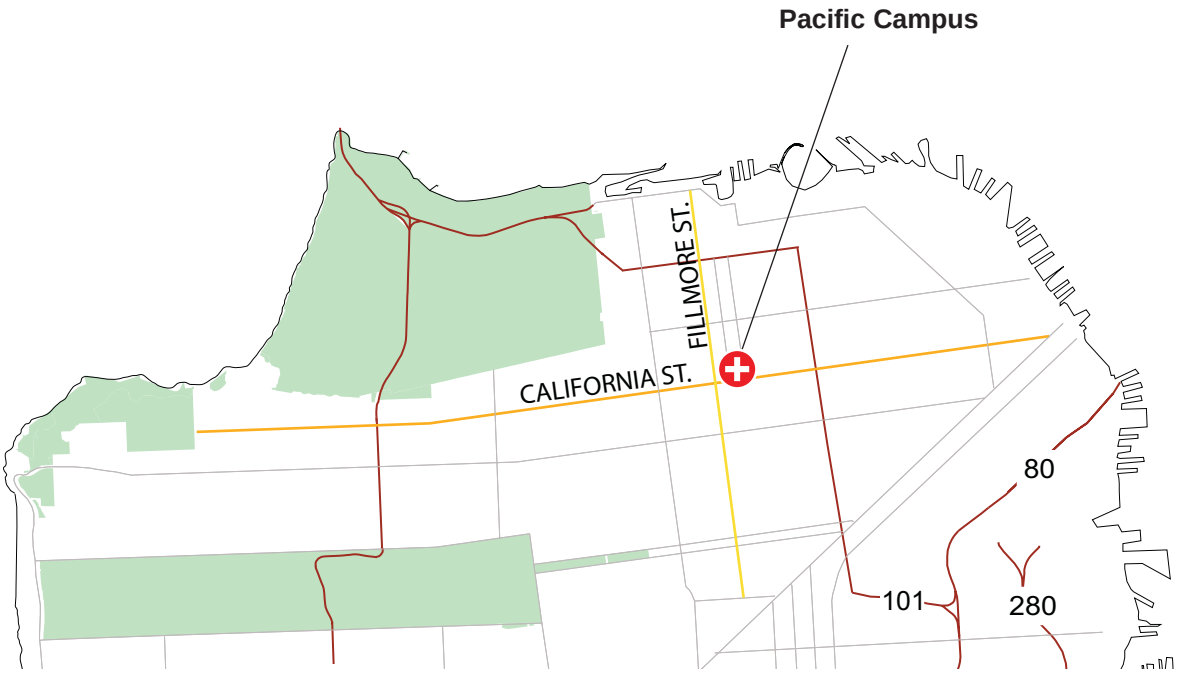
14. Annex Building
2340-2360 Clay Street

Present Use: Medical office building
Height: 7 stories / 76 feet
Gross Square Feet: 71,616

15. Gerbode Research Building
2200 Webster Street

Present Use: Research
Height: 5 stories / 60 feet
Gross Square Feet: 63,840

Figure 09-05
Pacific Campus—Street Access



Existing Transportation Conditions

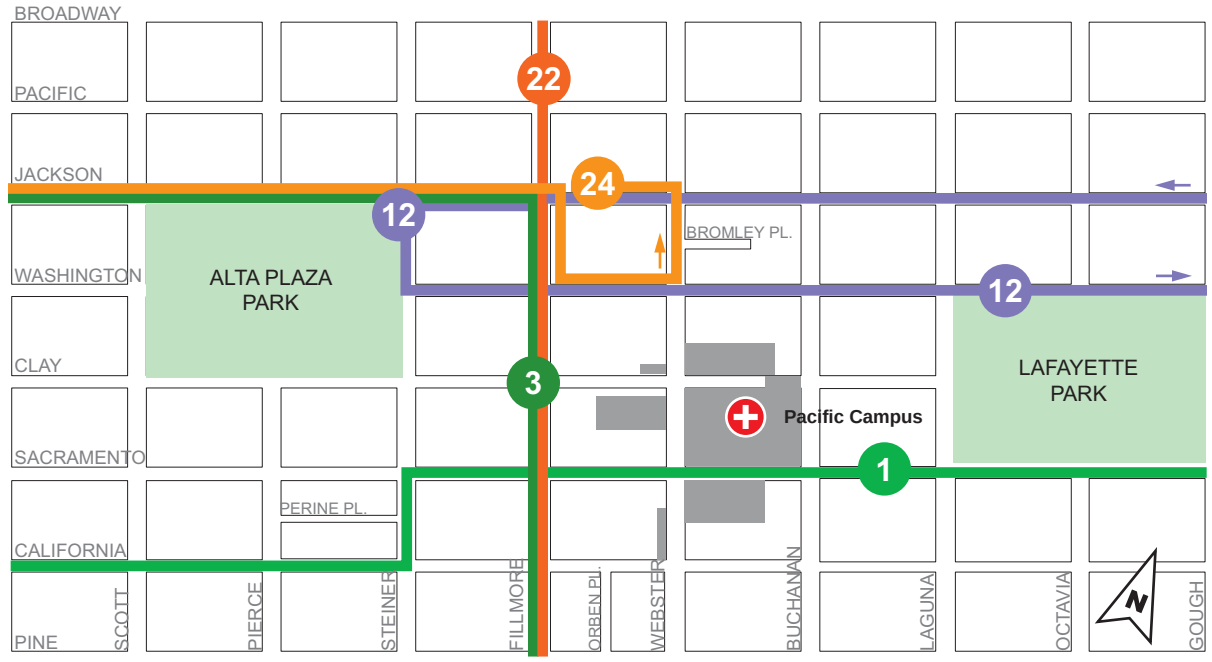
The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

The Pacific Campus is accessible primarily by California Street, a secondary arterial street that provides direct access from the north-south Webster and Fillmore streets, which also connect to Lombard Street (Highway 101) north of the campus. California Street also connects to Van Ness Avenue (Highway 101) east of the campus, and to Park Presidio Boulevard (Highway 1) west of the campus.

Figure 09-06
Pacific Campus—Arterial Streets

Figure 09-07
Pacific Campus—Muni Bus Routes



Pacific Campus Muni Bus Routes

1-California:	Connects the Richmond to the Financial District via Sacramento Street and California Street.
3-Jackson:	Connects the Inner Richmond to Downtown via Presidio Avenue, Jackson, Fillmore, Sutter, Post, Bush, and Sansome Streets.
12-Folsom:	Connects the Mission to Pacific Heights via Cesar Chavez Street, 26th Street, Folsom Street, Harrison Street, the Embarcadero, Broadway Street, Pacific Avenue, Washington Street, and Jackson Street.
22-Fillmore:	Connects Potrero Hill to the Marina, primarily via 18th Street, 17th Street, 16th Street, Church Street, Fillmore Street, Steiner Street, and Bay Street.
24-Divisadero:	Connects the Bayview to Pacific Heights via Palou Avenue, Industrial Street, Cortland Avenue, 30th Street, Noe Street, 26th Street, Castro Street, Divisadero Street, Jackson Street, Fillmore Street, and Washington Street.

Muni Bus Routes between the Pacific Campus and Other Campuses

To St. Luke's Campus:
1-California,
49-Van Ness/Mission

To California Campus:
1-California

To Davies Campus:
24-Divisadero

To Cathedral Hill Campus:
3-Jackson

Transportation Demand Management Program

Key components of the Transportation Demand Management program for the Pacific Campus include free shuttle service, guaranteed ride home, secure bicycle parking, carpool subsidies, and other options to reduce vehicular trips to and from the campus.

Shuttle Service
CPMC operates a free shuttle service from the Pacific Campus to the California and Davies campuses. Shuttle service to St. Luke's is available via the Davies Campus. Shuttles also travel to the Cathedral Hill Hotel, BART/Muni Metro stations, and the Japan Center Garage for employee parking.

Carpooling
CPMC offers free parking for registered carpools or vanpools with three or more CPMC tenants or employees, along with a subsidy for vanpool vehicles. Carpoolers park in the Clay/Webster Parking Garage.

Car Sharing
Two car share parking pods are located behind 3015 Steiner Street at California Street.

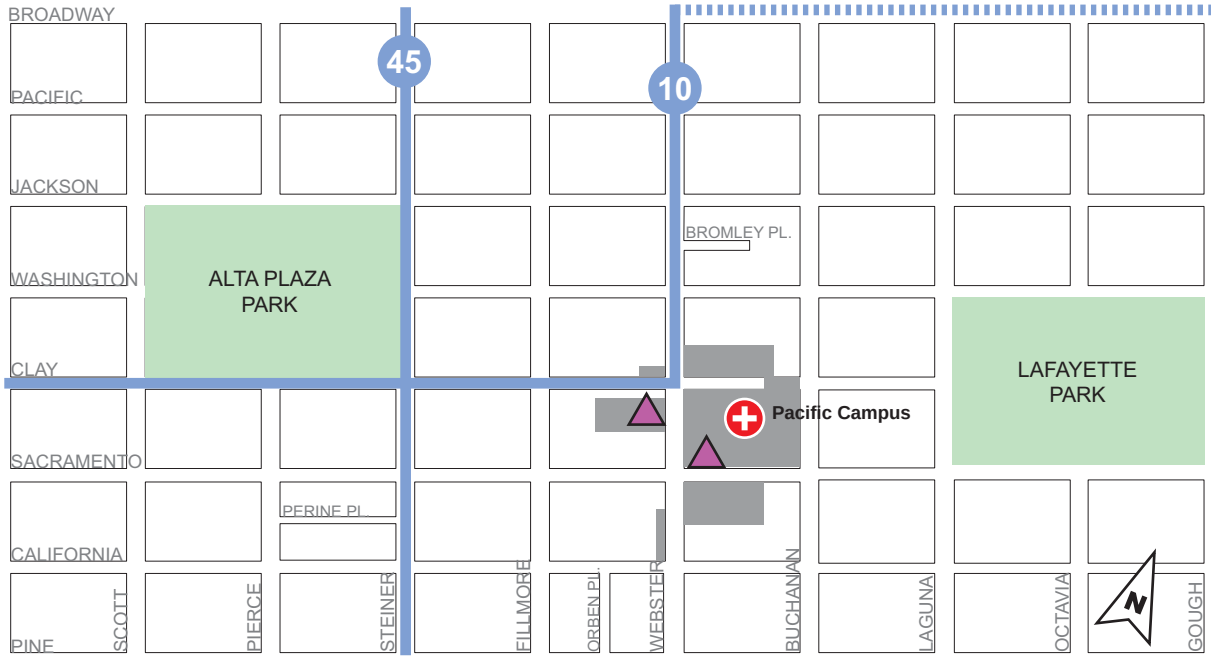
Bicycle Facilities
The Pacific Campus provides 16 on-campus bicycle parking spaces inside the Clay/Webster Parking Garage. Shower facilities are available for employees who bike to work.

CPMC Shuttle Lines from the Pacific Campus

C-Line:	to the California Campus
D-Line:	to the Davies Campus (stops at Japan Center Garage)
JC-Line:	to Japan Center Garage
CHH-Line:	to the Cathedral Hill Hotel
BV-Line:	to the BART/Muni Metro
F-Line:	to Folsom Street administrative offices

The Pacific Campus has approximately 2,790 employees

Figure 09-08
Pacific Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the Pacific Campus include the following Class II (signs only, no dedicated bike lanes) routes, as shown on the San Francisco Bike Map:

Route 10: Clay Street between Cherry and Webster streets, and Webster Street between Clay Street and Broadway.

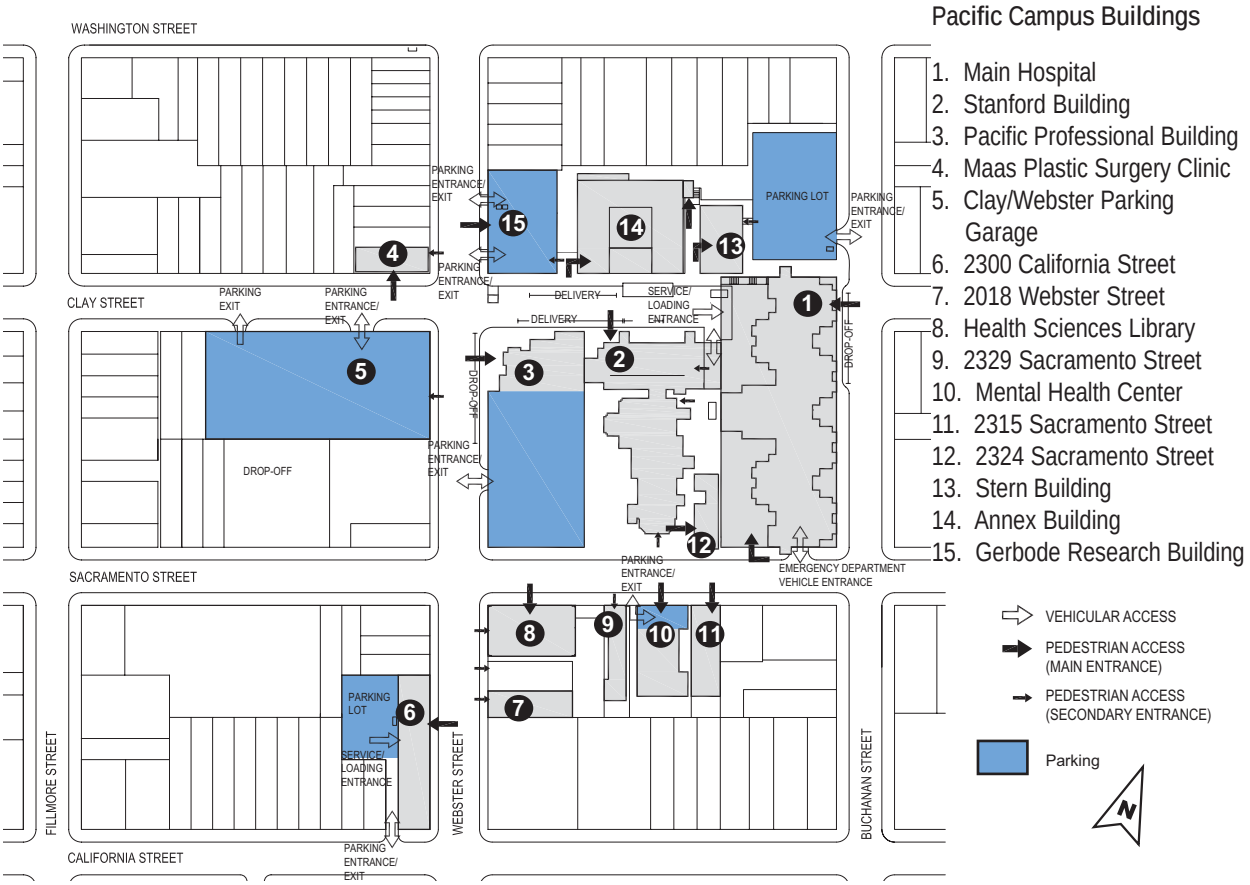
Route 45: Steiner Street between Greenwich and Fulton Streets. Route 45 intersects Route 10 at Steiner and Clay Streets.

Wide Curb Lane Bike Route
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)

Bike Route
(Bikes and cars share the same roadway)

Bicycle Parking

Figure 09-09
Pacific Campus—Existing Off-Street Parking



Existing and Planned Parking at the Pacific Campus

	Existing	Proposed	Total (2020)
2333 Buchanan Street (surface parking)	32	NA	NA
2100 Webster Street	400	0	400
Clay/Webster Parking Garage	411	150	561
2300 California Street	41	0	41
2323 Sacramento Street	11	0	11
2200 Webster Street	25	NA	NA
North of Clay Parking Garage	NA	623	623
Webster/Sacramento Underground Pkg. Garage	NA	269	269
Total Parking Spaces	**920**	**1,042**	**1,905**

Off-Street Parking

The Pacific Campus provides approximately 933 off-street parking spaces in multiple locations. The Clay/Webster Street Parking Garage is the largest CPMC-operated parking facility on the Pacific Campus. This garage contains 411 parking spaces and serves as the primary parking garage for patients, visitors, staff, and physicians. Capacity is increased with valet parking as necessary. CPMC leases 400 parking spaces at the Japan Center Garage (1610 Geary Boulevard) for use by Pacific Campus staff.

FACILITY PLANNING AND FUTURE DEVELOPMENT

Ongoing Projects

Minor Projects

Several construction projects have taken place at the Pacific Campus within the last few years and others are in the planning stage. These minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

Projects Completed in 2007

Relocation and Expansion of the Nuclear Medicine Department
The Nuclear Medicine Department moved from Level A of 2333 Buchanan Street to the second floor and added a new PET-CT Scanner. The purpose of this move was to allow for expansion of both the Nuclear Medicine Department and the Emergency Department on Level A.

Kanbar Cardiac Center
The Kanbar Cardiac Center opened on the Lobby Level of 2333 Buchanan Street in 2004 with three cardiac catheterization and electrophysiology labs. A new electrophysiology lab with stereotaxis was completed in 2007 for a total of four labs. This lab is for treatment of patients with irregular heartbeats. The Kanbar Cardiac Center now has two cardiac catheterization laboratories for treating patients with blocked vessels or arteries and other cardiac problems and helping to diagnose the causes of heart failure.

2333 Buchanan Street Hospital - Third and Fourth Floor Renovations
Telemetry capability was added to the patient beds on the fourth floor that were former pediatrics beds prior to the move of pediatrics services to the California Campus. A cardiology conference suite was added to the fourth floor for teaching and professional education. There are eight new adult intensive care unit beds on the third floor in the space vacated by the move of the Pediatrics Intensive Care Unit to the California Campus.

Radiology Equipment Replacement
Radiology equipment was upgraded with advanced digital equipment on the second floor of 2333 Buchanan Street.

Expansion of Institute for Health & Healing
The first and second floors of the Institute for Health & Healing at 2300 California Street were expanded and remodeled.

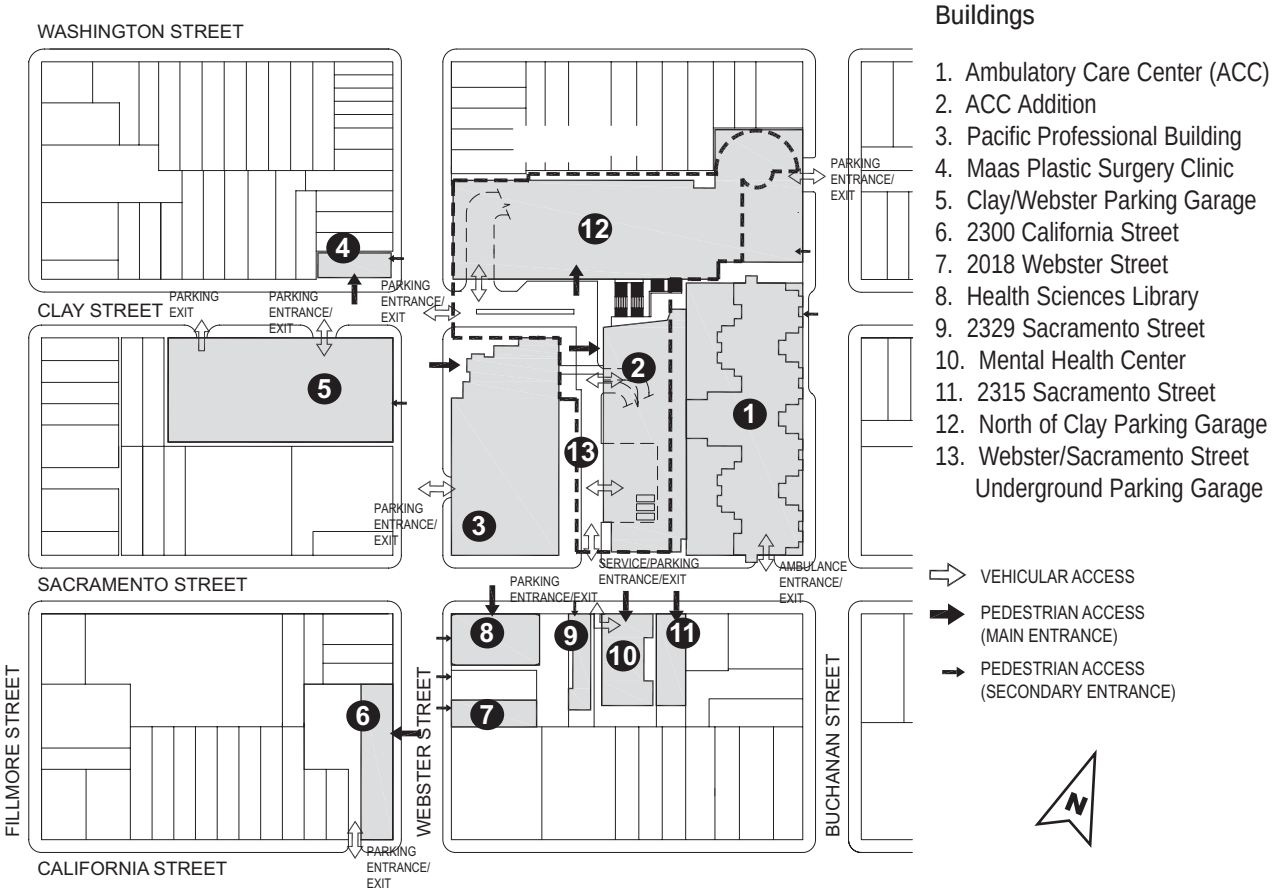
Interventional Endoscopy Center
This new center was completed on the sixth floor of the Stanford Building at 2351 Clay Street. The center includes new state-of-the-art equipment for CPMC's Interventional Endoscopy and Gastroenterology Motility Procedures.

Expansion of Ambulatory Surgery Unit
Five patient treatment areas were added to the ambulatory surgery unit on the sixth floor of the Stanford Building at 2351 Clay Street.

2007-2008 Projects

The Radiation Oncology Department is being remodeled and expanded to provide additional space for examinations and new treatments. This project is scheduled to be completed by the end of 2008.

Section 09-10
Pacific Campus—Proposed Site Plan



Pacific Campus Proposed Buildings

1. Ambulatory Care Center (ACC)
2. ACC Addition
3. Pacific Professional Building
4. Maas Plastic Surgery Clinic
5. Clay/Webster Parking Garage
6. 2300 California Street
7. 2018 Webster Street
8. Health Sciences Library
9. 2329 Sacramento Street
10. Mental Health Center
11. 2315 Sacramento Street
12. North of Clay Parking Garage
13. Webster/Sacramento Street Underground Parking Garage

VEHICULAR ACCESS
PEDESTRIAN ACCESS (MAIN ENTRANCE)
PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

Projects Scheduled to Begin in 2008/2009

Emergency Department Expansion
This project will expand the Emergency Department at 2333 Buchanan Street by about 1,800 square feet in order to increase the department's efficiency. The project is scheduled to begin in mid-2008 and be completed by 2009 or early 2010.

Cancer Care Center
A new Cancer Care Center to enhance CPMC's cancer programs will be built on the first floor of the Stanford Building, 2351 Clay Street. Construction is expected to begin in 2009.

2315 Sacramento Street
Renovations to this residential building are currently underway.

Loading Dock Reconfiguration
The loading dock for 2333 Buchanan Street will be reconfigured to improve access and efficiency in unloading.

Exterior Way-Finding Signage
New signs are planned to be installed for patient convenience and to reduce traffic on surrounding streets.

The Future of the Pacific Campus

Near-Term Projects

2329 Sacramento Street (Residential) — Possible Renovation/Reconstruction
CPMC is undertaking studies to determine the feasibility of either renovating or rebuilding this structure. CPMC is committed to retaining the building for residential use through

renovation or reconstruction. This project may get underway as early as 2010, following the certification of the EIR.

Long-Term Projects

Based on the rigorous requirements of SB 1953, retaining hospital use at the Pacific Campus would require substantial seismic strengthening upgrades to the 2333 Buchanan Street building. Extensive analysis found that interruptions to patient care from a seismic retrofit project of the existing hospital would be impractical and nearly impossible. The building also does not meet contemporary hospital standards. For these reasons, the Pacific Campus will be converted to an Ambulatory Care Center (ACC), where the focus will be outpatient care.

The plan for the Pacific Campus is dependent upon the construction of the new acute care hospital at Cathedral Hill. Moving acute care beds and ancillary services to the new hospital at Cathedral Hill would allow the conversion of the hospital building at 2333 Buchanan Street to an Ambulatory Care Center. Since the Cathedral Hill Hospital is expected to be completed in late 2014, major construction activity at the Pacific Campus is not planned until 2015. The long-term plans at the Pacific Campus would be completed in two general phases: 1) renovation, and 2) demolition and construction.

Renovation of 2333 Buchanan Street
The renovation phase will start just after the Cathedral Hill Hospital is completed. This phase is estimated to start in early 2015 and extend until mid-2016.

First, the acute care and emergency department at the current 2333 Buchanan Street hospital will be transferred to the Cathedral Hill Hospital upon its completion. In early 2015, 2333 Buchanan Street will be renovated and converted into an Ambulatory Care Center. The new ACC will provide outpatient care, diagnostic and treatment services, medical support services, hospital administration, and a new cafeteria. The renovations and improvements to the 2333 Buchanan Street building will be completed in mid-2016.

The following services will be transferred from the California Campus to the Pacific Campus upon completion of the Ambulatory Care Center (ACC) renovation:

- Alzheimer's Residential and Day Care Services
- Pre and Post Ambulatory Surgery
- Outpatient GI Laboratory Service
- Physical and Occupational Therapy

In 2016, after renovations are completed for the new ACC at 2333 Buchanan Street, the following building demolition and construction projects will begin.

Gerbode Research Building (2200 Webster Street), Stanford Building (2351 Clay Street), and Annex Building (2340-2360 Clay Street Medical Office Building)
The current programs in these buildings (primarily research, office, diagnostic and treatment, and outpatient care) will be transferred to the renovated ACC upon its completion in 2016. Once vacated, the buildings will be demolished, the site will be excavated, and a new "T"-shaped underground parking structure will be constructed. With entrances at the intersection of Clay and Webster Streets, as well as mid-block on Sacramento Street and off of Buchanan Street north of Clay Street, the new underground parking garage will extend south beneath the current site of the Stanford Building. Referred to here as the "Webster/Sacramento Street Underground Parking Garage," it will provide approximately 269 parking spaces and will be completed by 2018.

A 204,916-square-foot addition to the ACC (the ACC Addition) is proposed to be constructed above the proposed Webster/ Sacramento Street Underground Parking Garage where the Stanford Building and the 2324 Sacramento Street Clinic are currently located. The new ACC Addition will be connected to the 2333 Buchanan Street ACC at three lower floors and by a bridge to the existing Pacific Professional Building at 2100 Webster Street. By mid-2019, the ACC Addition will accommodate medical offices and provide outpatient care.

As a result of these changes, the new main entrance to the campus will become the lobby level of the ACC Addition, on the east side of a new internal driveway.

When the ACC Addition at the Pacific Campus is complete, the following services will be transferred from the California Campus to the Pacific Campus:

- Center for Diabetes Services
- Breast Health Center
- MRI
- Pathology and Clinical Lab Space
- Imaging Services including Radiation Diagnostic, CT Scan, Bone Density, and Non OB Ultrasound

North of Clay Parking Garage
The second new building on the Pacific Campus will be a six-story above-ground parking garage where the CPMC-owned buildings north of Clay Street are currently located. This new garage will be built above the proposed underground parking garage and will provide parking for approximately 623 cars. Combined with the underground parking, total new structured parking on this lot will be approximately 892 spaces.

Clay/Webster Parking Garage
In 2018, the existing 411-space Clay/Webster Parking Garage will be modified to accommodate an additional two floors (150 spaces) of parking. The renovation will add 20 feet in height, so that the structure will be approximately 40 feet tall as measured from the Webster Street façade. The parking garage is scheduled for completion in 2020.

2018 Webster Street Building—Rehabilitation for Office Use
The building at 2018 Webster Street is currently vacant and zoned residential with nonconforming mixed commercial/residential permitted use. The building will be rehabilitated for future use as administrative offices for the Institute for Health & Healing.

Figure 09-11
Pacific Campus—Neighborhood Context

NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The Pacific Campus is in the Pacific Heights residential neighborhood and is surrounded by single-family homes, apartments, and residential high-rises. One block west of the campus is the commercially zoned Fillmore Street, providing a mix of cafes, restaurants, and retail businesses serving the neighborhood. Nearby parks include Lafayette Park one block east and Alta Plaza Park two blocks west of the campus.

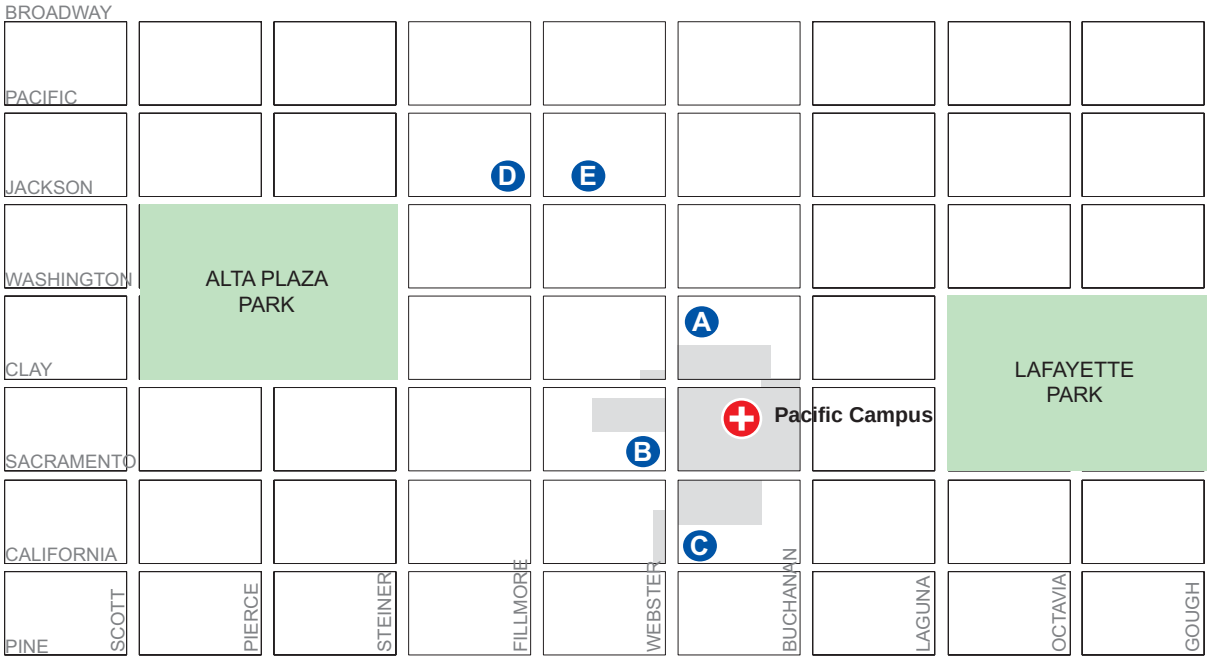
Nearby institutions include the following:

Smith-Kettlewell Eye Research Institute (SKERI) is a not-for-profit independent research institute. It occupies six buildings fronting on Webster Street, north of CPMC, and at 2318 Fillmore Street, between Clay and Washington streets. SKERI's main research interests are clinical studies relating to the diagnosis and treatment of eye diseases and disorders; the development of devices and vocational programs to aid the blind, partially sighted, and hearing impaired; and basic research into the eye and brain. The building at 2232 Webster Street was authorized by the City when the Research Institute was affiliated with Pacific Medical Center; subsequently the institution formally separated from Pacific Medical Center (now CPMC).

SKERI supports programs run by the CPMC Department of Ophthalmology. It is involved in partially funding and selecting participants for CPMC's Clinical Fellowship Program.

SKERI filed an abbreviated IMP with the City in January 2001. This IMP is available for public review at the San Francisco Planning

Figure 09-12
Pacific Campus—Adjacent Institutions



Department. The IMP indicates that SKERI has no expansion plans, but that future expansion, if any, would be on Fillmore Street, south of the existing facility at 2318 Fillmore Street.

University of The Pacific, Arthur A. Dugoni School of Dentistry (UOP), is at the corner of Webster and Sacramento streets. Although no longer formally affiliated with CPMC, UOP shares the use of the CPMC Health Sciences Library. UOP students and professors also provide dental care to patients at the CPMC California Campus.

UOP filed an IMP with the City on June 1, 2007. The IMP states that the school does not anticipate substantial enrollment or employment growth within the next ten years, and that there are no foreseeable plans to significantly change or expand the dental school building at 2155 Webster Street, except for typical interior and building infrastructure improvements.

ADJACENT INSTITUTIONS

A. Smith-Kettlewell Eye Research Institute
Webster Street and 2318 Fillmore Street

B. University of The Pacific, Arthur A. Dugoni School of Dentistry
2155 Webster Street

C. Congregation Sherith Israel
2266 California Street

D. Calvary Presbyterian Church
2525 Fillmore Street

E. Newcomer High School
2340 Jackson Street

City Planning Regulations

Zoning and Land Use

The Pacific Campus is within the RM-1 (Low Density Residential, Mixed Houses and Apartments) and RM-2 (Moderate Density Residential, Mixed Houses and Apartments) zoning districts. Although these zoning classifications are intended primarily for low- to moderate-density houses and apartments of 1 unit per 600 to 800 square feet, a medical center is a conditional use subject to approval by the San Francisco Planning Commission. The Pacific Campus has historically been used as a medical center and has been granted conditional use authorizations over the years since the 1960s.

Zoning classifications in the vicinity of the Pacific Campus are primarily RM-1 and RH-2 (Residential, House, 2 units per lot). The Upper Fillmore Street Neighborhood Commercial Zoning District (NCD) applies to nearby Fillmore Street, which serves as the primary commercial area near the Pacific Campus.

Building Height and Bulk Limits

The height and bulk districts that apply to the Pacific Campus are 40-X (buildings over 40 feet in height need conditional use approval) and 160-F (buildings over 40 feet in height need conditional use approval and portions over 80 feet have horizontal dimension limitations). The immediate vicinity of the campus is within the 40-X height and bulk district, but a number of apartment buildings exceed this standard, having been built under prior zoning provisions.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR for the Pacific Campus is 1.8 to 1. Through exemptions provided by conditional use authorizations, the Pacific Campus has an FAR of 3.75 to 1.

Project Approvals Summary

The near-term project at the Pacific Campus (2329 Sacramento Street) will require entitlements review and approvals.

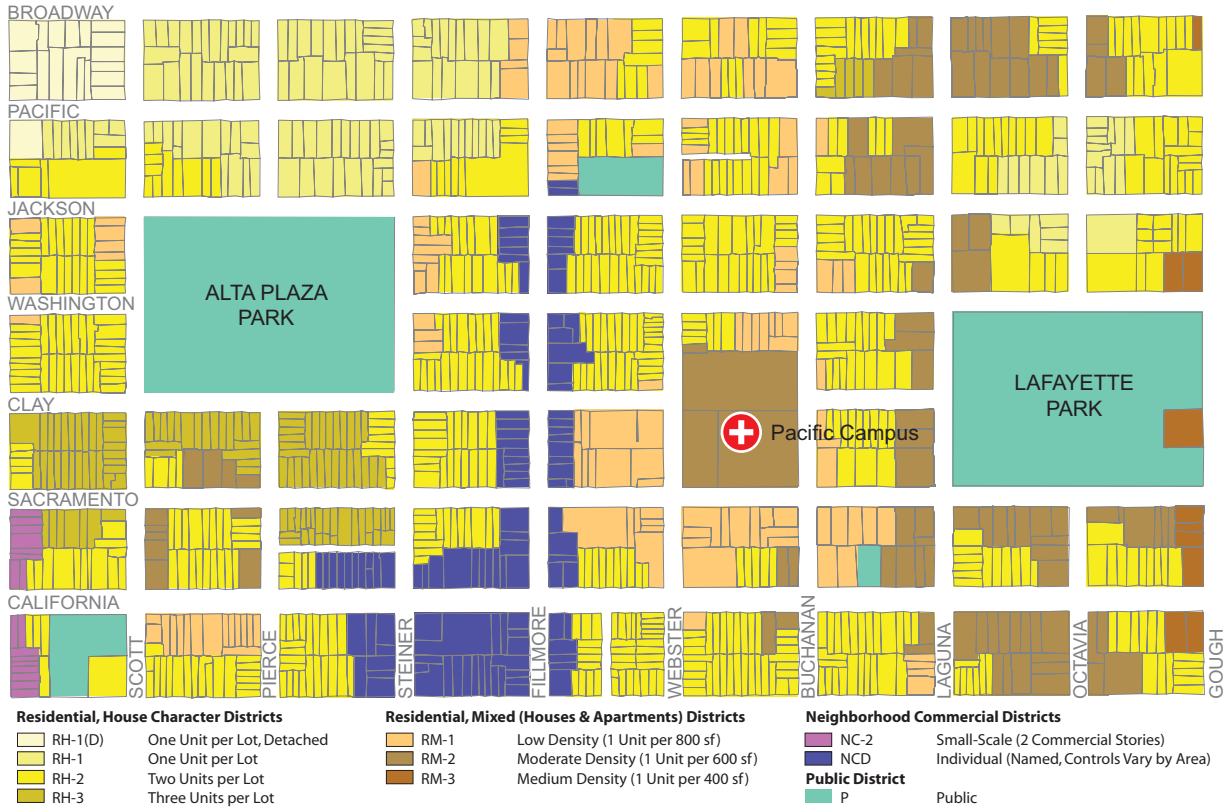
The long-term projects will require future review and approvals by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City and state agencies. Future approvals are needed to build the ACC Addition, including modifications for the existing Conditional Use and Planned Unit Development as well as amendments to the San Francisco Planning Code to permit a medical center that does not include acute care beds in a residential zoning district. In addition, project authorization for the annual office limit is also needed for the long-term projects.

Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. The following is an overview of the major environmental topics that CPMC anticipates would be the focus of the environmental analysis for the Pacific Campus, including possible approaches to improvement and/or mitigation measures. The more detailed analysis and conclusions on these issues will be contained in the EIR.

The first phase of construction on the Pacific Campus is limited to renovation of the existing 2333 Buchanan Street building. Impacts will include temporary effects related to con-

Figure 09-13
Pacific Campus—Zoning Districts



struction, which will be addressed in the construction management plan for the project. The second phase of construction includes the ACC Addition and new parking facilities. This work is expected to begin in 2016. Because this is a long-term project, it has not been designed to the same level as some of the near-term projects such as Cathedral Hill, and accordingly the discussion of potential impacts and approaches to mitigation/ improvement measures is more generalized.

Land Use

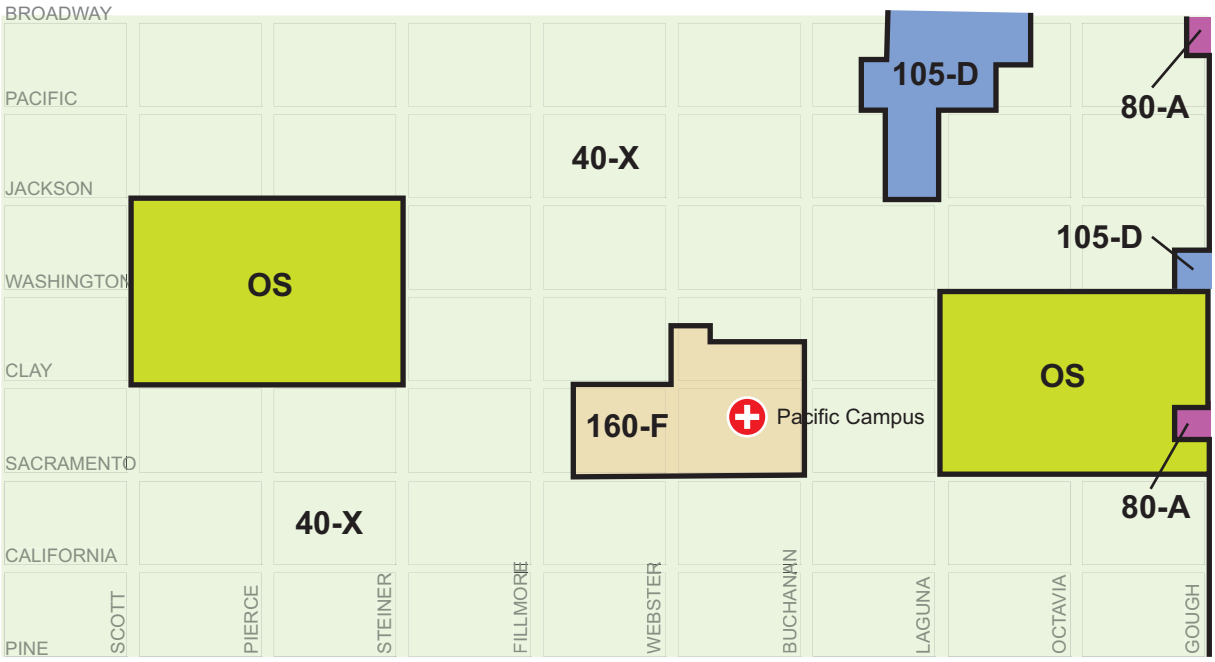
The proposed changes will modify the existing uses on the Pacific Campus by converting the hospital building to ambulatory care, and include an expansion of parking facilities. The uses will remain as medical/institutional; it is not anticipated that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. However, the land use changes are also relevant to other environmental topics such as transportation, discussed below.

Aesthetic/Wind/Shadows

The North of Clay Parking Garage is proposed to be approximately 85 feet in height at its tallest point, and will replace buildings that range in height from approximately 65-80 feet. It is not expected to result in any significant impacts to visual resources, but will be visible from the rear yards of certain properties on Washington Street between Webster and Buchanan Streets.

The proposed addition to the Clay/Webster Parking Garage will add two levels of parking, or approximately 30 feet of building height, on top of the existing parking structure. This

Figure 09-14
Pacific Campus—Building Height and Bulk Districts



addition is not expected to result in any significant impacts to visual resources but will be visible from the adjacent residential buildings and buildings on the north side of Clay Street. The EIR will consider whether the addition has the potential to result in shadow or wind impacts.

Historic and Archeological Resources

The project does not propose the modification or demolition of any historic resources. The EIR will consider whether there are any additional historic resources in the vicinity, and whether the project has the potential to impact such resources.

The adjacent neighborhood includes Victorian and Edwardian structures, and the Webster Street Historic District adjoins the campus to the north. The project will not impact any of these resources.

The EIR will identify the potential for construction at the site to impact archeological resources, and will include mitigation measures as may be required to address such impacts.

BULK LIMITS

District Symbol	Height	Length	Diagonal
A	40 ft	110 ft	125 ft
D	40 ft	110 ft	140 ft
F	80 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Transportation and Parking

Transportation and parking issues are addressed in the preliminary transportation analysis prepared by CHS Consulting for the project sponsor, contained in Appendix B of this document. The EIR will contain its own transportation analysis, which will identify any appropriate mitigation and/or improvement measures.

The proposed project includes the transfer of all inpatient acute care services from the Pacific Campus to the new Cathedral Hill Hospital in 2015. In general, the conversion of the existing hospital to an ACC would be expected to increase the number of vehicle and pedestrian trips to the campus. While the project includes expansion of parking facilities to address the increase in vehicle trips, CPMC is also considering a number of measures to encourage alternative means of travel. These include transit passes, valet parking, bike lanes, clearer demarcation of passenger loading and drop-off zones, traffic calming measures, and additions to the existing Transportation Demand Management program.

CPMC is also proposing to relocate the main entrance and passenger drop-off. Currently, the main entrance is on Buchanan Street. This location has historically caused traffic congestion problems in the neighborhood and has also created difficulties for patient transport. The new entrance will be from a proposed internal driveway with access from Sacramento Street, relieving Buchanan Street of any new traffic.

When the transfer of hospital functions occurs, the parking requirements for hospitals will no longer apply at the Pacific Campus. The new requirements will be based on medical offices and clinics, resulting in an increased number of parking spaces required for the outpatient facility. The combined parking requirement for the renovated 2333 Buchanan Street building and the new ACC Addition will necessitate the construction of the parking structure planned for CPMC's lot north of Clay Street, plus 150 additional spaces on top of the existing Clay/Webster Parking Garage.

In total, approximately 460,000 new gross square feet of structured parking are proposed to be added to the campus, even though non-parking area on the campus will not increase. The proposed new parking will result in a net increase of approximately 1,000 off-street parking spaces (from 933 to 1,918) at the Pacific Campus. Valet parking will also be used in some areas to obtain additional capacity.

The EIR will further analyze this issue and identify mitigation and/or improvement measures as appropriate.

Other Operational Impacts

Once the facilities are completed and occupied, daily operations may have impacts such as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

Construction Impacts

Renovation of the existing hospital and construction for the ACC Addition and parking facilities will generate temporary construction impacts, related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise.

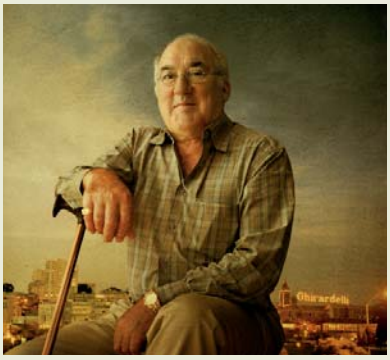
Community Outreach

CPMC has engaged neighborhood groups in the planning process for SB 1953 compliance and has met with the members and representatives of the following groups over the years to receive input on development plans and campus issues:

- Pacific Heights Residents Association
- Fillmore Merchants Association
- Japantown Merchants Association
- Japantown Task Force
- Fillmore Jazz Community Benefits District
- Western Addition Neighborhood Association
- Cow Hollow Neighborhood Association
- Marina Merchants
- Union Street Merchants
- D2gether
- Individual merchants on California Street, Fillmore Street, Sacramento Street, Webster Street, and other nearby businesses

CPMC has made the following resources available to the neighborhoods surrounding the Pacific Campus:

- Meeting space for neighborhood groups
- Parking during off hours for surrounding neighbors and merchants
- Forums on health-related topics
- Participation in Fillmore Merchants Association and Community Benefits District
- Hepatitis B free screening in Japantown
- Sponsorship of Asian Heritage Festival in Japantown
- Health screenings at Juneteenth event in the Fillmore
- Participation in Fillmore Street Jazz Festival
- Community events at Institute for Health & Healing
- CPR training at Galileo High School
- Partnership with University of the Pacific, Arthur A. Dugoni School of Dentistry



Ed

Grandfather

"I had the greatest nurses and therapists. They absolutely brought sunshine into the room. I can walk. I can drive. And I can't imagine it would have happened without them."

After back surgery left him unable to get out of bed, Ed was admitted to California Pacific Medical Center's Rehabilitation Center. He was so physically and emotionally weakened that he was terrified he'd never walk again, much less work, drive or play with his grandchildren. At the Rehabilitation Center, Ed immediately began working with a comprehensive therapy team, which included physical, occupational and recreational therapists, a psychologist, an internist and a case manager. The team partnered with Ed to map out a treatment plan, always keeping in mind his specific goals and desires. At first, Ed's goal was simply to get out of bed and take a few steps, a daunting task considering his pain and exhaustion.

Ed and his physical therapist worked patiently until he was able to walk, first with a walker, then with crutches and, finally, with just a cane. When his recreational therapist learned that Ed loves to cook and entertain, the team incorporated specific exercises to get him back to his favorite hobby. Soon Ed was able to cook a meal for his entire team, which turned into a festive celebration of his progress. Before discharging him, the team even visited Ed's house to help his wife prepare for his arrival. Now that he's home, Ed can't believe how far he's come. But his therapy team is not a bit surprised.

SECTION TEN: DAVIES CAMPUS

This section of the IMP describes CPMC's plans for the existing Davies Campus. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development, and concludes with a discussion of neighborhood context and City requirements.

HISTORY OF THE DAVIES CAMPUS

The Davies Campus has been a center for the delivery of health care services for over 150 years. In the 1850s, the German General Benevolent Society formed to provide health care, food, and shelter for the City's German immigrants. By 1878, the German Hospital opened on the current Davies Campus site, serving both German immigrants and later opening its doors to treat all citizens of San Francisco. Over the years, physical rehabilitation medicine and specialized reconstructive plastic surgeries as well as neurosciences have become a focus of the Davies Campus. The following timeline highlights key program and facility developments from the extensive history of the Davies Campus.

1852-1854 Leaders of San Francisco's German immigrant community open a free clinic for the indigent in rented rooms on Mission Street. Physicians volunteer their time.

1878 German Hospital reopens at Castro Street and Duboce Avenue, at the current Davies Campus site, in a new frame building with more than 200 beds. The total cost of construction is $88,241.

German Hospital, c. 1890

1888 A 20-room annex especially for women is added to the hospital.

1906 In the days following the 1906 earthquake, the hospital welcomes more than 2,000 refugees. More than 1,000 patients are treated free of charge. The earthquake delays construction of a brick structure for the hospital.

German Hospital, c. 1914

1908 The new German Hospital replacement opens at Castro Street and Duboce Avenue.

1916-1917 The hospital accepts its first medical interns for training in 1916. A year later the German Hospital is renamed Franklin Hospital, in honor of Benjamin Franklin's pioneering work in the field of medicine.

Franklin Hospital, c. 1952

1955-1956	The Franklin Hospital Volunteer Auxiliary is formed and the Franklin Hospital Foundation is created to relieve the German General Benevolent Society of responsibility for the hospital.
1961	The first dialysis unit in Northern California is installed.
1968-1969	The new Franklin Hospital (North Tower) opens in 1968. This is followed one year later by a medical office building at 45 Castro Street.
1970	An extended care wing opens in the South Tower.
1971	The Franklin Hospital is renamed in honor of philanthropist and longtime trustee, Ralph K. Davies. The Microsurgical Laboratory opens.
1972	Davies Medical Center physicians perform the first toe-to-hand transplant in the U.S.
1973	San Francisco's first computerized patient information system is introduced at Davies.
1988	The Institute for HIV Research and Treatment opens.
1989	The San Francisco Institute for Plastic Surgery opens at Davies Medical Center.
1990	U.S. Surgeon General Antonia C. Novello helps inaugurate the Gazebo at Davies for HIV/AIDS patients and their families. During the ensuing years of the AIDS epidemic, two entire nursing units provide care for up to 150 patients at a time.
1998	As part of an acquisition/merger, Davies becomes the third campus of California Pacific Medical Center.
2005-2007	Seismic retrofitting is completed on the Davies Campus North Tower containing facilities for emergency care, acute care, and rehabilitation.

Figure 10-01
Davies Campus—Location and Context

EXISTING CONDITIONS

Location and Context

The Davies Campus is an entire city block comprising approximately 7.2 acres, bounded by Duboce Avenue to the north, Noe Street to the east, 14th Street to the south, and Castro Street to the west. The block is a single lot, bordered on the east, west, and south sides by residential neighborhoods. The north side of the campus is bordered by Duboce Park.

Like many properties in San Francisco, the Davies Campus is located on a sloping site. The site slopes downward in an eastern direction, with an approximately 18-foot elevation change from Castro Street to Noe Street.

The campus is currently occupied by five buildings: the North Tower, the South Tower, the Rehabilitation Center, the 45 Castro Medical Office Building, and a parking garage. The total floor space on the campus is approximately 500,000 gross square feet.

Figure 10-02
Davies Campus—Citywide Context

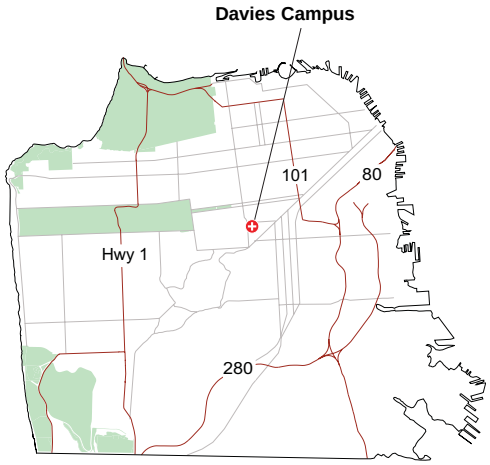


Figure 10-03
Davies Campus—Aerial View

Existing Buildings at the Davies Campus

The following is an overview of existing buildings at the Davies Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)

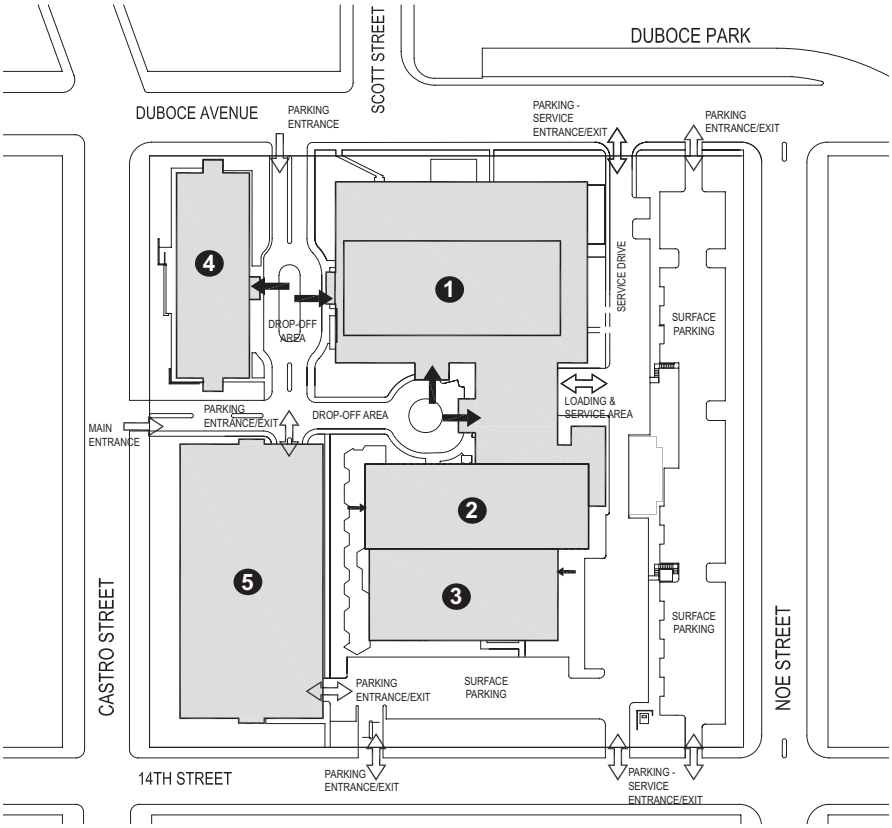
1. The North Tower (Main Hospital Building)

Present Use:	Hospital (acute care)
Height:	5 stories / 66 feet
Gross Square Feet:	188,000
Seismic Rating:	SPC 2
Licensed Beds:	311 (190 in use)

2. The South Tower

Present Use:	Skilled nursing facility, outpatient, and diagnostic and treatment
Height:	3 stories
Gross Square Feet:	105,000
Seismic Rating:	SPC 1
Licensed Beds:	Included in North Tower

Figure 10-04
Davies Campus—Existing Site Plan



Davies Campus Buildings

1. North Tower
2. South Tower
3. Rehabilitation Center
4. 45 Castro Medical Office Building
5. Castro/14th Street Parking Garage

3. The Rehabilitation Center

Present Use: Rehabilitation services
Height: 2 stories
Gross Square Feet: 32,000 (not including the outdoor Terrain Park)
Seismic Rating: SPC 1

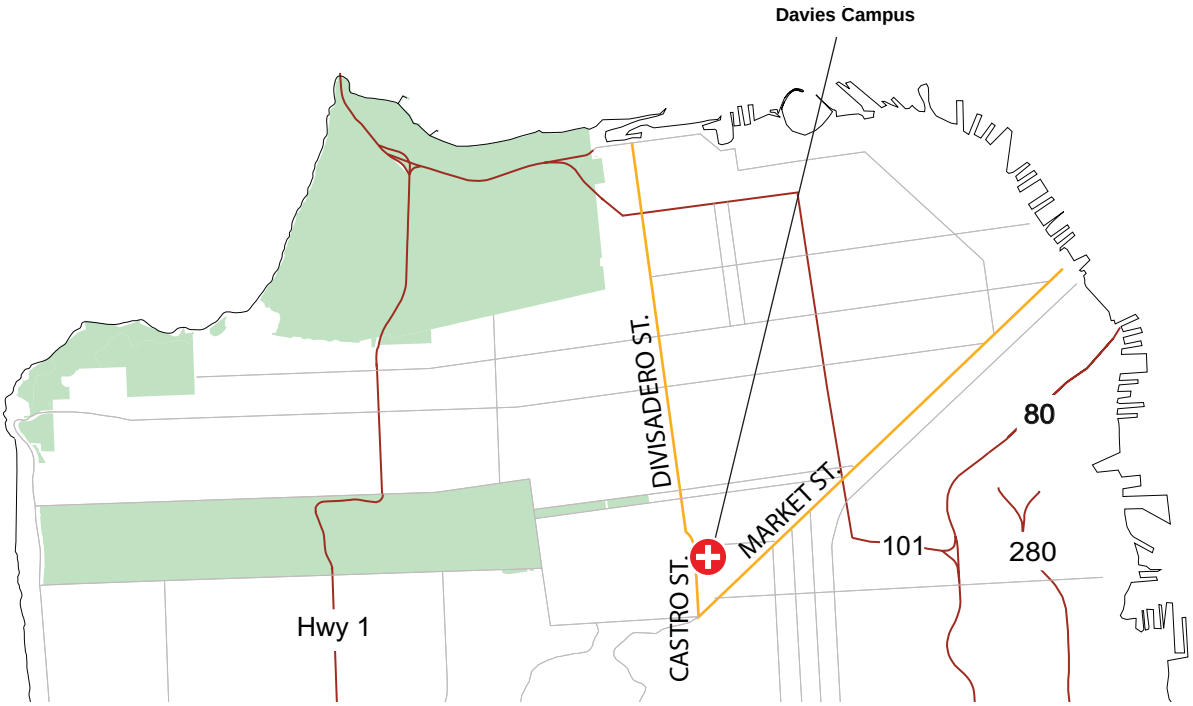
4. 45 Castro Medical Office Building

Present Use: Physicians' offices
Height: 4 stories / 67 feet
Gross Square Feet: 63,000
Note: Approximately 40 physicians have offices in the Medical Office Building.

5. Castro/14th Street Parking Garage

Present Use: Parking
Height: 3 stories
Gross Square Feet: 113,000
Parking: 290 spaces
Note: The campus includes an additional 207 off-street surface parking spaces.

Figure 10-05
Davies Campus—Street Access



Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

Local access to the campus is possible on any of the surrounding two-way streets, including Duboce Avenue, an east-west street; Noe Street, a north-south street; 14th Street, an east-west street; and Castro Street, a major arterial north-south street. The Divisadero/Castro Street corridor is used as the primary access route to the campus. Highway access to the Davies Campus is available via Interstate 80, U.S. Highway 101, and Interstate 280.

Figure 10-06
Davies Campus—Arterial Streets

The Davies Campus has direct access to Muni light rail and bus lines, and a high percentage (40 percent) of campus staff travel to and from work on public transit.

Figure 10-07
Davies Campus—Muni Bus and Light Rail Routes

Davies Campus Muni Bus and Light Rail Routes

N-Judah: Connects Ocean Beach to Downtown via Judah Street, 9th Avenue, Irving Street, Arguello Street, Carl Street, Sunset tunnel, Duboce Street, Market Street subway, the Embarcadero, King and 4th Streets.

24-Divisadero: Connects Bayview to Pacific Heights via 3rd Street, Newcomb Avenue, Newhall Street, Palou Avenue, Industrial Street, Bayshore Boulevard, Cortland Avenue, Mission Street, 30th Street, Noe Street, 26th Street, Castro Street, Divisadero Street, Jackson Street, Fillmore Street, Washington Street, Webster Street, and Jackson Street to the terminal.

37-Corbett: Connects Twin Peaks to the Haight via Burnett Avenue, Portola Drive, Corbett Avenue, 17th Street, Eureka Street, Market Street (Castro Street Muni Metro station), 15th Street, Church Street (Church Street Muni Metro station), 14th Street, Roosevelt Way, Buena Vista Terrace, Buena Vista East, Upper Terrace, Loma Vista Terrace, Roosevelt Way, 17th Street, Cole Street, Haight Street, and Masonic Avenue to the terminal.

Muni Bus Routes between the Davies Campus and Other Campuses

To St. Luke's Campus:
24-Divisadero,
26-Valencia

To California Campus:
24-Divisadero,
1-California

To Pacific Campus:
24-Divisadero

To Cathedral Hill Campus:
24-Divisadero,
38-Geary

Transportation Demand Management Program

California Pacific Medical Center employs a comprehensive Transportation Demand Management (TDM) program developed to provide staff, employees, and physicians with a convenient network of transportation options, including employee transit subsidies, shuttle service, guaranteed ride home, and bicycle parking to reduce car trips to and from work (see Appendix B).

Shuttle Service
CPMC operates a free shuttle service from the Davies Campus to the Pacific and St. Luke's campuses.

Carpooling
Davies employees are offered a carpool matching program through 511.org, free parking for registered carpool/vanpool vehicles, and a $2,500-per-year subsidy for vanpools.

Car Sharing
Since 2001, the Davies Campus has provided parking spaces for City CarShare vehicles. With six dedicated parking spaces, the Davies Campus is one of City CarShare's best-used "pods" for vehicle pick-up/drop-off in San Francisco.

Bicycle Access
The Davies Campus parking garage provides 18 secure bicycle parking spaces. Shower and locker facilities are available for employees who bike to the campus.

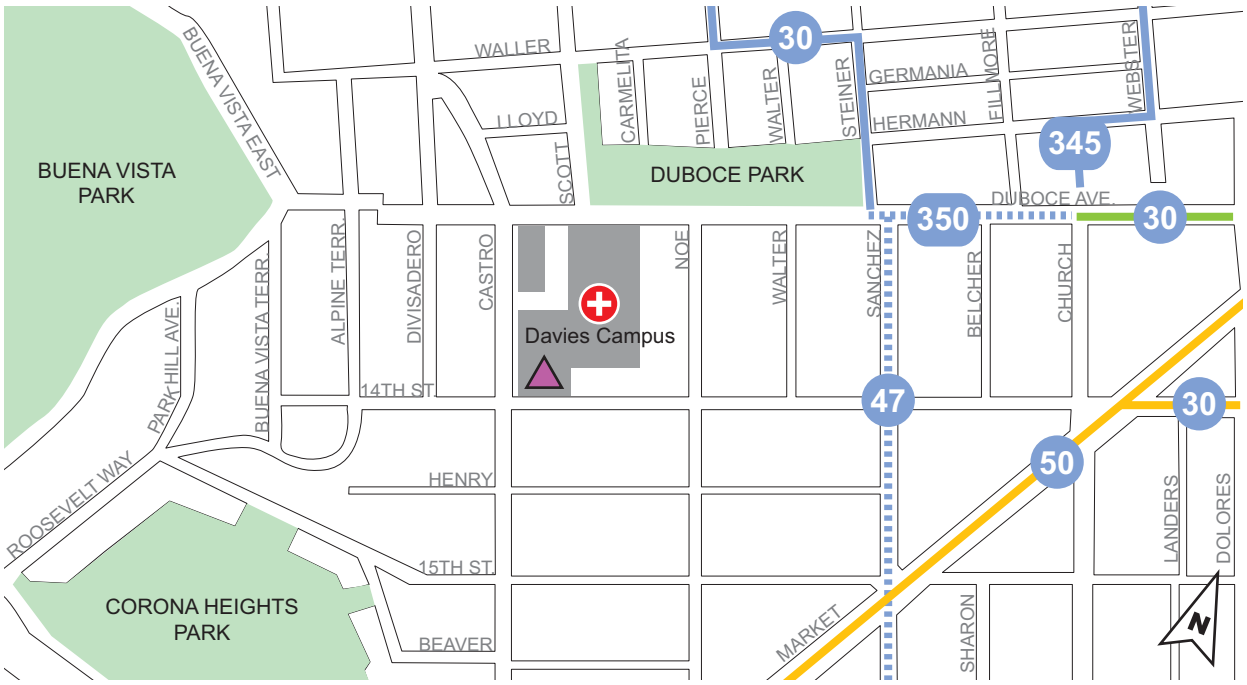
The shuttle service operates the following lines from the Davies Campus

D-Line:	to the Pacific Campus
SL-Line:	to the St. Luke's Campus
LSL-Line:	to the St. Luke's Campus via 55 Laguna (off-site parking)

Transit Subsidy
CPMC provides on-site sales of Muni, BART, Golden Gate Transit, and SamTrans passes at the Davies Campus, and employees receive a monthly transit subsidy of $20. Approximately 40 percent of Davies Campus staff use public transportation. This rate is among the highest rates of employee transit use among San Francisco institutions.

The Davies Campus has approximately 831 employees

Figure 10-08
Davies Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the Davies Campus include the following Class II (signs only, no dedicated bike lanes) routes, as shown on the San Francisco Bike Map:

Route 30: Runs the length of Golden Gate Park and the Panhandle, continues to Duboce Avenue, and proceeds South of Market on 14th Street where it extends along Folsom and Howard streets to the Embarcadero.

Route 47: Follows Route 30 from Scott Street to Duboce Avenue and proceeds along Sanchez Street to 17th Street.

Route 345: Runs on Webster Street between Sutter Street and Duboce Avenue.

Route 350: Connects Routes 30 and 47.

Bike Path
(Dedicated off-street – usually paved – bike path)

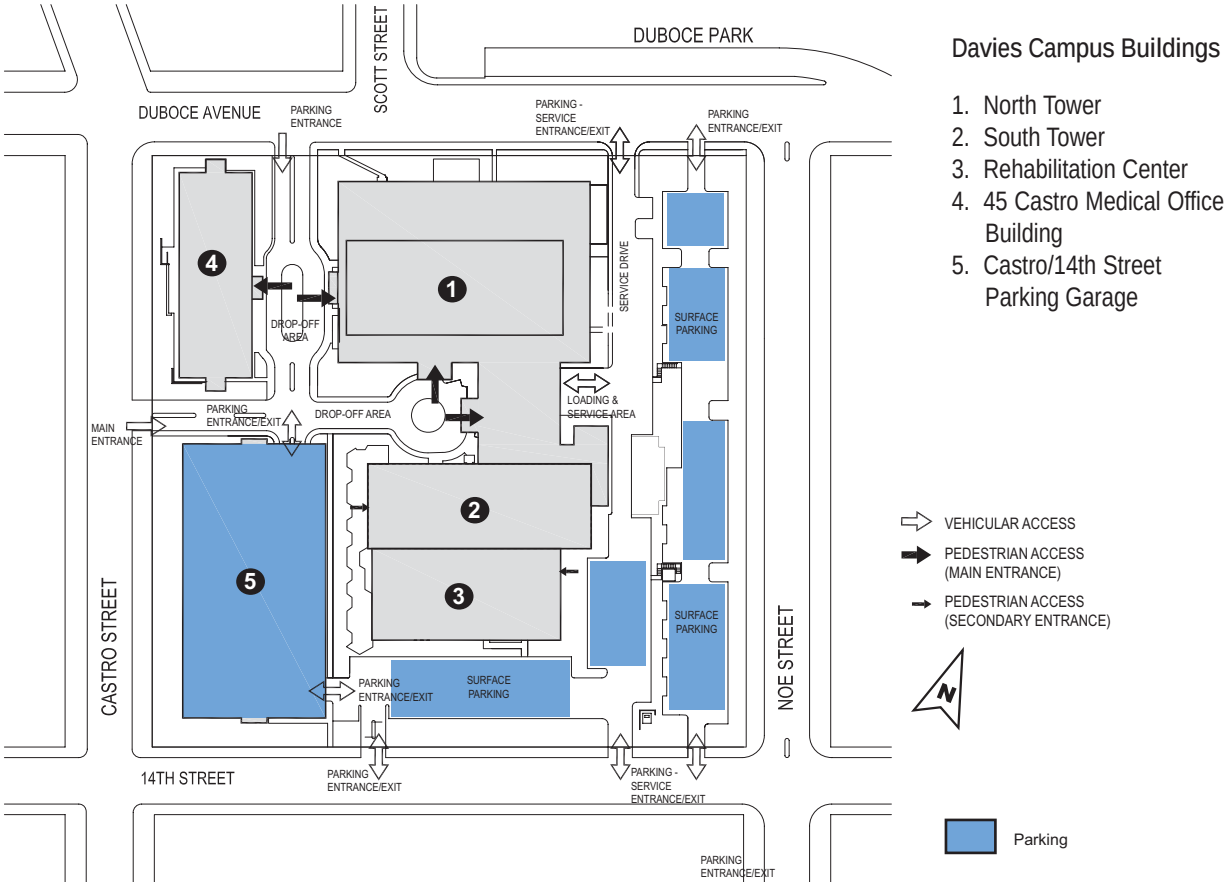
Bike Lane
(Dedicated bike lane on roadway edge)

Wide Curb Lane Bike Route
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)

Bike Route
(Bikes and cars share the same roadway)

Bicycle Parking

Figure 10-09
Davies Campus—Existing Off-Street Parking



Existing and Planned Parking at the Davies Campus

	Existing	Proposed	Total (2020)
Castro/14th Street Parking Garage	290	0	0
North and South Tower Surface Parking	207	143	143
Castro/14th Street Medical Office Building	NA	490	490
Total Parking Spaces	**497**	**633**	**633**

Off-Street Parking

The Davies Campus provides approximately 497 off-street public parking spaces: 290 parking spaces within the Castro/14th Street Parking Garage and 207 parking spaces within surface parking locations on-site.

An additional 50 parking spaces are leased from the UC Extension site at 55 Laguna Street.

FACILITY PLANNING AND FUTURE DEVELOPMENT

Ongoing Projects

CPMC has completed several construction projects over the last few years at the Davies Campus, resulting in the seismic strengthening of the North Tower, improved programs and services, and more viability for the existing acute care hospital.

Minor Projects

All minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

2007-2008 Projects

North Tower
The North Tower seismic upgrade was completed in 2007. Work included the addition of two new exterior buttresses, interior shear walls, and various bracing improvements. The seismic upgrades to the tower meet SB 1953 requirements, and the tower can be operated until 2030.

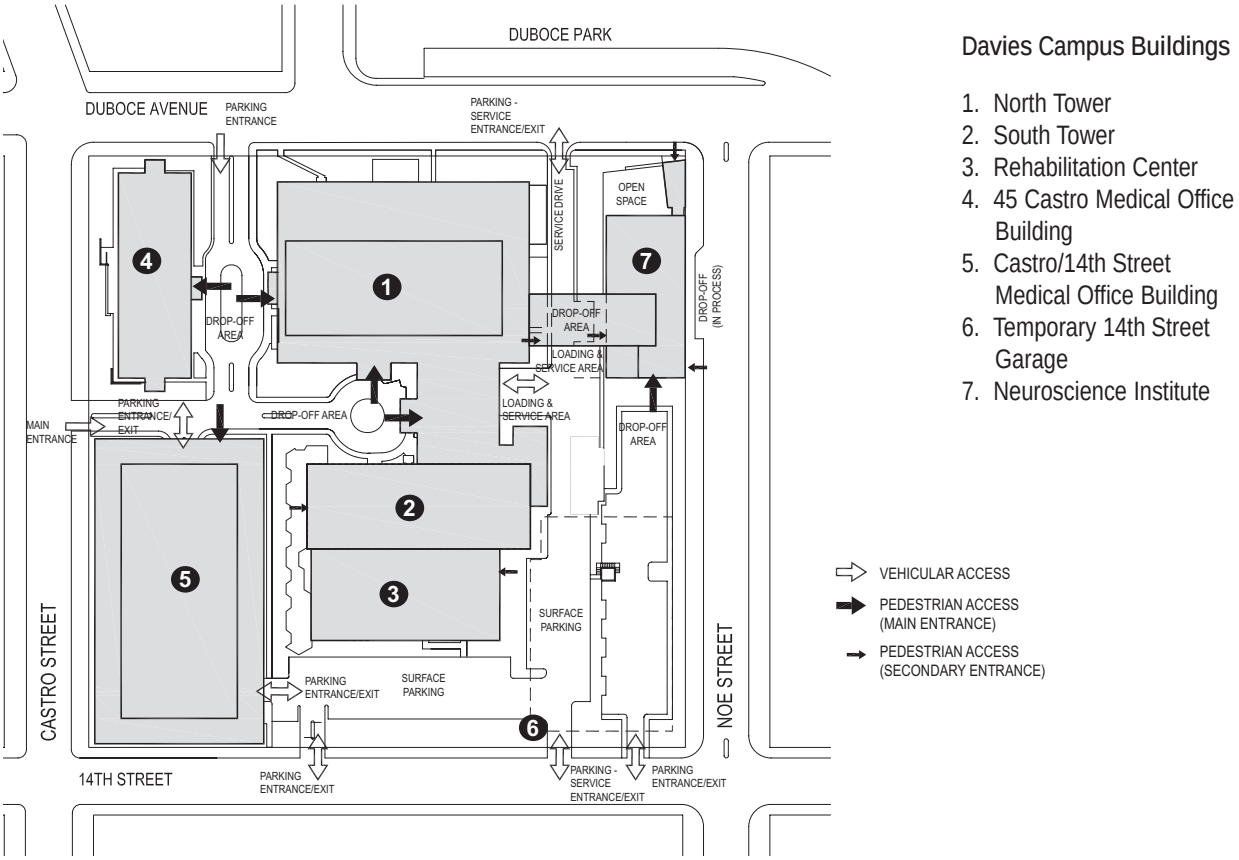
Acute Rehabilitation Services
Renovations related to Acute Rehabilitation Services include the relocation of acute rehabilitation services from the South Tower to the North Tower Renovations are underway and are expected to be completed in 2010.

The Archibald/Ehrenberg Rehabilitation Terrain Park
The Archibald/Ehrenberg Rehabilitation Terrain Park at the Davies Campus is a new therapeutic park that helps patients learn to walk again after an injury or stroke. Completed in November 2007, the park is a component of the California Pacific Regional Rehabilitation Center for patients who have suffered brain injuries or use prosthetic limbs. The new terrain park features real-world obstacles such as uneven surfaces, marble floors, beaches, and cobble-stoned roads.

The terrain park was funded almost entirely by charitable contributions, including a generous donation from Dr. Kenneth C. Archibald, the former Chair of Rehabilitative Medicine at CPMC. The park is named in honor of Dr. Archibald and his deceased partner, Robert Ehrenberg.

Consolidation of Geriatric Psychiatric Program
The Geriatric Psychiatric Program was consolidated at Davies in 2008.

Figure 10-10
Davies Campus—Proposed Site Plan



Davies Campus Buildings

1. North Tower
2. South Tower
3. Rehabilitation Center
4. 45 Castro Medical Office Building
5. Castro/14th Street Medical Office Building
6. Temporary 14th Street Garage
7. Neuroscience Institute

The Future of the Davies Campus

In addition to ongoing changes to upgrade the North and South Towers, the major plans for the Davies Campus over the next 15 years include construction of two medical office buildings: 1) the Neuroscience Institute, also called the Noe Street Medical Office Building; and 2) the Castro/14th Street Medical Office Building, which would replace the existing parking structure at the corner of Castro Street and 14th Street with new medical offices and underground parking.

A medical office building at the corner of Noe Street and Duboce Avenue has been planned for the Davies Campus since 1991. At that time, the City certified an Environmental Impact Report (EIR) for the project. Several years passed and the approved project was never built. In 2004, CPMC made a separate application to the City for a new building that would consolidate CPMC's neuroscience programs in a new building at the Davies Campus. CPMC submitted an Environmental Evaluation Application (EEA) for the construction of the Neuroscience Institute. The new project was not considered part of the proposed CPMC Seismic Compliance, Hospital Replacement and Campus Renovation program (also called the Four Campus Master Plan), which was being studied in a separate environmental review process. The planning process for the project included a new environmental review by the Planning Department and several years of community and neighborhood input. The process resulted in a project that was guided and enhanced by the community and the local neighborhood. After several years of planning, the San Francisco Planning Commission voted to approve the Neuroscience Institute project in June 2007.

In September 2007, the San Francisco Board of Supervisors held a hearing on an environmental appeal to the project and voted to require that this project be evaluated in the context of CPMC's future development plans.

Near-Term Projects

Neuroscience Institute

CPMC is proposing to build new facilities for its neuroscience programs and services, including neuroscience/neurosurgery, microsurgery, and acute rehabilitation. The Neuroscience Institute (also called the Noe Street Medical Office Building) will provide care for patients with neurological disorders, including ALS (Lou Gehrig's disease), muscular dystrophy, and other neurological conditions. Upon completion of this project, the Davies Campus will provide a consolidated location for leading-edge neuroscience/neurosurgery, microsurgery, and acute rehabilitation.

The nature of the neuroscience programs allows them to be easily consolidated at one campus. CPMC selected the Davies Campus for this program because of the availability of current programs at the campus, as well as the availability of land area for new construction on otherwise underused areas. The new building will also allow for the development of new services and programs to complement those currently available and help ensure the long-term viability of the Davies Campus.

The proposed Neuroscience Institute will be a four-story, 50,100-gross-square-foot medical office building at the corner of Noe Street and Duboce Avenue. The building will be comprised of clinic space, medical office space, lobby space, and a pharmacy that will serve patients of the Neuroscience Institute. The fourth floor of the medical office building will connect directly to the North Tower and

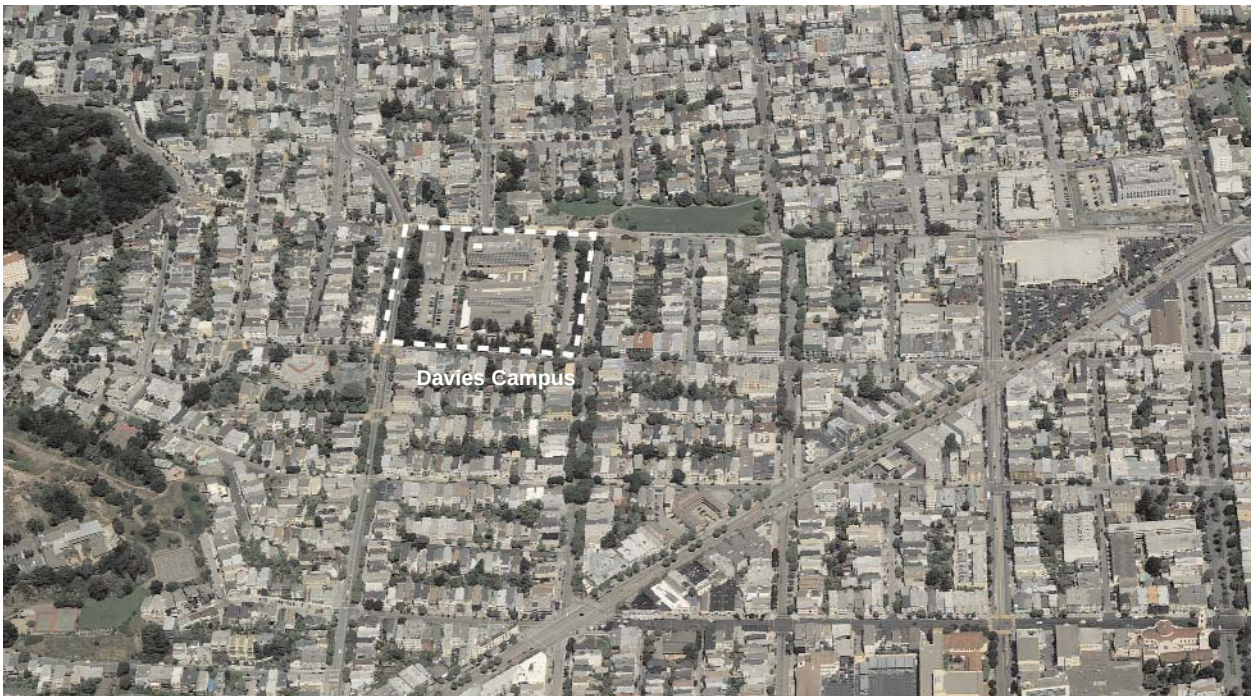
Proposed Neuroscience Institute, Noe Street and Duboce Avenue

Davies Acute Care Hospital, physically connecting the programs of the Neuroscience Institute and services available at the hospital. The medical office building will include two pedestrian entrances: a southern entrance at a pedestrian plaza off Noe Street and a northern entrance located along Duboce Avenue across from the N-Judah Muni stop. The project will result in the removal of 75 on-site parking spaces. No new parking spaces are proposed to be constructed as part of the project.

The proposed building design complies with San Francisco Planning Code requirements, including zoning and height and bulk requirements, while meeting the programmatic needs of the medical center. The building has also been designed to respond to the neighborhood setting and incorporates high-quality, sustainable features. The project includes improved landscaping, a widened sidewalk on the west side of Noe Street, a public plaza, funding for traffic calming along Noe Street, and other improvements.

The Neuroscience Institute continues to be an important project for CPMC and the community. If approved as part of the development plans for all of CPMC's campuses, the Neuroscience Institute is anticipated to begin construction in 2010 and open in 2012.

Figure 10-11
Davies Campus—Neighborhood Context



Long-Term Projects

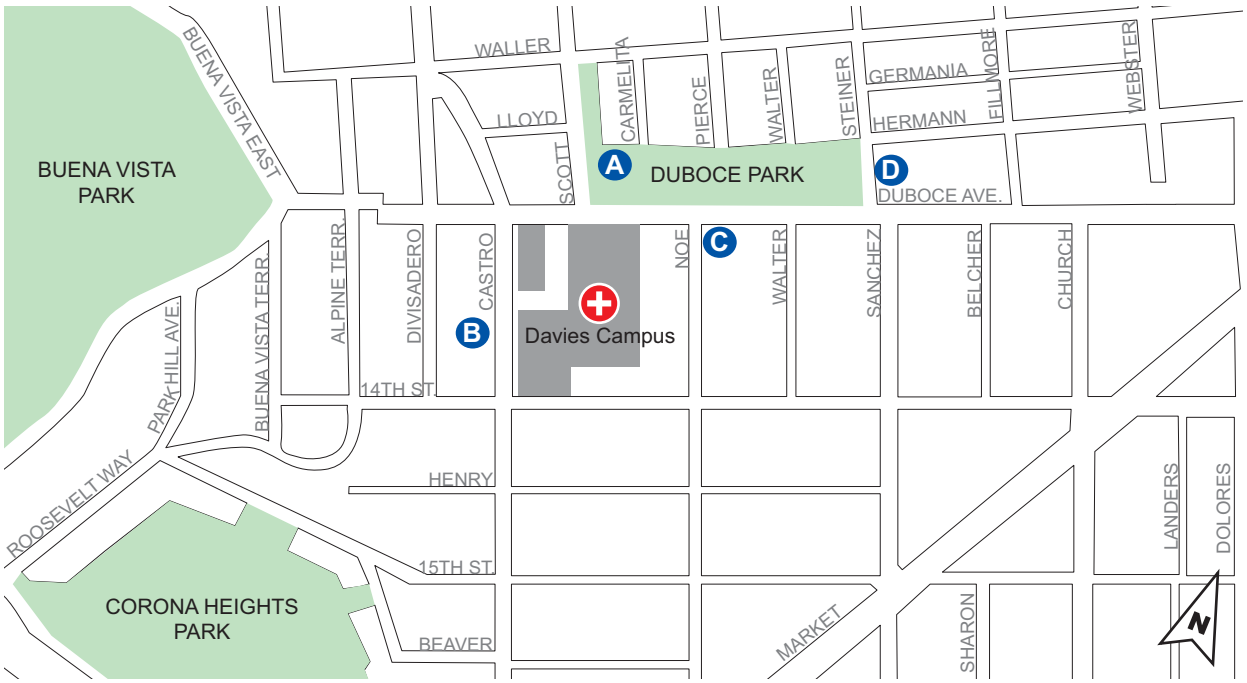
Castro/14th Street Medical Office Building
In order to accommodate additional future medical office needs, the IMP includes a proposed medical office building and underground parking at the southwest corner of Castro Street and 14th Street, a site currently occupied by the Castro/14th Street Parking Garage. The new 45-foot-high medical office building will replace the existing parking garage and will contain four levels of underground parking with 490 parking spaces. The medical office building will provide about 60,000 gross square feet of medical office space. To serve the hospital campus during the demolition of the existing parking structure, a temporary parking structure will be constructed at the southeast corner of the campus (at the corner of Noe and 14th streets). Construction will begin in 2018 and be completed by 2020.

NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

The Davies Campus is situated within the Duboce Triangle neighborhood directly adjoining the Buena Vista neighborhood. The campus is also close to the Upper Market, Corona Heights, Castro, and Eureka Valley neighborhoods to the west and south, and the Lower Haight and Hayes Valley neighborhoods to the north and east. It is surrounded by a public park, single-family homes, duplexes, flats, and high-density apartments. The Davies Campus is approximately one-quarter mile south of commercially zoned Divisadero and Haight streets, and one-third mile north of commercially zoned Market and Castro streets. These streets provide a mix of cafes, restaurants, and retail businesses serving the neighborhood. Nearby parks include the immediately adjacent Duboce Park, and Buena Vista Park northwest of the campus.

Figure 10-12
Davies Campus—Adjacent Institutions



City Planning Regulations

Zoning and Land Use

The Davies Campus is within an RH-3 (Residential, House, Three-Family) zoning district. This zoning classification is intended primarily for housing, with three units per lot; however, a medical center may be permitted subject to approval of a conditional use permit by the San Francisco Planning Commission. Conditional use authorization has been granted for the current Davies Campus buildings over the years.

The zoning districts surrounding the Davies Campus are primarily RH-3, RM-1 (Low Density Residential, Mixed Houses and Apartments), RH-2 (Residential, House, with two units per lot), and RTO (Residential Transit-Oriented). Two- and three-story, single- and multi-family buildings are the predominant residential structures in the neighborhood. The Upper Market Street Neighborhood Commercial Transit-Oriented District (NCT) and the small-scale commercial corridor (NC-2) on Divisadero Street serve as the primary commercial activity near the Davies Campus.

While the Davies Campus is not located within any special area or use district boundaries,

ADJACENT INSTITUTIONS

A. Harvey Milk Recreation Center
50 Scott Street

B. McKinley Elementary School
1025 14th Street

C. First Christian Church
599 Duboce Avenue

D. Church of the Synaxis
20 Steiner Street

Figure 10-13
Davies Campus—Zoning Districts

it adjoins the boundary of the newly adopted Market & Octavia Neighborhood Plan. The plan is intended to respond to the need for housing, repair the fabric of the neighborhood, and support transit-oriented development. It includes new zoning for appropriate residential and commercial uses, prescribes streetscape and open space improvements, and places high-density land uses close to transit. The improvements planned at the Davies Campus would further enhance some of the key goals of the plan, most notably policies related to transit. The Davies Campus is located in one of the most transit-rich areas of the City, and the Neuroscience Institute project will create many incentives to use transit, including a weather-protected Muni pavilion for the N-Judah line stop and bicycle storage and facilities. In addition, the Market & Octavia Neighborhood Plan recommends the preservation of architecturally and culturally significant resources. As a result of further studies, the City is recommending the adoption of a new historic district for the Duboce Triangle neighborhood. The Davies Campus is not considered part of this potential district, but is adjacent to it (along the Noe Street edge). The plan for the new buildings at the Davies Campus will not affect the proposed historic district.

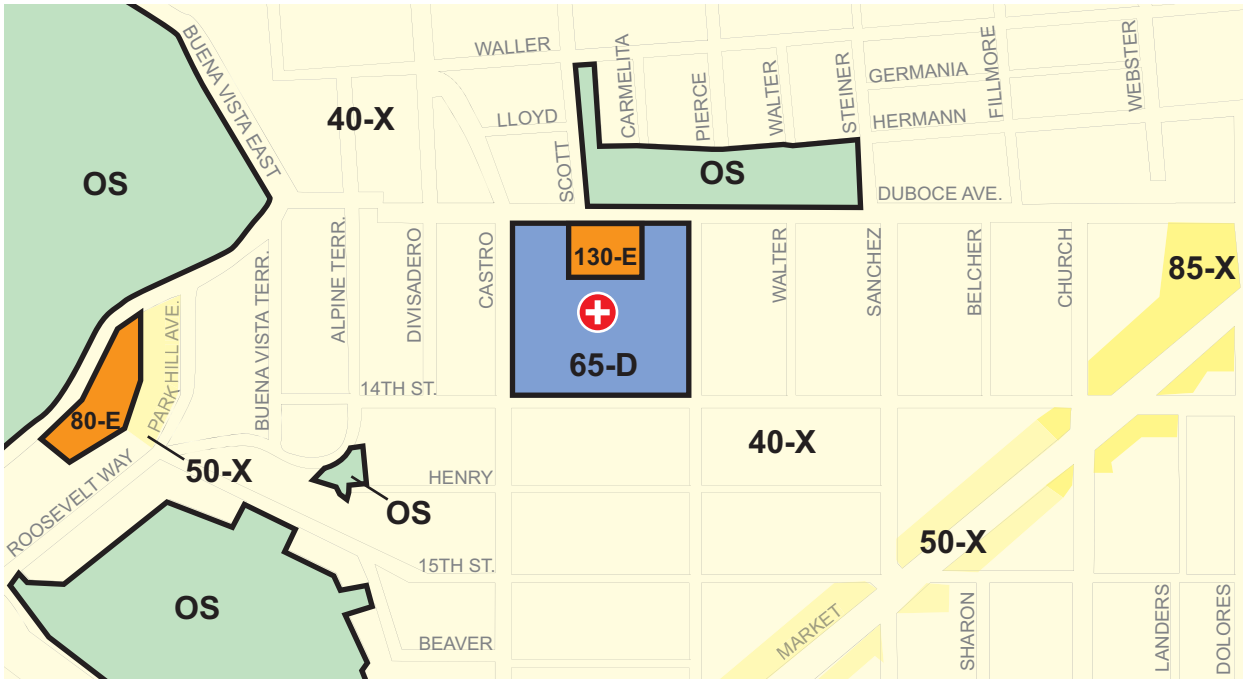
Building Height and Bulk Limits

The North Tower is within a 130-D height and bulk district. All other buildings are within a 65-D height and bulk district.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The allowable FAR at the Davies Campus is 1.8 to 1. The campus has an existing FAR of 1.24 to 1.

Figure 10-14
Davies Campus—Building Height and Bulk Limits



Project Approvals Summary

The near-term project (the Neuroscience Institute) will require review and approval by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City and state agencies. The long-term project (the Castro/14th Street Medical Office Building) will require future review and approvals. These approvals include modification of the existing Planned Unit Development for the campus to allow new medical office buildings, and project authorization under applicable annual limits on office space. The near-term project will also require exceptions to rear yard setbacks.

Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. The following is an overview of the major environmental topics that CPMC anticipates would be the focus of the environmental analysis for the proposed construction projects on the Davies Campus. The Neuroscience Institute is proposed as a near-term project, and more is known about its potential impacts. A Final Mitigated Negative Declaration (FMND) prepared for this project in 2007 concluded that it would not have any significant effects on the environment. That document was referred back to the Planning Department with direction to analyze the Neuroscience Institute as part of the EIR for the larger project, but the underlying analysis and studies remain valid and are referenced herein where relevant. The Castro/14th Street

BULK LIMITS

District Symbol	Height	Length	Diagonal
D	40 ft	110 ft	140 ft
E	65 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Medical Office Building is not planned for development until at least 2018, and accordingly the discussion of potential impacts and approaches to mitigation/improvement measures is more generalized.

Land Use

The proposed Neuroscience Institute will expand the existing uses on the Davies Campus. The plans represent a continuation and intensification of an existing institutional use on the campus. In light of the relative size of the project and design features intended to integrate the new building into the larger site and adjacent community, it is not expected that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. Although the Castro/14th Street Medical Office Building has not yet been designed, it is similarly expected that as a continuation and intensification of an existing institutional use, it would not result in a significant land use impact. However, the land use changes for both projects are also relevant to other environmental topics such as transportation, discussed below.

Aesthetics/Wind/Shadows

The new Neuroscience Institute building will be approximately 57 feet in height at its tallest point. The building will be 39 feet as measured from Noe Street in accordance with the San Francisco Planning Code. View, shadow and wind impacts were studied as part of the FMND, and no impacts were identified. The FMND concluded that although the proposed building will alter views currently observed from streets adjacent to the site, it will not result in demonstrable negative effects on scenic views or vistas. Shadow studies indicate that the building will cast new shadows on Duboce Park in the afternoon for about five weeks in December and January. The FMND concluded that these shadows are not considered to result in a significant impact. View, shadow and wind impacts from the Castro/14th Street Medical Office Building, will be addressed in the EIR.

Historic and Archeological Resources

The FMND concluded that the campus does not contain any historic resources. The adjacent neighborhood includes Victorian and Edwardian structures, and the FMND concluded that these would not be impacted by the project. The FMND also concluded that no archeological resources are known to exist within the Davies Campus. It identified a standard mitigation measure designed to address the potential discovery of such resources, and that measure would be incorporated into any construction plans on the Davies Campus that involve excavation.

Transportation and Parking

Transportation and parking issues are addressed in the preliminary transportation analysis prepared by CHS Consulting for the project sponsor, contained in Appendix B of this document, and in the analysis prepared for the FMND. The EIR will contain its own transportation analysis, which will identify any appropriate mitigation and/or improvement measures. The transportation study prepared for the FMND identified several improvement measures. These include providing transit passes, valet parking, bike lanes, more clearly defining passenger loading zones and drop-off zones, use of temporary parking lots during construction, traffic calming measures, and additions to the existing Transportation Demand Management program. The EIR will further analyze this issue and identify mitigation and/or improvement measures as appropriate.

Other Operational Impacts

Once the facilities are completed and occupied, daily operations may have impacts such

as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

Construction Impacts

Construction on the Davies Campus will generate temporary construction impacts, related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise.

Community Outreach

Over the past five years, CPMC had concentrated its outreach efforts to work with the greater Davies community on the planning process for SB 1953 compliance, including the recently completed seismic retrofit and upgrade of the North Tower. In addition, specific outreach was conducted for the proposed Neuroscience Institute. CPMC has listened as participants from many neighborhood groups have raised issues such as CPMC's relationship with its neighbors, the neighbors' overwhelming support for mass transit solutions, and the strong desire to see the Emergency Department retained and strengthened. CPMC has also conducted walking tours, sent informational mailers, provided newsletter articles, made presentations to numerous neighborhood groups, and conducted over 30 Davies Task Force meetings. Through this public participation process, neighborhood input has directly informed the planning and design of the Neuroscience Institute. CPMC has met with and will continue to dialogue with the members and representatives of the following groups over the years to get input on development plans and campus issues:

- Davies Campus Task Force
- Duboce Triangle Neighborhood Association
- Buena Vista Neighborhood Association
- Hayes Valley Neighborhood Association
- Castro Action + Planning Association
- Merchants of Upper Market and Castro
- Eureka Valley Promotion Association
- Haight-Divisadero Merchants and Neighbors
- Noe Valley Merchants Association
- Corbett Heights Neighborhood Association
- Noe Street Neighbors
- Individual merchants on Castro Street, Market Street, Haight Street, and Divisadero Street, and other nearby businesses

CPMC has made the following resources available to the neighborhoods surrounding the Davies Campus:

- Meeting space for neighborhood groups
- Parking during off hours for surrounding neighbors and merchants
- Car share pods
- Forums on health-related topics
- Sponsorship of Castro Street Fair
- Sponsorship of Halloween in the Castro (through 2006)
- Donations to Duboce Triangle Neighborhood Association
- Sponsorship of activities at the LGBT Center
- Sponsorship of Scott Street Labyrinth at Duboce Park
- Donation for Castro/Upper Market Community Benefit District
- Donation for holiday lights on Divisadero Street

Mikyung

Aspiring Nurse's Aide

"It was the worst thing our family had ever encountered, but after the treatment at CPMC, we came out of it better than ever before. It changed us all for the better and inspired our whole family."

Mikyung woke up one day with a terrible headache. Throughout the day, it continued to get worse until she couldn't get out of bed and even had trouble remembering the names of her children. She was rushed to a neighborhood hospital, where it was determined that she had not just one aneurysm, but two. Aneurysms have alarming statistics—they immediately kill 25 percent of the people they affect, and of those who survive, only about 50 percent are alive after one month. When the local surgeons said they would need to open Mikyung's head to perform surgery, her husband decided to move her to California Pacific Medical Center, one of the only hospitals in the world that offers a procedure in which the neurosurgeon can access the patient's brain through the thigh using tiny wires and catheters.

Any brain surgery is risky, but Mikyung's family knew that this particular surgery and this particular hospital would give her the best shot at surviving. Her family waited and prayed. They were amazed when she woke up a few hours later with her brain function completely recovered. Not only was she alive, she was out of pain and her memory was restored. Most amazing of all was that after undergoing brain surgery, she was left with only a tiny scar on her thigh. But Mikyung was changed in other ways. She says the extraordinary care she received at CPMC inspired her so much that now she wants to give the same kind of care to others. Someday soon, she hopes to volunteer as a nurse's aide.

SECTION ELEVEN: ST. LUKE'S CAMPUS

When St. Luke's Hospital opened in the 1870s, its mission was to provide care to anyone who walked through its doors, regardless of race, age or ability to pay for services.

More than 137 years after its founding, St. Luke's continues to care for San Francisco's most underserved residents. The hospital has traditionally provided care to ethnically diverse, low - income populations, and patients living in areas of increased rates of health disparities.

As a full service acute care hospital, St Luke's provides 24-hour emergency care, surgery, diagnostic testing, radiology, laboratory, obstetrics, pediatrics, respiratory care, pharmacy, and social services.

This section of the IMP describes CPMC's plans for the St. Luke's Campus, including the activities of the Blue Ribbon Panel recently convened to consider options for the future of St. Luke's. The section provides an overview of the history of the campus and existing conditions at the site. It then describes the proposed facilities and future development. It concludes with a discussion of neighborhood context and City requirements.

Planning for the Future of St. Luke's—The Blue Ribbon Panel

From March to July 2008, a Blue Ribbon Panel convened to review options for the future of St. Luke's and the overall health delivery approach for neighborhoods south of Market Street. The Blue Ribbon Panel was an independent body created under the guidance of San Francisco Supervisor Michela Alioto-Pier and the director of the San Francisco Department of Public Health, Mitch Katz, M.D. The panel was chaired by Stephen Shortell, Ph.D., MPH, dean of the School of Public Health at UC Berkeley, with vice-chair Rt. Rev. Marc Handley Andrus, bishop of the Episcopal Diocese of California.

The panel's goal was to articulate a viable plan for acute care hospital and outpatient services at the St. Luke's Campus that will complement and be supported by CPMC's current institutional plan for its other campuses and that will meet the health needs of the communities served by St. Luke's.

Members of the St. Luke's Blue Ribbon Panel

Chair:
Steven Shortell, Ph.D., MPH,
Dean of the School of Public Health at the UC Berkeley
Vice Chair:
Rt. Rev. Marc Andrus, Episcopal Diocese of California

Facilitators:
Rev. John Golenski, EdD, Executive Director, George Mark Children's House
Co-Facilitator:
Nancy Shemick, MPA, Shemick and Associates Health Care Consultants

Panelists:
Michela Alioto-Pier, Supervisor, District Two, San Francisco Board of Supervisors
Damian Augustyn, M.D., CPMC Chief of Medical Staff
Kenneth Barnes, M.D., Savestlukes.org
Kevin Barnett, DrPH, MCP, Senior Investigator, Public Health Institute
Dan Bernal, District Director for Congresswoman Nancy Pelosi, Speaker of the House
Ed Chow, M.D., Chinese Community Health Plan and SF Health Commissioner
Catherine Dodd, Ph.D., RN, Deputy Chief of Staff for Health and Human Services
Steve Falk, President & CEO, San Francisco Chamber of Commerce
Cheryl Fama, Executive Director, Peninsula Health Care District
Anna Eng, Senior Organizer, Bay Area Organizing Committee
Jean Fraser, Former CEO, San Francisco Health Plan
Roma Guy, MSW, Former President of the Health Commission,
designee to the Blue Ribbon Panel by Supervisor Tom Ammiano
Louis J.Giraudo, Co-Founder and Principal, GESD Capital Partners
John Gressman, President & CEO , San Francisco Community Clinic Consortium
Sandra Hernandez, M.D., President, San Francisco Foundation
Mitch Katz, M.D., Director, San Francisco Department of Public Health
Edward Kersh, M.D., St. Luke's Medical Staff Representative
Paul Kumar, Administrative Vice President, United Health Workers (SEIU)
David Lawrence, M.D., Former CEO, Kaiser Permanente
Michael Lighty, Director of Public Policy, California Nurses Association
Gabriel Metcalf, Executive Director, San Francisco Planning and Urban Research Association
Anthony Miles, CPMC Board Member
Jacob Moody, Bayview Hunters Point Foundation
Bob Morales, Labor Leader, 350 Secretary General
Laura Norrell, M.D., Medical Director, St. Luke's Women's Center,
designee to the Blue Ribbon Panel by Supervisor Michela Alioto-Pier
Tim Paulson, Executive Director, San Francisco Labor Council
Bob Prentice, Board member, Bernal Heights Neighborhood Community Center
Anthony Wagner, Former VP, National Labor Management Partnership,
Kaiser Foundation Health Plan
Jim Wunderman, CEO, Bay Area Council

Blue Ribbon Panel Community Outreach Task Force

Rosario Anaya, Mission Language & Vocational School
Rev. Dr. Joseph Bryant Jr., Calvary Hill Community Church
Anni Chung, Self Help for the Elderly
Charlene Clemens, Family Service Agency of San Francisco
Pat Coleman, Arthur H. Coleman Medical Center
Olivia Fe, Latina Breast Cancer Agency
Donald Frazier, Westside Community Services
Estela Garcia, Instituto Familiar de la Raza
Karen Garrison, Bernal Heights Neighborhood Center
Gillian Gillett, The San Jose/ Guerrero Coalition to Save Our Streets
Fr. John Hardin, St. Anthony's Foundation
Mai-Mai Q. Ho, Asian Prenatal Services
Judy Li, St. Luke's Campus, CPMC
Stephen Lockhart, M.D., Ph.D., Medical Director, Surgical Services, CPMC
Marilyn Metz , Arthur H. Coleman Community Foundation
Suzanne Palmer, Episcopal Community Services
Ana Perez, Central American Resource Center (CARECEN)
Raye Richardson, Marcus Books
Rev. Shad Riddick, Metropolitan Baptist Church
Ahsha Safai, Mission Language and Vocational School
Jim Salinas, Carpenter's Union Local 22
Gladys Sandlin, Mission Neighborhood Health Center
Maria Vicente-Puletti, St. Luke's Women Center

The panel's last meeting was in July 2008. At that meeting, the panel developed a formal recommendation that included a strong preference for keeping uninterrupted acute care services at the St. Luke's Campus. The consensus position included in the recommendation to the CPMC Board of Directors emphasized the following:

- Full integration of the St. Luke's Campus into the broad mission, strategies, and operations of the CPMC system;
- Construction of a new acute care community hospital on the St. Luke's Campus;
- Sizing of the new hospital in proportion to the planned service mix;
- Commitment to providing services that meet the greatest needs of the surrounding community;
- Development of primary care, disease prevention, and health promotion programs that reduce the need for hospitalization;
- Establishment of Centers for Excellence in Community Health and Senior Health on the St. Luke's Campus; and
- Excellence in recruitment and workforce retention.

On September 25, 2008, the California Pacific Medical Center Board of Directors unanimously voted to approve and authorize planning for implementation of the main recommendations of the Blue Ribbon Panel. The full resolution and recommendations can be found in Appendix D of this IMP.

HISTORY OF THE ST. LUKE'S CAMPUS

St. Luke's was created in 1871 by Thomas W. Brotherton, a physician and Episcopalian Priest concerned about the shortage of health care south of Market Street. From the day it opened its doors, St. Luke's has cared for all San Francisco residents who visited the hospital, regardless of a patient's ability to pay. St. Luke's is committed to continuing and revitalizing the delivery of high-quality health care to the community in an affordable, accessible, and culturally sensitive manner. Recent efforts have focused on preventative clinics such as HealthFirst to maintain wellness and manage chronic disease for those most in need.

The following timeline highlights key program and facility developments from the extensive history of the St. Luke's Campus.

1871	St. Luke's Hospital opens in Bernal Heights in a rented house.
1873	The parcel of land located on Valencia and 27th streets is purchased. By 1875, a fully furnished modern hospital with about 100 beds is in operation.
1875	St. Luke's moves to its current location.
1889	St. Luke's Hospital School of Nursing opens.
1910	St. Luke's expands to cover the entire block.
1912	Construction of a new four-story hospital, chapel, classrooms, and nurses' home is completed.
1920	St. Luke's formalizes its drop-in emergency room into an outpatient clinic that delivers low-cost medical care. The Health Center is housed in the former Bancroft Library, adjoining the hospital.
1936	St. Luke's opens a Cancer Clinic.
1946	St. Luke's School of Nursing affiliates with City College.
1950	Women's Auxiliary of St. Luke's Hospital is established.

St. Luke's first building, c. 1870s

St. Luke's Campus, c. 1920s

St. Luke's Tower, c. 1970

1952 St. Luke's Hospital Auxiliary is founded. Members hold the first of their signature fundraising events, the Musee de Noel.

1957 Contributions cover most of the $1 million cost of a north wing for surgery, radiology, and a 36-bed pediatric ward.

1962 Alumnae of St. Luke's Nursing School raise money and design a stained glass window for the chapel. The window is dedicated to the hospital's past nurses.

1969 A coronary care unit opens at St. Luke's.

1970 A new chapel is built as a memorial to a former patient, Pauline K. Schroeder. Later that year, at a large procession along San Jose Avenue, dignitaries dedicate the new 12-story tower of St. Luke's Hospital.

1976 The eight-story Monteagle Medical Center opens to accommodate clinics, physician offices, ancillary services, and the first designated outpatient surgery center in San Francisco.

1980 The two-story education building opens, named in honor of Ethel L. Hartzell, a 1921 nursing school graduate.

1983 St. Luke's School of Nursing affiliates with Dominican College (now Dominican University of California) for a baccalaureate program named Dominican St. Luke's School of Nursing.

1988 St. Luke's School of Nursing closes.

1991 St. Luke's launches its WorkWright occupational health and rehabilitation center.

2001 St. Luke's becomes a Sutter Health affiliate.

2007 St. Luke's merges with California Pacific Medical Center.

Figure 11-01
St. Luke's Campus—Location and Context

EXISTING CONDITIONS

Location and Context

The St. Luke's Campus occupies a relatively flat city block comprising approximately 3.6 acres, bounded by Cesar Chavez Street to the north, Valencia Street to the east, Duncan Street to the south, and San Jose Avenue to the west.

The campus contains seven buildings: the Main Hospital (3555 Cesar Chavez Street), Monteagle Medical Center, 1912 Building, 1957 Building, Hartzell Building, Redwood Administrative Building, and a parking garage. The total floor space on the campus is approximately 450,000 gross square feet.

Figure 11-02
St. Luke's Campus—Citywide Context

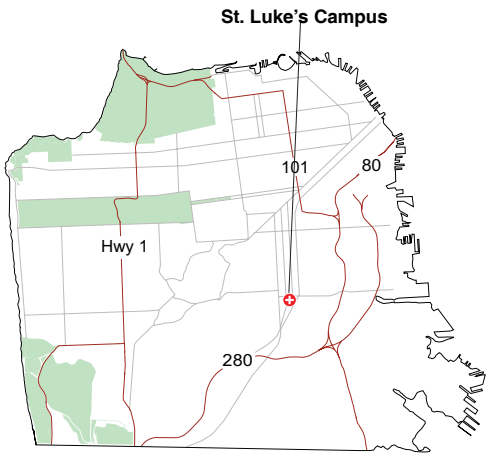


Figure 11-03
St. Luke's Campus—Aerial View

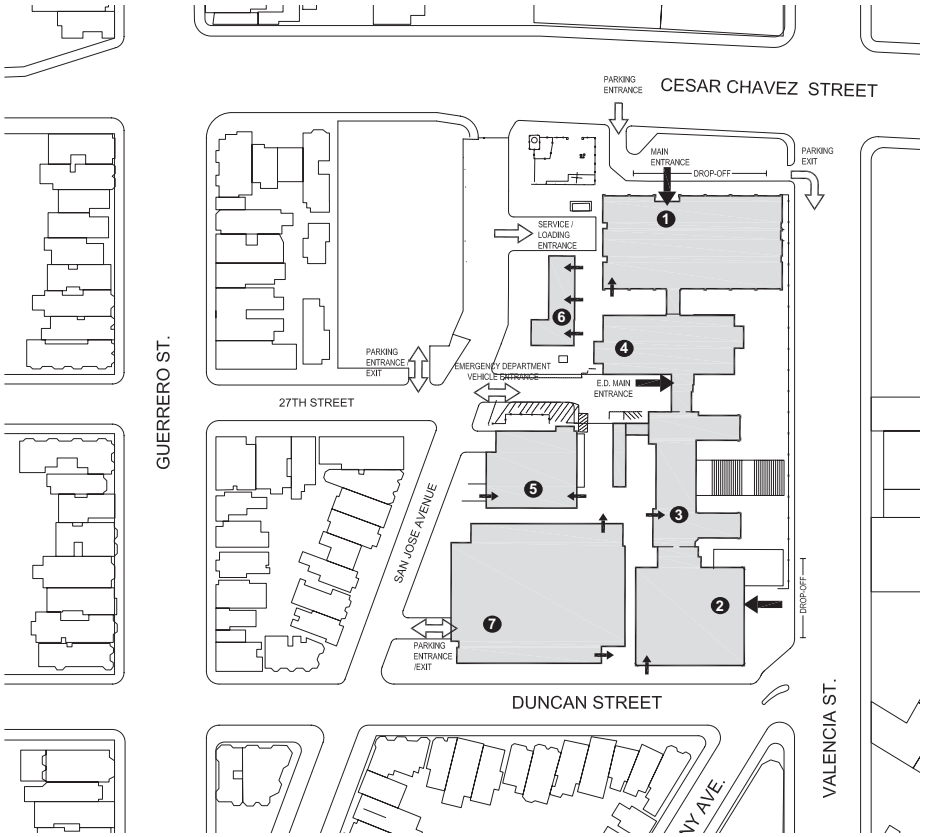
Existing Buildings at the St. Luke's Campus

The following is an overview of the existing buildings at the St. Luke's Campus. (Seismic Performance Category, or SPC, ratings are used by the State of California to determine the structural integrity of facilities with licensed beds. See Glossary for more information on SPC ratings.)

1. Main Hospital
3555 Cesar Chavez Street

Present Use:	Hospital
Height:	12 stories / 158 feet
Gross Square Feet:	197,983
Seismic Rating:	SPC 1
Licensed Beds:	229
Other:	13 surface parking spaces

Figure 11-04
St. Luke's Campus—Existing Site Plan



St. Luke's Campus Buildings

1. Main Hospital
2. Monteagle Medical Center
3. 1912 Building
4. 1957 Building
5. Hartzell Building
6. Redwood Administrative Building
7. Duncan Street Parking Garage

VEHICULAR ACCESS
PEDESTRIAN ACCESS (MAIN ENTRANCE)
PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

N

2. Monteagle Medical Center
1580 Valencia Street

Present Use:	Clinic, medical office
Height:	8 stories / 102 feet
Gross Square Feet:	90,005

3. 1912 Building

Present Use:	Administration
Height:	4 stories / 53 feet
Gross Square Feet:	26,280

4. 1957 Building

Present Use:	Diagnostics and treatment, Emergency Department
Height:	4 stories / 52 feet
Gross Square Feet:	31,724
Seismic Rating:	SPC 1

5. Hartzell Building
555 San Jose Avenue

Present Use:	Office
Height:	2 stories / 34 feet
Gross Square Feet:	18,506
Seismic Rating:	SPC 4

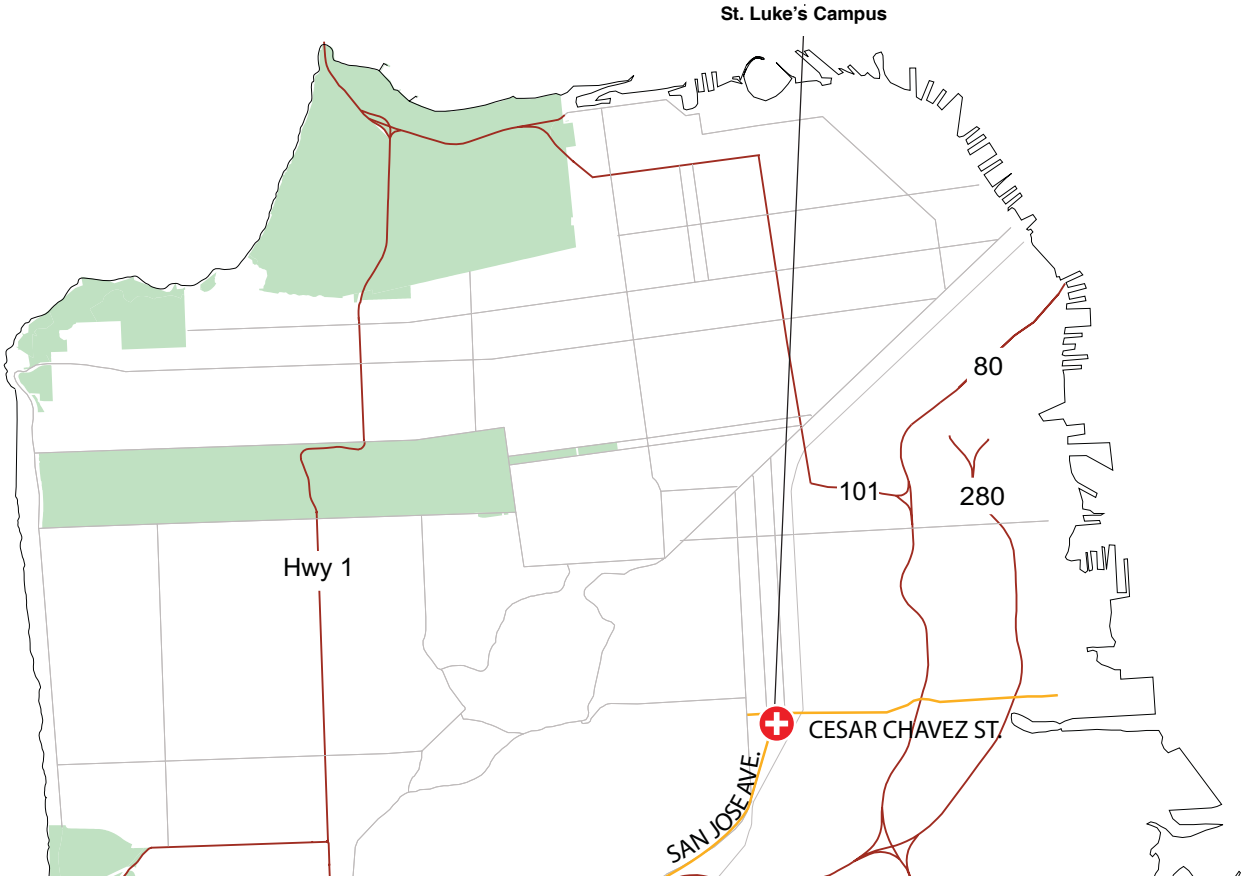
6. Redwood Administrative Building

Present Use:	Administration
Height;	1 story / 12 feet
Gross Square Feet:	2,400

7. Duncan Street Parking Garage

Present Use:	Parking
Height:	2 stories / 28 feet
Gross Square Feet:	83,370
Parking:	214 spaces

Figure 11-05
St. Luke's Campus—Street Access



Existing Transportation Conditions

The following is an overview of existing transportation conditions and options at the St. Luke's Campus. More information on transportation conditions and analysis is provided in Appendix B of this IMP. Additional transportation analysis will be conducted as part of the environmental review process.

Street Access

St. Luke's is accessible by two major arterial streets: Cesar Chavez Street and San Jose Avenue. Other access streets include the north-south Dolores Street, Guerrero Street, Valencia Street, and Mission Street. Local east-west streets include 25th Street, 26th Street, Cesar Chavez Street, 27th Street, Duncan Street, and 28th Street. East of the campus, Cesar Chavez Street provides access to Highway 101, which connects to Highways 80 and 280. San Jose Avenue provides access to Highway 280 south of the campus.

Figure 11-06
St. Luke's Campus—Arterial Streets

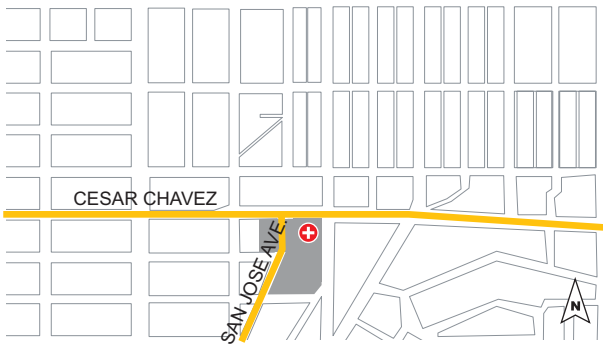
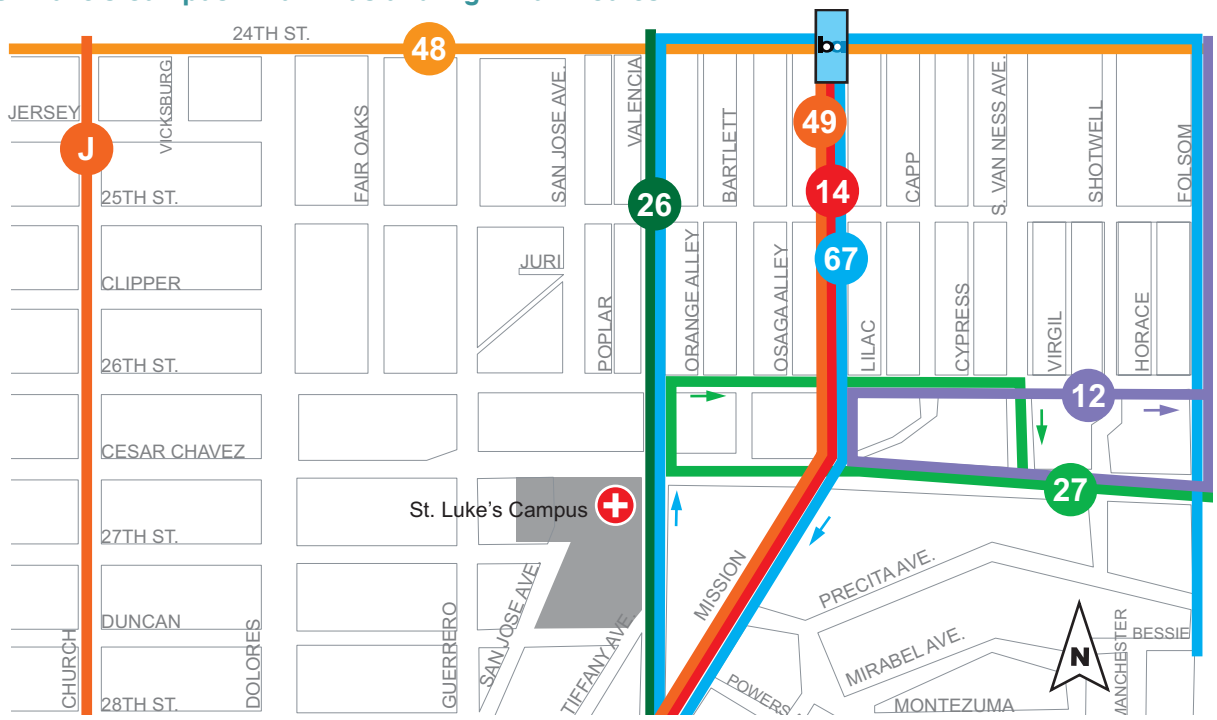


Figure 11-07
St. Luke's Campus—Muni Bus and Light Rail Routes



St. Luke's Campus Muni Bus and Light Rail Routes

14-Mission: Connects Daly City to Downtown via Mission Street.

26-Valencia: Connects Balboa Park to Downtown via a series of streets, primarily Geneva Avenue, San Jose Avenue, Chenery, Mission, Valencia, and Market Streets.

27-Bryant: Connects the Mission to Russian Hill via a series of streets, primarily Cesar Chavez/Valencia Street, Bryant Street, 5th Street, Ellis, Leavenworth, Jackson, Washington, Hyde, Bush, Jones, O'Farrell and Mason Streets.

49-Van Ness-Mission: Connects City College to Fort Mason via Ocean Avenue, Mission Street, South Van Ness Avenue, and Van Ness Avenue.

67-Bernal Heights: Connects Bernal Heights to the Mission via Mission Street, 24th Street, Folsom Street, Ripley Street, Nevada Street, Cortland Avenue, Alemany Boulevard, and Crescent Street.

In addition, the 24th Street BART Station is located at the corner of Mission Street and 24th Street, approximately five blocks north of the campus. The J-Church light rail line is six blocks west of the campus.

Muni Bus Routes between the St. Luke's Campus and Other Campuses

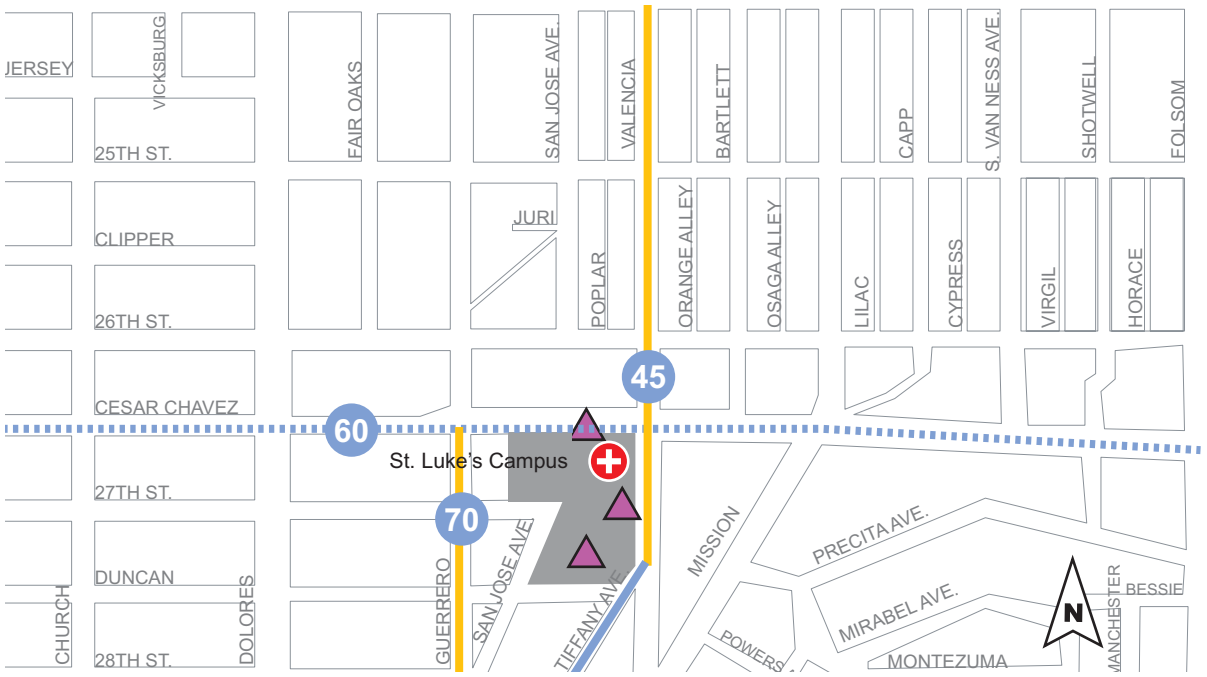
To California Campus:
- 49-Van Ness-Mission,
- 4-Sutter

To Pacific Campus:
- 26-Valencia,
- 24-Divisadero

To Davies Campus:
- 26-Valencia,
- 24-Divisadero

To Cathedral Hill Campus:
- 49-Van Ness-Mission

Figure 11-08
St. Luke's Campus—Bike Routes



Bicycle Access

Local bike routes in the vicinity of the St. Luke's Campus include the following roadways as shown on the San Francisco Bike Map:

Route 45: Class II bike route (with signs and a dedicated on-street bike lane) on Valencia Street. At Tiffany Avenue, Route 45 becomes a Class III bike route (signs only, no dedicated bike lanes) between Duncan Street and 29th Avenue, and continues as a Class II bike route on San Jose Avenue south of St. Luke's.

Route 60: Class III bike route on Cesar Chavez Street connecting to Route 49 at Sanchez Street, Route 45 at Cesar Chavez Street, and Route 33 at Harrison Street.

Bike Lane
(Dedicated bike lane on roadway edge)

Wide Curb Lane Bike Route
(Wider roadway - bicyclists may be able to ride outside the path of motor vehicle travel)

Bike Route
(Bikes and cars share the same roadway)

Bicycle Parking

Transportation Demand Management Program

Key components of the Transportation Demand Management (TDM) program for the St. Luke's Campus include free shuttle service, secure bicycle parking, carpool subsidies, and other options to reduce vehicular trips to and from the campus. (Refer to Appendix B for a complete description of CPMC's system-wide TDM program.)

Shuttle Service
CPMC operates a free shuttle service from the St. Luke's Campus to all campuses via the Davies Campus.

Carpooling
CPMC offers free parking for registered car-pools and vanpools with three or more CPMC tenants or employees, along with a subsidy for vanpool vehicles.

Car Sharing
Car sharing is available at the Duncan Street Parking Garage, with several additional car sharing options in the vicinity of the campus.

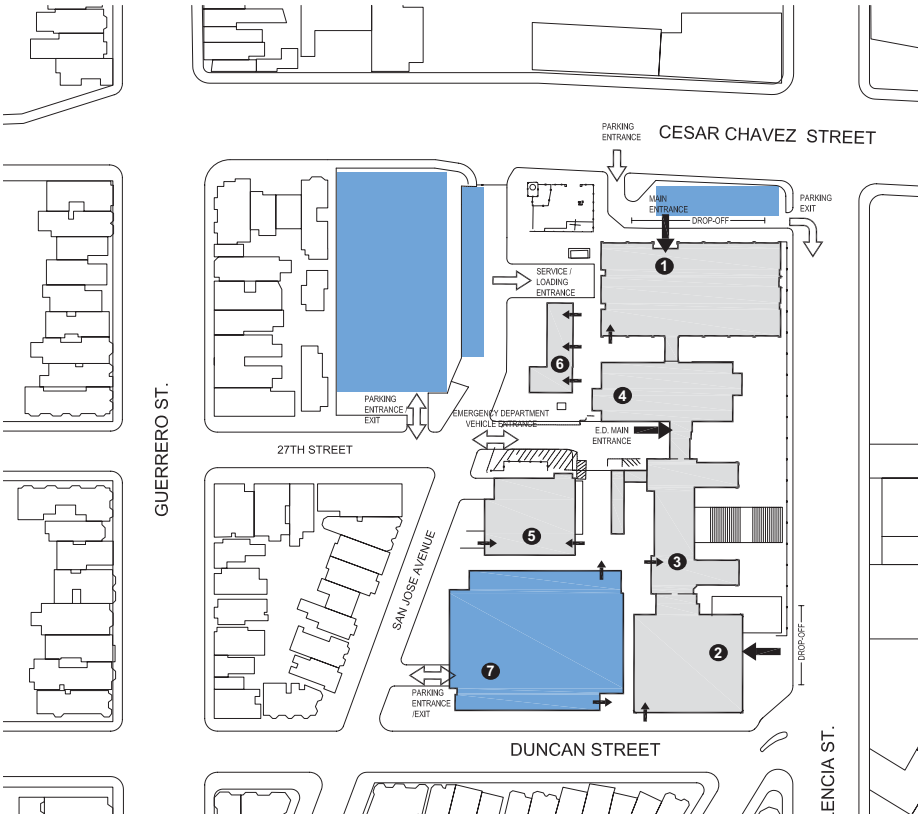
Bicycle Facilities
The St. Luke's Campus provides seven on-campus bicycle parking spaces and shower facilities for employees.

The shuttle service operates the following lines from the St. Luke's Campus

SL-Line:	to the Davies Campus
LSL-Line:	to the Davies Campus via 55 Laguna (off-site parking)

The St. Luke's Campus has approximately 1,012 employees

Figure 11-09
St. Luke's Campus—Existing Off-Street Parking



St. Luke's Campus Buildings

1. Main Hospital
2. Monteagle Medical Center
3. 1912 Building
4. 1957 Building
5. Hartzell Building
6. Redwood Administrative Building
7. Duncan Street Parking Garage

Parking

VEHICULAR ACCESS

PEDESTRIAN ACCESS (MAIN ENTRANCE)

PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

N

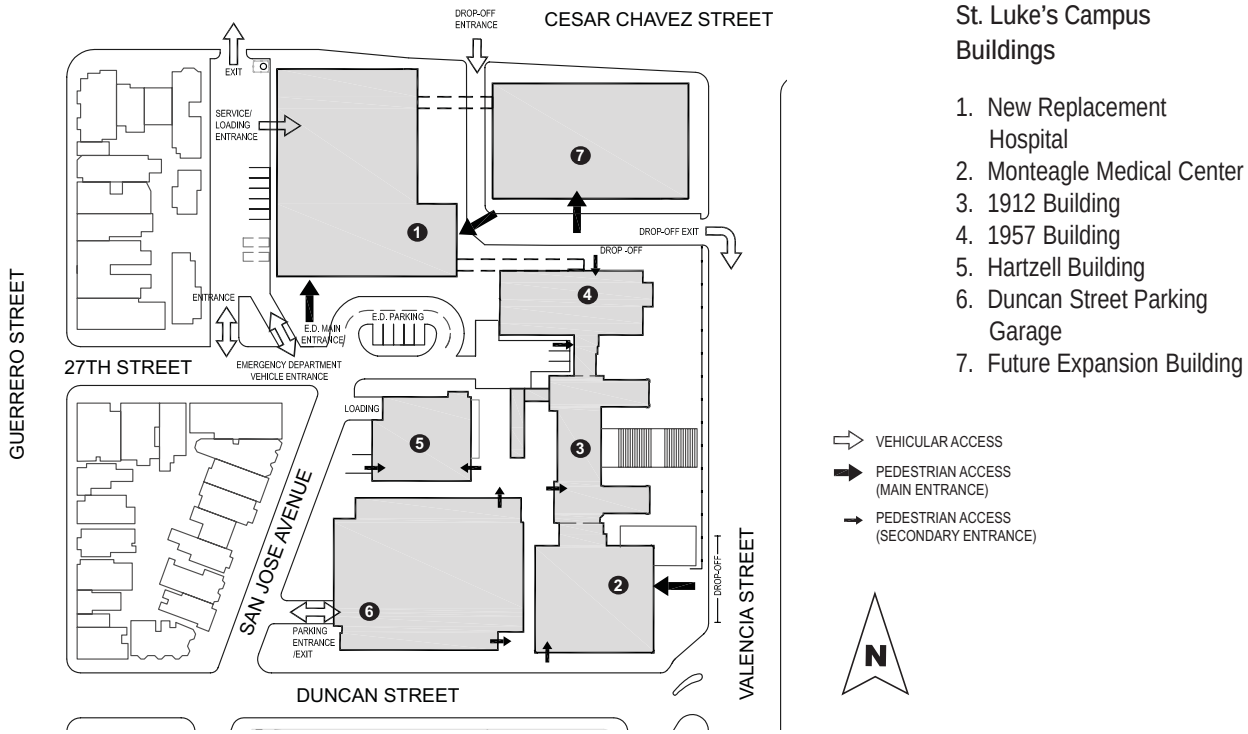
Off-Street Parking

The St. Luke's Campus provides approximately 338 off-street public parking spaces, consisting of 214 parking garage spaces and 124 surface parking spaces.

St. Luke's Campus Number of Parking Spaces

Main Hospital	13
San Jose Avenue Surface Parking Lot	111
Duncan Street Parking Garage	214
Total Parking Spaces	**338**

Figure 11-10
St. Luke's Campus—Proposed Site Plan



FACILITY PLANNING AND FUTURE DEVELOPMENT

St. Luke's Hospital (previously a Sutter Health affiliate) formally became the fourth campus of California Pacific Medical Center in January 2007. The addition of the St. Luke's Campus required the reevaluation and expansion of CPMC's business and facility planning process. Many of the buildings on the St. Luke's Campus require substantial seismic upgrades; most notably, the Main Hospital tower, constructed in the 1970s, is not considered life safe.

Ongoing Projects

Minor Projects

Several investments have been made at St. Luke's since it became a Sutter Health affiliate and subsequently a CPMC campus. These include information technology upgrades, new equipment (such as endoscopy, laboratory, and labor beds), and physical upgrades (such as elevator and seismic upgrades and replacement flooring). Improvements were made to the existing entry area, creating a curved glass-enclosed structure that connects the building's entrance to Valencia Street.

All minor projects are within the scope of physical facilities and medical activity descriptions contained in previously filed IMPs and comply with conditions of approval contained in conditional use authorizations granted by the San Francisco Planning Commission. None of these projects expands or significantly changes the appearance of any building. Inpatient facilities continue to be operated within the licensed acute care bed capacity as authorized under existing conditional use authorizations.

2007-2008 Projects

The existing Main Hospital tower at St. Luke's requires upgrades to structuraly stabilize the building to meet basic immediate life-safety

standards. Once completed, these upgrades will not bring the building into compliance with SB 1953 standards for operation as an inpatient facility.

There are other improvements planned for the St. Luke's Main Hospital tower and the 1957 Building. These are non-seismic renovations of the interior spaces that are ongoing, including improvements to outpatient and clinical services.

The Future of the St. Luke's Campus

The Blue Ribbon Panel process recommended potential options for continuation of acute care services at the St. Luke's Campus. On September 25, 2008, the CPMC Board of Directors resolved to build a new acute care hospital while continuing operations of the existing hospital until completion of the new hospital. Among the recommendations the CPMC Board voted to approve are:

- Building a new acute care community hospital on the site of the St. Luke's Campus;
- Integrating the medical staffs at St. Luke's and CPMC; and
- Maintaining critical services at St. Luke's, including an emergency department, OB/GYN, medical/surgical, intensive care unit, urgent care, and a new Center of Excellence on Senior Health.

The panel considered several alternative site options for new development using a set of urban design criteria (transit access, distribution of services, compatibility with surrounding uses, open space, active ground floor uses, use of overly large parcels, and protecting historic buildings) and medical planning criteria (integrated needs of stakeholders, accessibility, entry points, growth and change, medical planning principles). The Blue Ribbon Panel indicated that the new project should not cause a significant disruption in services.

The CPMC Board of Directors resolution recognizes the important link between the future of the St. Luke's Campus and the building of a new hospital at Cathedral Hill, since the new Cathedral Hill Hospital is the clinical and economic engine that will help provide funding to rebuild the St. Luke's Campus and maintain services there.

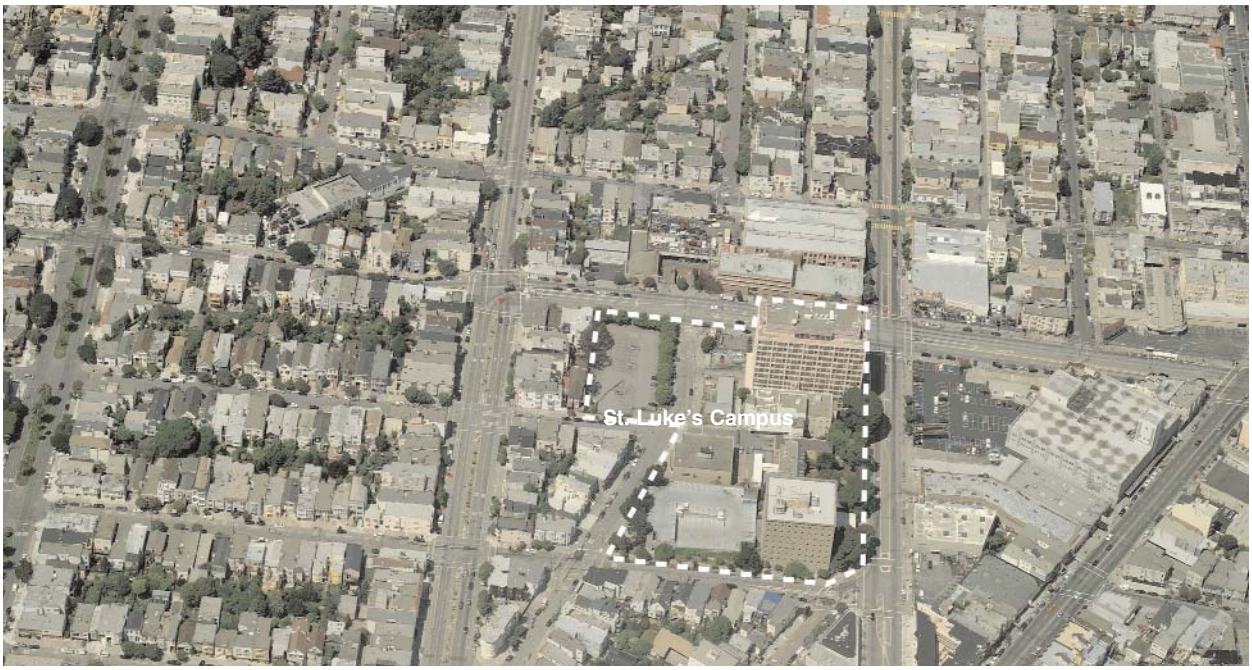
The Board recognizes the work that CPMC must undertake to garner the necessary support, approvals, and permits to make the hospital at Cathedral Hill a reality, and hopes that San Francisco, including the Board of Supervisors, the Mayor's Office, the Department of Public Health, the Health Commission, and community representatives, will continue to collaborate and support CPMC's City-wide plan as recommended by the Blue Ribbon Panel.

Near-Term Projects

New Replacement Hospital and Renovation of 1957 Building

The new 86-bed acute care replacement hospital at the St. Luke's Campus would include medical/surgical, OB/GYN, an emergency department, an intensive care unit, urgent care, primary and urgent pediatrics, and a Center of Excellence on Senior Health. The proposed new replacement hospital will be constructed by 2014 partially on San Jose Avenue and partially on an existing parking lot on the corner of Cesar Chavez Street and San Jose Avenue, which would require the City to vacate this section of San Jose Avenue. The new 145,000 gross-square-foot, six story hospital will be approximately 100 feet in height. The new hospital will connect to the existing 1957 Building. Vehicular access to and from the site would be from Cesar Chavez Avenue and San Jose Avenue, as well as existing egress onto Valencia from the existing Main Hospital tower. Pedestrian access to the replacement hospital's main entrance (located

Figure 11-11
St. Luke's Campus—Neighborhood Context



on the eastern side) could be achieved from either Valencia Street or Cesar Chavez Street. Once the replacement hospital is built (by 2014), nearly all of the 1957 Building would undergo interior renovation, including structural and cosmetic upgrades, to accommodate non-acute hospital support services. The existing emergency department and operating rooms in the 1957 Building would be transferred to the new hospital.

Long Term Projects

Demolition and Future Expansion
After completion of the new replacement hospital, the existing Main Hospital tower would be demolished and a new five-story future expansion building would be constructed on that portion of the site. The height of the future expansion building would be about 82 feet; the use of the new building will depend on the future needs of the campus, and would be designed with four below-ground parking levels that would accommodate approximately 300 parking spaces. The future expansion building would be occupied around 2020.

NEIGHBORHOOD CONTEXT AND CITY REQUIREMENTS

Overview

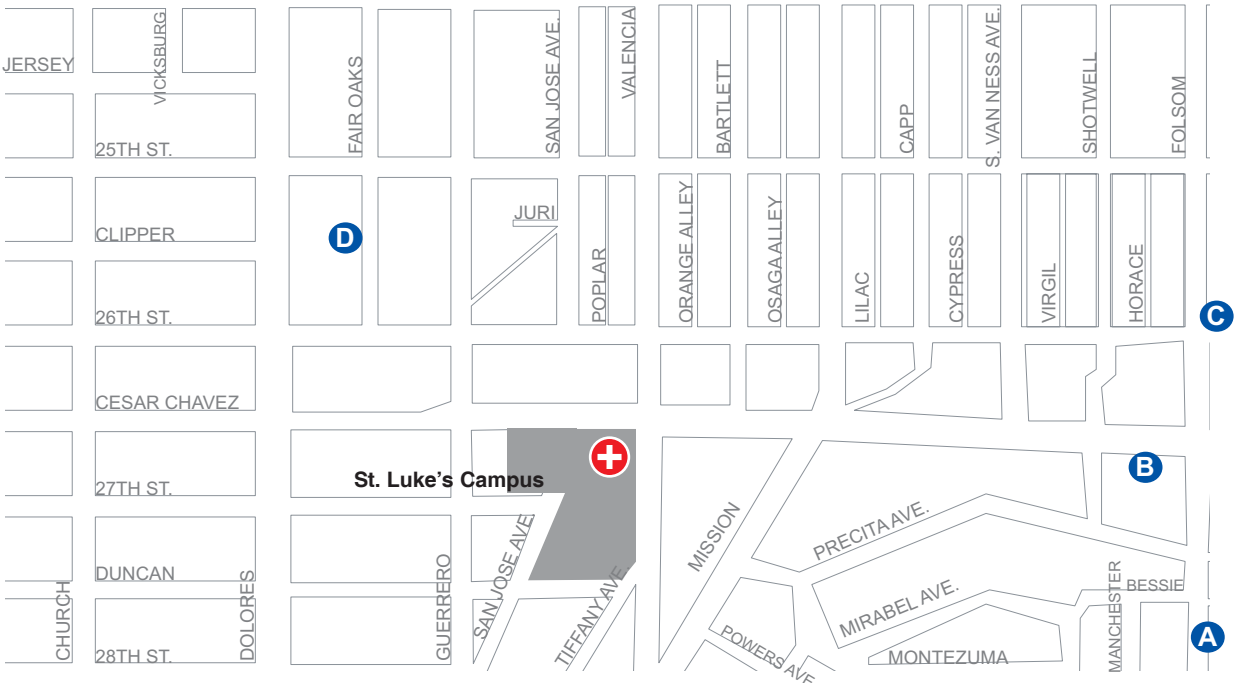
The St. Luke's Campus is in the greater Mission neighborhood, surrounded by the Inner Mission, Outer Mission, Glen Park, Bernal Heights, Precita Valley, Diamond Heights, and Noe Valley neighborhoods. The neighborhood contains a mix of residential uses, including single-family dwellings, duplexes, and small apartment buildings. Neighborhood-serving retail and commercial businesses are located along Cesar Chavez Street one block north of the campus and on Mission Street.

City Planning Regulations

Zoning and Land Use

The entire St. Luke's Campus is located within an RH-2 (Residential, House, 2 units per lot) zoning district. New construction or significant modification of existing hospitals and

Figure 11-12
St. Luke's Campus—Adjacent Institutions



medical center buildings is allowed only after conditional use authorization by the Planning Commission.

The Eastern Neighborhoods Plan area is directly to the north of the St. Luke's Campus.

Building Height and Bulk Limits

Some of the campus is within a 40-X height and bulk district, and other areas are within the 160-F and 105-E height and bulk districts.

Floor Area Ratio (FAR) Limit

Floor area ratio (FAR) is the ratio of total floor area to site area. The base allowable FAR for the St. Luke's Campus is 1.8 to 1. Through exemptions provided by conditional use authorizations, the St. Luke's Campus has an FAR of 2.3 to 1.

Project Approvals Summary

The near-term projects at the St. Luke's Campus (including the new replacement hospital) will require review and approval by the San Francisco Planning Commission, Board of Supervisors, and Mayor, as well as review and approvals by other City and state agencies. This includes vacation and purchase of San JoseAvenue right-of-way and modifications to the existing Planned Unit Development and Conditional Use authorizations for the construction of the new hospital facility. Additional review will be required for the potential relocation of existing sewer lines that run through the site.

ADJACENT INSTITUTIONS

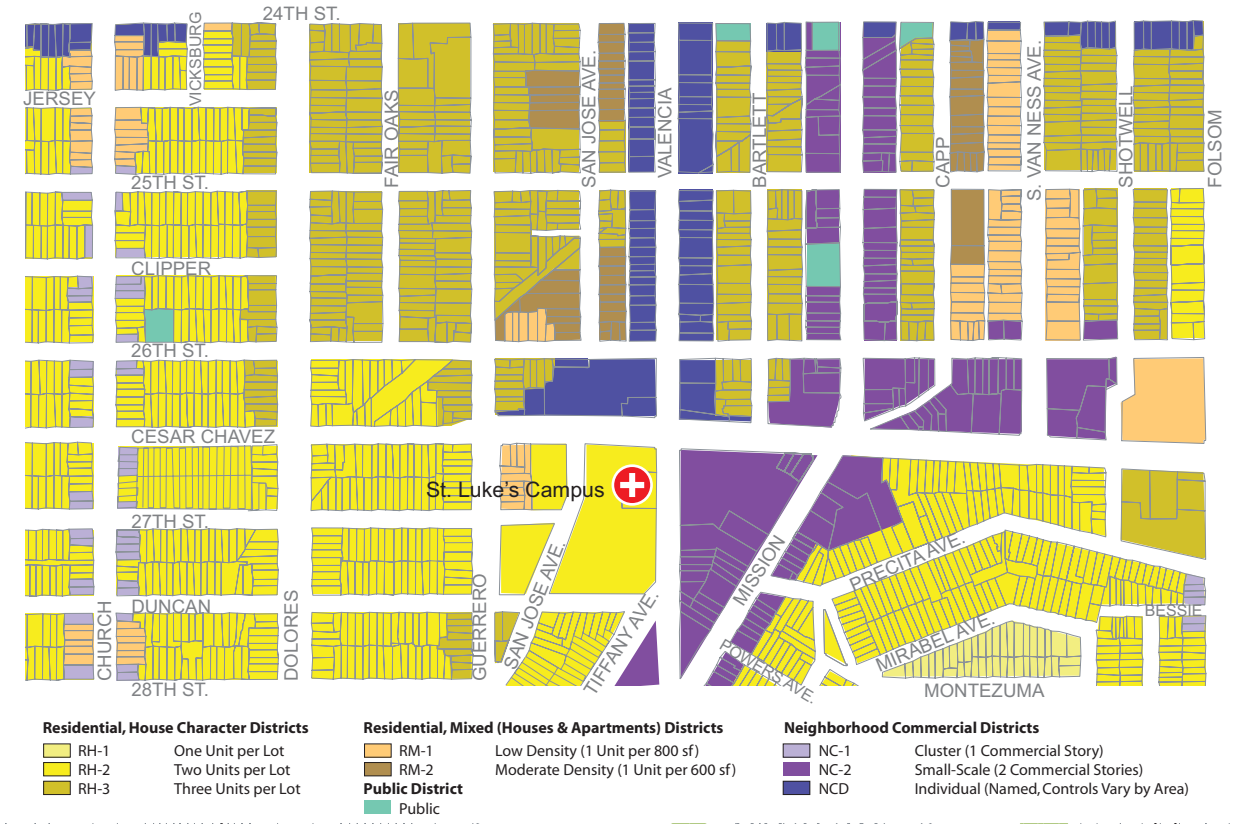
A. Immaculate Conception Church
3255 Folsom Street

B. St. Anthony's Church
3215 Cesar Chavez Street

C. Arca de Dios Church
2993 Folsom Street

D. Holy Innocents Episcopal Church
455 Fair Oaks Street

Figure 11-13
St. Luke's Campus—Zoning Districts



The long-term project (the expansion building) will require future review and approvals, including modifications to the existing Planned Unit Development and Conditional Use authorizations will also be required for the expansion building.

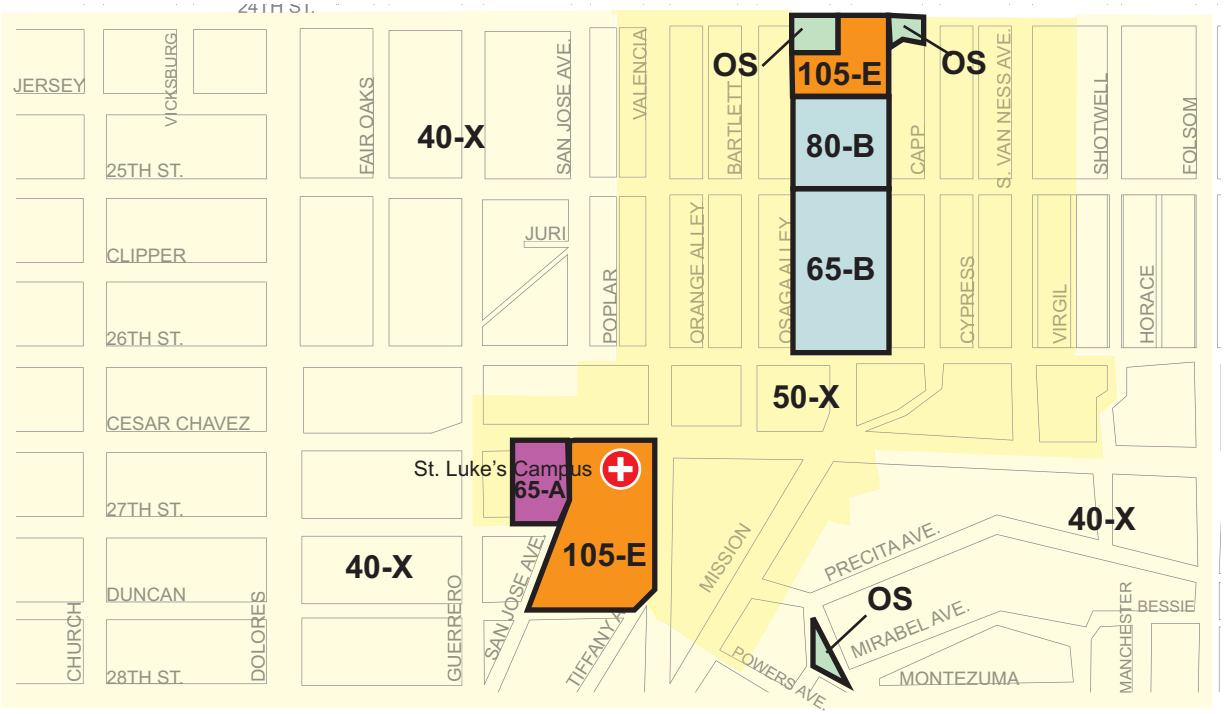
Impacts and Mitigations

The Planning Department is in the process of preparing an Environmental Impact Report (EIR) that will analyze in detail the potential impacts and any associated improvement measures and mitigation measures that may be required for projects described in this IMP. Plans for the St. Luke's campus were developed more recently as part of the Blue Ribbon Panel process, and include in the near-term a replacement hospital building, and in the long-term, a hospital expansion building. Because the plans were only recently developed, technical analysis and studies related to issues such as historic and archaeological resources, aesthetics/wind/shadow, and transportation and parking have not been completed, and will be addressed in the EIR. A general summary with respect to land uses, operational and construction impacts is provided below, and these topics will also be analyzed in greater detail in the EIR.

Land Use

The proposed hospital building will expand the existing uses on the St. Luke's Campus. The plans represent a continuation and intensification of an existing institutional use on the campus. In light of the relative size of the project and design features intended to integrate the new building into the larger site and adjacent community, it is not expected that the project would result in significant environmental impacts related to the new land use, and no improvement or mitigation measures are expected to be proposed under this topic. Although the hospital expansion building has

Figure 11-14
St. Luke's Campus—Building Height and Bulk Limits



not yet been designed, it is similarly expected that as a continuation and intensification of an existing institutional use, it would not result in a significant land use impact. However, the land use changes for both projects are also relevant to other environmental topics such as transportation.

Operational Impacts

In addition to transportation and parking issues, once the facilities are completed and occupied, daily operations may have impacts such as increased energy use, stationary source noise and use, and disposal and storage of hazardous materials. The project will be required to meet energy conservation requirements under the building code and will incorporate many sustainable features designed to maximize energy efficiency. Hazardous materials are governed by federal, state and local regulations and are monitored by the San Francisco Department of Public Health.

BULK LIMITS

District Symbol	Height	Length	Diagonal
A	40 ft	110 ft	125 ft
B	50 ft	110 ft	125 ft
E	65 ft	110 ft	140 ft
X	Bulk limits not applicable		
OS	Open Space		

Construction Impacts

Construction on the St. Luke's Campus will generate temporary construction impacts, related primarily to noise, air quality and transportation. These impacts and any associated improvement and/or mitigation measures will be included in a construction management plan addressing issues such as hours of construction, truck and delivery schedules and routes, street and sidewalk closures, parking and shuttles for construction employees, dust, debris, and noise.

Community Outreach

CPMC has engaged neighborhood groups in the planning process for SB 1953 compliance and has met with the members and representatives of the following groups to receive input on development plans and campus issues:

- St. Luke's Community Advisory Committee
- Blue Ribbon Outreach Task Force—Excelsior
- Blue Ribbon Outreach Task Force—Bayview
- Blue Ribbon Outreach Task Force—Mission
- Blue Ribbon Outreach Task Force—St. Luke's Medical Staff
- Noe Valley Merchants and Professionals Association
- Upper Noe Neighbors
- San Jose/Guerrero Coalition to Save our Streets
- Save St. Luke's Coalition
- Mission Community Coalition
- Mission Language and Vocational School
- Calvary Hill Community Church
- Self Help for the Elderly
- Family Service Agency of San Francisco
- Latina Breast Cancer Agency
- Westside Community Services
- Episcopal Community Services
- Instituto Familiar de la Raza
- Bernal Heights Neighborhood Center
- St. Anthony's Foundation
- APA Family Support Services
- Arthur H. Coleman Community Foundation
- Central American Resource Center (CARECEN)
- Marcus Books
- Metropolitan Baptist Church
- Carpenter's Union Local 22
- Mission Neighborhood Health Center
- St. Luke's Women's Center

CPMC has made the following resources available to the neighborhoods surrounding the St. Luke's Campus:

- Meeting space for neighborhood groups
- Forums on health-related topics
- Sponsorship of Carnaval in the Mission
- St. Luke's Binational Health Week Celebration
- HealthFirst program for MediCal patients
- Sponsorship of Bayview Carnival
- Bayview Child Health Center
- Sponsorship of Cesar Chavez Parade and Festival

SECTION TWELVE: OFF-SITE FACILITIES

In addition to its four main medical center campuses, CPMC owns and leases other properties throughout San Francisco. Uses of these properties include medical offices, research, off-street parking facilities, and administrative/support services. The properties described below have been purchased or leased since the 2004 Institutional Master Plan Update was filed.

633 FOLSOM STREET

CPMC began leasing the seven-story, 171,000-square-foot building at 633 Folsom Street in early 2008. The building provides offices for up to approximately 400 CPMC employees who work in departments such as Marketing & Communications, Information Technology, Human Resources, Facilities Development and Institutional Master Planning, and other administrative support services. Most of these departments were previously located at One South Van Ness Avenue, which is no longer leased by CPMC. The 633 Folsom Street office building is an ideal location for employees because it is close to public transportation and major highways.

1375 SUTTER STREET

1375 Sutter Street was purchased in 2008. The building currently contains general commercial, office, and parking, as well as medical offices not associated with CPMC. Although plans have not been finalized, CPMC anticipates using the building for office or medical uses to support the nearby proposed Cathedral Hill Hospital. Once the Cathedral Hill Hospital and Medical Office Building are built, this site will be considered part of the Cathedral Hill Campus.

OTHER PROPERTIES

In addition, CPMC owns or leases other properties throughout the City. The following is a list of the other properties and their current uses.

ADDRESS	CURRENT USE
Proposed Cathedral Hill Campus	
1101 Van Ness Avenue	Cathedral Hill Hotel
1255 Post Street	Office building/ Ground-floor retail/hotel
1100 Van Ness Avenue	Retail
1062 Geary Street	Retail/light industrial/1 dwelling unit
1054-1060 Geary Street	Retail/4 dwelling units
1040-1052 Geary Street	Vacant
1034-1036 Geary Street	Retail/hotel (6 residential hotel rooms)
Properties used for medical care, administration or parking	
115 Diamond Street	Hospice
441 Mason Street	Vacant Offices; Parking
1700 California Street	Medical offices
1675 Van Ness Avenue	Child Development Center; Sutter Visiting Nurses & Hospice
475 Brannan Street	Research Institute (lease)
1635 Divisadero Street #200	Presidio Surgery Center (51% ownership)
3468 California Street	Endoscopy Center (51% ownership)
3700 California Street	Advanced Imaging Center (51% ownership)
1500 Mission Street	Parking
1610 Geary Boulevard	Japan Center Garage (lease)
855 Geary Street	Parking (lease)
5200 Geary Boulevard (Geary Mall)	Parking (lease)
Other stand-alone properties	
2015 Steiner Street	Vacant office
2019 Steiner Street	Single family dwelling (vacant)
3019 Mission Street	Vacant commercial (lease)
1335 Evans Avenue	Bayview Child Health Center

CPMC may purchase or lease additional space in San Francisco, from time to time, for uses such as parking, offices, or clinic space that cannot be otherwise accommodated at existing facilities.

SECTION THIRTEEN: ALTERNATIVES

CPMC has considered reasonable alternatives to the preferred project described in this IMP. These alternatives fall into three general categories: 1) moving all CPMC operations to one new site and abandoning the existing campuses, 2) building new facilities and/or completing renovations of existing buildings on CPMC's existing campuses, and 3) building new facilities on new sites in addition to CPMC's existing campuses. The Environmental Impact Report (EIR) for the proposed project will contain detailed studies of these and/or other alternatives to CPMC's proposed plans.

The following is a summary of the alternatives that CPMC considered for its future operational and resulting facilities needs.

SINGLE-CAMPUS ALTERNATIVE

One of the alternatives that CPMC considered as part of its long-range planning process was to consolidate all of CPMC's facilities and services onto one new campus. After this consolidation, the existing campuses would have been decommissioned. This alternative had the advantages of eliminating redundancies and providing services in all new state-of-the-art facilities. The criteria for searching for and considering new sites included appropriate location, suitability for medical uses, adequate size, and availability of the site.

While several sites were identified, three primary sites were researched to determine if a new consolidated campus would be appropriate and feasible. Extensive review was undertaken and a brief summary of the analysis of the primary potential sites is as follows.

The Presidio

In 2001, CPMC worked with the Presidio Trust to explore whether the Presidio would be an appropriate location for a new single CPMC campus. The Presidio, which contains a large amount of open space as well as some deteriorating buildings that could be rehabilitated or redeveloped, had potential to provide such a location. After further discussion and evaluation, however, it was determined that a new campus could not be approved at the Presidio in compliance with the SB 1953 deadlines.

Muni Car Barn

Another site considered in 2001 was the Muni Car Barn at Bush Street and Masonic Avenue. This site could have accommodated a new large consolidated campus. After Muni determined that there was no alternative site available for existing Muni operations, however, this option was abandoned.

Mervyn's Shopping Center (formerly Sears)

In 2001, CPMC considered building a new consolidated campus at a large existing retail site, the Mervyn's Shopping Center at Geary Boulevard and Masonic Avenue. This option was not feasible, however, because the site was not available for purchase.

Other Sites

Two other sites were considered by CPMC in 2001. Both would have required assembling parcels with various owners. One such site was on Masonic Avenue, between O'Farrell and Turk Streets. A second was on Geary Boulevard between Scott and Pierce Streets.

The second site was not large enough and would also have required the acquisition of an adjacent site. Neither of these options was considered feasible for reasons including the difficulty of assembling the parcels.

Conclusions

When no alternative sites suitable for development of a consolidated CPMC campus in San Francisco could be found, the concept was rejected and other alternatives were considered. Rising construction costs were another factor leading to the rejection of this alternative.

"THREE CAMPUS PLAN" ALTERNATIVE

Following the 1998 merger with Davies Medical Center, CPMC began a comprehensive planning effort to guide the programmatic development of the Pacific, California, and Davies campuses. The primary focus was to reallocate programs and services so that they would be distributed more rationally and efficiently across the three CPMC campuses.

As described in CPMC's 2002 Institutional Master Plan Update, the preferred option under consideration at that time kept all facilities on CPMC's then three campuses (the "Three Campus Plan"). The Three Campus Plan included a new acute care hospital and a new women's and children's hospital at the California Campus, with an emergency room; an ambulatory services center to replace the hospital and emergency room at the Pacific Campus; and a continuum of care center providing related longer-term services such as acute rehabilitation, subacute care, and skilled nursing in upgraded facilities at the Davies Campus, with an emergency room there at least through 2007. The options of retrofitting either the hospital at the Pacific Campus, the hospital at the California Campus, or both, were considered but rejected because of cost, unacceptable service disruption, the fact that retrofitted hospitals are compliant under SB 1953 only until 2030, and the many advantages of new hospitals over retrofitted facilities.

After operational and other disadvantages of the Three Campus Plan became more apparent, it was determined that the best option was to construct a new hospital on an off-campus site.

ADDITIONAL CAMPUS ALTERNATIVE

The search for an off-campus location for a new hospital to replace the beds at the California and Pacific campuses led to the purchase of the block that includes the Cathedral Hill Hotel and Office Building and is bounded by Van Ness Avenue, Franklin Street, Geary Boulevard, and Post Street. The Cathedral Hill Hospital that has been planned for this location is described in Section Seven, Cathedral Hill Campus.

FUTURE ALTERNATIVES

If the City determines that the proposed Cathedral Hill Campus and the other changes to CPMC facilities described in this IMP are not acceptable, CPMC would have to reconsider previously rejected options, such as renovating existing buildings, or consider new alternatives.

PART III: OTHER INFORMATION

Bernie Brown

The Ray of Sunshine

Bernie calculates that he serves over 2,000 of his milkshakes each year. California Pacific Medical Center serves more than 1,775,000 meals annually, of which over 500,000 are for patients.

Over the past 25 years, California Pacific Medical Center has brought a lot into Bernie Brown's life—his wife (a dietician whom he met through his job as a nutritional aide), his three children, who were all born at CPMC, and a true calling for making patients happy. But without a doubt, he has given back just as much as he has received. About five years ago, Bernie's job description changed when he went from working behind the scenes in the cafeteria to meeting patients face to face. One day, he met a microsurgery patient who was sick from morphine and couldn't eat. On a whim, Bernie decided to make him a strawberry milkshake. The patient drank the milkshake—then asked for another. For three days, Bernie's shakes were the only thing he could eat, and Bernie made them for him faithfully. After his ordeal, the patient told Bernie that his milkshakes had saved his life.

Bernie suddenly realized that, between his expertise in nutrition and his compassionate personality, he could offer patients something unique and significant during a trying time. Recognizing his talents, CPMC bought Bernie a blender and ingredients, and he began making custom-tailored milkshakes and smoothies for microsurgery, HIV and cancer patients. His delicious concoctions, along with his warm and engaging personality, helped these patients find comfort and nourishment. Bernie, now known affectionately as "The Milkshake Guy," became the most popular person on the floor. In fact, many patients who come back for doctors' appointments make special trips to visit Bernie, and maybe even get another one of his famous milkshakes! (His specialty is a milkshake made with Peet's espresso and vanilla ice cream.) However, Bernie's compassion for others doesn't end with his milkshakes. After seeing the long hours many family members log in at the bedsides of sick loved ones, Bernie began making sure they were fed right along with the patients. While he has received a Service Star Award for his work, he takes it all with a humble grain of salt. "If it wasn't for everyone I work with, I wouldn't be able to do what I do. I'm just one of many who are making patients feel special."

SECTION FOURTEEN: GENERAL PLAN CONSISTENCY

Pursuant to Section 304.5 of the San Francisco Planning Code, CPMC is required to analyze its plans for development for consistency with the City's eight priority policies, along with other provisions of the current San Francisco General Plan and other relevant area plans The following is an overview of these documents and their relationship to CPMC's IMP.

SAN FRANCISCO'S PRIORITY POLICIES

The San Francisco General Plan includes eight priority policies. These policies are a preamble to the General Plan establishing the City's position on issues important to the community. The eight policies are listed below in italics, followed by CPMC's response describing how the project furthers these policies.

1. That existing neighborhood-serving retail uses be preserved and enhanced and future opportunities for resident employment in and ownership of such businesses be enhanced.

The proposed development of the four existing campuses and the development of a new medical center at Cathedral Hill will reinforce the vitality of existing neighborhood-serving retail uses.

2. That existing housing and neighborhood character be conserved and protected in order to preserve the cultural and economic diversity of our neighborhoods.

Although institutional in character and larger in scale than the surrounding development, the future site configurations and new buildings proposed at existing CPMC campuses and at the new Cathedral Hill Campus are designed to be compatible with the residential neighborhoods that surround each campus. The future development has been designed to improve, as possible, existing traffic, circulation, and parking deficiencies that negatively affect residents adjacent to several existing CPMC campuses.

3. That the City's supply of affordable housing be preserved and enhanced.

The development of the new Cathedral Hill Campus will result in the loss of five dwelling units and 22 residential hotel units on the proposed new campus site. These units are all in modest to marginal condition. CPMC will provide for the relocation of tenants needing assistance, in excess of that required by law.

4. That commuter traffic not impede Muni transit services or overburden our streets or neighborhood parking.

Transportation Demand Management programs established by CPMC for the operation of all five campuses are intended to discourage private auto use and encourage use of sustainable transportation. Site and building designs will complement and support the operation of Muni and other transit lines in the immediate vicinity of each campus.

5. That a diverse economic base be maintained by protecting our industrial and service sectors from displacement due to commercial office development, and that future opportunities for resident employment and ownership in these sectors be enhanced.

CPMC is one of the largest private employers in San Francisco. The proposed construction plans will maintain and enhance the medical services provided by CPMC to San Francisco and the surrounding region. Approximately 49 percent of current CPMC employees are San Francisco residents.

6. That the City achieves the greatest possible preparedness to protect against injury and the loss of life in an earthquake.

The proposed project is driven by construction intended to move acute care hospital beds at CPMC's campuses into buildings that meet the State of California's seismic safety mandates for all hospitals. Non-acute care buildings on existing campuses will also be retrofitted for greater structural stability. Construction of the Cathedral Hill and St. Luke's hospitals will result in nearly half the City's private health care being provided in facilities that will be operational after a major seismic event.

7. That landmarks and historic buildings be preserved.

Several buildings across the CPMC system are either registered landmarks, presumed to be historic resources, or otherwise considered valuable additions to the city's historic fabric. Several of these buildings are also functionally obsolete as medical buildings. Each facility proposed for renovation or demolition as part of the IMP will be reviewed on a case-by-case basis to weigh its preservation against the benefits of reuse/replacement for continued medical use, and potential resources will be analyzed as part of the environmental review process.

8. That our parks and open space and their access to sunlight and vistas be protected from development.

While portions of the project will result in some localized shadow on adjacent sidewalks and streets, the proposed buildings will maintain existing sunlight and protected vistas to parks and open spaces.

OVERVIEW OF GENERAL PLAN ELEMENTS

The following is a review of the project's consistency with relevant policies and objectives contained in the elements of the General Plan:

Air Quality
Arts
Commerce and Industry
Community Safety
Environmental Protection
Recreation and Open Space
Housing
Transportation
Urban Design

Note: There is no discussion of Community Facilities as this element pertains mainly to the development of new police facilities and is not applicable to the proposed project.

Air Quality

CPMC will comply with all federal, state, and local regulations regarding air quality. The Environmental Impact Report (EIR) for the project will recommend mitigations to control and reduce air pollutants, both during ongoing operations and temporarily during construction of new facilities, as well as to promote energy conservation and waste management. The air quality issues to be studied in the EIR include emissions from traffic, new equipment, and construction activities. In addition, as a health care provider, CPMC intends to take a more active role in increasing awareness and educating the public about negative health effects of pollution caused by mobile sources. By complying with all regulations and promoting air quality to protect the population in San Francisco, CPMC will meet the objectives in the Air Quality Element of the General Plan.

Arts

Although this General Plan element is not technically applicable to the proposed development projects, CPMC will continue its tradition of bringing the arts into its facilities. Recent examples include the Pacific Campus Labyrinth.

Commerce and Industry

CPMC is one of the largest private employers in San Francisco and has, under the management of the last ten years, been a relatively successful and stable San Francisco Not-for-Profit Corporation. CPMC provides jobs that range from entry-level positions to upper-level professional and technical jobs. Affiliated doctors, employees, patients, and visitors at CPMC significantly contribute to the health services and related sectors of the San Francisco economy. Maintaining and enhancing CPMC's essential health care services within San Francisco promotes Objectives 1, 2, and 3 of the Commerce and Industry Element of the General Plan.

The proposed new hospital at Cathedral Hill and the renovated and enhanced medical facilities at the Davies, Pacific, and St. Luke's campuses will result in substantial net benefits to the community. The projects will contribute significantly to San Francisco's economy by enhancing existing health services, promoting job stability, and stimulating new jobs and business. These benefits will be achieved through CPMC's private investments, without financial assistance from the City or additional tax dollars. The preservation of existing jobs, as well as the creation of new jobs from the project, is consistent with Objective 3.

The new facilities proposed by the IMP, such as the new hospitals at the Cathedral Hill and St. Luke's campuses, the Neuroscience

Institute at the Davies Campus, and the new Ambulatory Care Center at the Pacific Campus, are new construction projects that will improve the visual and urban character of each of these campuses. As a result, it is expected that adjacent neighborhoods will benefit from the improvements, consistent with Objective 6.

CPMC recognizes that a project of this scale cannot meet all General Plan policies, such as density and building height provisions. In addition, the project cannot be without potential impacts, including effects of the proposed closing of the California Campus. These impacts are expected to be effectively mitigated consistent with the objectives in the Commerce and Industry Element of the General Plan. The overall benefits of the project to the City and region will outweigh these localized impacts (consistent with Objective 1, Policy 1.1).

Community Safety

Existing hospital beds at the California, Pacific, and St. Luke's campuses are in buildings that by 2015 will fail to meet stringent seismic safety hospital standards adopted by the State of California. The proposed new hospital at the Cathedral Hill Campus will allow for the relocation of beds to a new facility that complies with the state's mandated seismic safety standards. The existing hospital at the Davies Campus has been retrofitted to comply with applicable state standards and the proposed new hospital at St. Luke's will also comply with the state's seismic standards. CPMC's planned seismic safety improvements for buildings that provide essential medical services to San Franciscans are consistent with Objective 2, Policy 2.1 of the Community Safety Element.

Proposed renovations and new construction of outpatient facilities at CPMC's campuses will include structural and life-safety improvements that will increase emergency preparedness at those campuses, consistent with Objective 2, Policy 2.1.

The new Cathedral Hill Campus, the improved St. Luke's Campus facilities, and continuing medical services, including the emergency department at the Davies Campus and urgent care at the Pacific Campus, will constitute an important and significant component in the City's emergency operations plan, consistent with Objective 3, Policies 3.3 and 3.4.

The new Cathedral Hill Hospital emergency department facilities and the renovated and enhanced emergency department facilities at the Davies Campus will add to the existing emergency room capacity and improve response time for providing emergency medical care to San Francisco, consistent with Objective 3, Policies 3.3 and 3.4.

A key component of CPMC's plan is to build new facilities while existing facilities continue to operate. A disruption of services would leave a gap in emergency services. Planning for uninterrupted service to the City is consistent with Objective 4.

Environmental Protection

Since the proposed CPMC projects are on already-developed sites, no significant natural resources will be affected. Overall energy efficiency is expected to improve, with the decommissioning and demolition of older, energy-intensive buildings. The Cathedral Hill Hospital will seek Leadership in Energy and Environmental Design (LEED) certification, and CPMC intends to incorporate physical features and operational measures that sustain and improve environmental efficiencies. As such, the Cathedral Hill Hospital will offer the potential for environmental facility

innovations on a scale not yet seen in the health care industry.

Objective 10 of the Environmental Protection Element addresses noise impacts on adjacent areas. Noise generated from construction and future operations at the hospitals and other new facilities proposed by the IMP will be thoroughly evaluated in the EIR for the project. It is anticipated that noise mitigations will be required to reduce noise to acceptable levels. These mitigations will likely include limitations on hours of noise-producing work, selection of low noise-emitting equipment and vehicles, appropriate siting of equipment, and the use of equipment sound-proofing as appropriate.

Recreation and Open Space

Most of the objectives and policies in the Recreation and Open Space Element are not applicable to the proposed IMP. CPMC has identified open spaces near each campus and intends to help preserve and enhance them, as appropriate. An existing example of a project that supports open space is the new Scott Street Labyrinth at Duboce Park, adjacent to the Davies Campus. CPMC was a major sponsor of this project.

In general, new development proposed by the IMP will not cast significant shadows over any existing open spaces or recreation areas, particularly City parks or playgrounds. However, since the new Cathedral Hill Hospital will be larger than the hotel and office complex it replaces, there will be new shadows in the area. Shadows at the new hospital and at other development sites identified by the IMP will be evaluated in the EIR for the project.

The proposed development projects will include enhanced streetscapes, including some outdoor open spaces, consistent with Objective 4, Policy 4.2 of the Recreation and Open Space Element.

Housing

Most of the objectives and policies in the Housing Element are not applicable to the proposed IMP. Proposed development, particularly the hospital at Cathedral Hill, will support plans and policies for new residential development in the surrounding neighborhoods.

The IMP proposes demolition of five dwelling units and 22 residential hotel units that are on the future Cathedral Hill Medical Office Building site. CPMC will provide relocation assistance to the tenants of existing units (consistent with Objective 9 of the Housing Element).

Transportation

Proposed development of the new Cathedral Hill Hospital and other new and renovated buildings on the campuses will have implications for public transit, parking, circulation, and other transportation-related issues, discussed below.

CPMC is committed to providing employees, patients, and visitors at all its campuses with multiple options for traveling to and from the campuses. CPMC has developed an extensive Transportation Demand Management (TDM) program that helps reduce transportation impacts in the surrounding neighborhoods. The CPMC shuttle system provides a connection between CPMC campuses and employee parking facilities. The design and features of the new Cathedral Hill Hospital and other new buildings will provide enhanced transportation features, such as the Muni pavilion at the Davies Neuroscience Institute (consistent with Objective 1, Policies 1.3 and 1.6).

One of the key criteria for selection of the site for the new hospital at Cathedral Hill was the site's proximity to major transportation routes and modes. The site's location provides easy access via public transportation and expanded mobility for people without automobiles (consistent with Objective 1, Policy 1.7 and Objective 2, Policy 2.1).

CPMC encourages its employees to use public transit by providing incentives such as carpools, transit pass subsidies, bicycle parking and amenities, and other TDM measures (consistent with Objective 2, Policy 2.1 and Objective 12).

CPMC provides an intercampus shuttle service. The purpose of the shuttle is to allow employees to travel to designated off-site parking facilities, such as the Japan Center Garage, and to other campuses (consistent with Objective 7).

As part of CPMC's comprehensive TDM program, CPMC offers facilities for transit, bicycles, carpools, and pedestrians, reducing capacity for single-occupant autos. CPMC also offers some of its employees flexible work schedules (consistent with Objectives 12 and 14).

Proposed new development projects, such as the Davies Neuroscience Institute, will include specific plans for traffic calming measures on surrounding neighborhood streets, including widened sidewalks, new landscaping, and connection with adjacent transit stops. The Neuroscience Institute project will include a contribution to the City's Better Streets program, allowing for street improvements and traffic calming measures such as new parking striping on Noe Street that will help slow traffic in the neighborhood (consistent with Objective 15, Policy 15.1).

CPMC's development projects will include features that reduce personal automobile use at each campus, such as car share pods and the CPMC shuttle system. Through the addition of parking, CPMC will maintain an adequate amount of parking at each campus to meet Planning Code requirements (consistent with Objective 16) while balancing this parking supply against the need to create disincentives to driving for those able to use other modes of transportation.

The future site design proposals for each of the existing campuses as well as the new Cathedral Hill Campus are intended to discourage traffic on residential streets. Entrances to buildings and parking facilities will be designed to direct traffic to major and secondary arterials, rather than residential streets. The Cathedral Hill, Davies, and California campuses front on major arterial streets (Geary Boulevard and Van Ness Avenue, Castro Street, and California Street, respectively). The Pacific Campus, however, is one block from a secondary arterial (Fillmore Street) and a major arterial (California Street). To address this, a new pedestrian and vehicle entrance is planned for the Pacific Campus, which will help disperse traffic and eliminate congestion on residential streets (consistent with Objective 18, Policy 18.1).

The new developments planned at each campus will include enhancements to the pedestrian circulation patterns, with the intent of reducing congestion and improving way-finding. Projects at the Cathedral Hill, Davies, St. Luke's, and Pacific campuses will include wider sidewalks, improved intersections, and more pedestrian amenities (consistent with Objective 23, Policies 23.2 and 23.4 and Objective 25).

Proposed revisions to the Pacific Campus site create a new entrance from Sacramento Street, reconfigure the existing loading dock, and provide an interior campus vehicular circulation system. These revisions are intended to discourage CPMC-generated traffic circulation and parking on local residential streets and to increase pedestrian safety. Furthermore, creation of more off-street parking within the same block as the Ambulatory Care Center is intended to reduce employee, patient, and visitor reliance on on-street parking within the neighborhood.

All of CPMC's campuses have bicycle facilities. CPMC will continue to provide bicycle facilities at existing campuses as well as at the new Cathedral Hill Campus (consistent with Objective 28) at or beyond the levels required by the Planning Code.

The proposed development projects include the construction of new parking at the Cathedral Hill, Pacific, and Davies campuses. The new parking facilities will be designed to meet the design criteria outlined in Objectives 30 and 33. The parking fee structure will also comply with the City's policies to discourage long-term parking, consistent with Objective 31. The proposed development projects will be thoroughly analyzed in a traffic study required in the EIR for the project. The EIR will evaluate whether the proposed parking capacity is adequate (consistent with Objective 34).

All of CPMC's campuses are served by major freight traffic routes. Some deliveries to the campuses come through Sutter Health's distribution center in Millbrae, California. This offsite facility allows for a more efficient delivery schedule, minimizing trips to each campus. The new facilities at the Cathedral Hill and Pacific campuses will include carefully planned loading areas to avoid disruptions to the surrounding neighborhoods. The Cathedral Hill Campus loading area will be located off Franklin Street and will accommodate up to 55-foot-long trucks, allowing deliveries to occur inside the building and avoiding trucks stopping on major streets surrounding the campus. The Pacific Campus loading area will improve current conditions, moving more activity off local streets and onto an interior campus driveway. The proposed loading and delivery plans will be evaluated in the EIR for the project (Objectives 38, 39, and 40).

Urban Design

New buildings proposed at the Cathedral Hill, Pacific, Davies, and St. Luke's campuses will be designed to be compatible with the scale, form, and proportions of existing and potential nearby development through appropriate façade articulation, setbacks, building materials, texture, and color (consistent with Objective 3, Policies 3.1, 3.2, 3.3, and 3.7).

Cathedral Hill Campus

The building form, articulation, material, and color of the Cathedral Hill Hospital and Medical Office Building will be compatible with the nature of historically and architecturally significant buildings identified in the Van Ness Avenue Area Plan discussed later in this section (consistent with Objective 2, Policy 2.6 of the Urban Design Element).

The site plan and architectural form and style of the existing Cathedral Hill Hotel and office building do not contribute to the overall design structure of Van Ness Avenue. The site plan and architectural design of the proposed Cathedral Hill Hospital will provide for articulated street walls, upper floor setbacks, and an articulated building tower in keeping with the width of Van Ness Avenue (consistent with Objective 5, Policies 5.1, 5.2, and 5.3 of the Van Ness Avenue Area Plan).

The approximately 280-foot-high hospital proposed for the Cathedral Hill Campus, 240 feet as measured by the Planning Code, will comply with the "Urban Design Guidelines for Height of Buildings" map in the Urban Design Element of the General Plan, albeit exceeding the current height limit for the site under the Van Ness Avenue Area Plan. Although the building will be higher and larger than its neighbors, this size is driven by the functional requirement to replace existing hospital capacity. The building will announce the presence of an essential public service at a significant transit hub (consistent with Objective 1, Policies 1.6 and 1.8, and Objective 3, Policies 3.2 and 3.5).

Consistent with Objective 3, Policy 3.5, the proposed Cathedral Hill Medical Office Building will comply with the height designated for the site under the "Urban Design Guidelines for Heights of Buildings" map in the Urban Design Element of the General Plan and the height designated for the site under the Van Ness Avenue Area Plan.

Pacific Campus

The proposed massing of new buildings at the Pacific Campus will place higher buildings at the interior of the campus and will not exceed the predominant height of the buildings along the northern edge of the campus that abuts properties occupied by low-rise and low-density residential buildings. The final form of the new buildings on the edge of the campus will reflect the scale of existing adjacent development consistent with Objective 2, Policy 2.6 and Objective 3, Policy 3.1 of the Urban Design Element.

Since the existing hospital building at the Pacific Campus is higher than most of the buildings in the immediate vicinity (albeit consistent with the height indicated for the campus in the "Urban Design Guidelines for Height of Buildings" map in the General Plan), the existing building's mass and height will help announce the presence of a public service, the remodeled Ambulatory Care Center intended for the reuse of this building (consistent with Objective 3, Policy 3.2).

Davies Campus

The design of the proposed Neuroscience Institute on the Davies Campus will provide an appropriate architectural transition between the existing campus buildings and the adjacent low-rise, low-density residences; a visual connection between the building interior and the adjacent sidewalk; and sidewalk and Noe Street right-of-way modifications to increase pedestrian amenities and calm traffic movement through the area (consistent with Objective 2, Policy 2.6; Objective 3, Policy 3.1; and Objective 4, Policy 4.1 of the Urban Design Element).

St. Luke's Campus

The proposed new hospital at the St. Luke's campus is in early stages of design. Some of the key design elements of the new hospital include pedestrian access to the campus from Valencia Street and/or Cesar Chavez Street, reduced building setbacks and more windows on the street level for "eyes on the street" and enhanced pedestrian experience, and more efficient locations for the emergency department, loading docks, and vehicle access via San Jose Avenue. CPMC intends to design the new hospital at St. Luke's to be consistent with the urban design principles in the Urban Design Element, ensuring that the height, scale, massing, and façade are compatible with the surrounding neighborhood.

RELEVANT AREA PLANS/ ONGOING PLANNING EFFORTS

Cathedral Hill Campus

The proposed Cathedral Hill Campus site is regulated by two special use districts: the Automotive Special Use District and the Van Ness Special Use District.

Van Ness Avenue has traditionally functioned as a transportation corridor connecting the northern and southern parts of the City. Historically, the corridor developed with numerous automobile-related land uses, including sales and repairs. The Automotive Special Use District was established in the 1960s to allow a continuation of automobile-related land uses along Van Ness Avenue.

Over the years, many auto-related uses have left the corridor, and a number of properties have become available for new development or adaptive re-use. In 1995, the City adopted the Van Ness Avenue Area Plan and Special Use District, which established land use, urban design, and transportation policies and regulations to preserve the character of Van Ness Avenue. The focus of the plan is to revitalize the area by encouraging new retail and housing to facilitate the transformation of Van Ness Avenue into an attractive mixed-use boulevard. In order to encourage residential development, the Van Ness Avenue Special Use District eliminates density limits for housing and establishes a ratio for residential use for all new development such that, for every three square feet of floor area for non-residential uses (with the exception of hospitals), one square foot of residential area is required. This residential area requirement does not apply to the proposed CPMC projects, which are hospital uses.

The existing hotel site was part of the Western Addition A-2 Redevelopment Area. The Redevelopment Area's jursdiction ended in January 2009. The IMP will not require review by the San Francisco Redevelopment Agency.

Pacific and California Campuses

The Pacific and California campuses are not located in any special area or use district and are not subject to additional regulations or policies.

Davies Campus

While the Davies Campus is not located within any special area or use district boundaries, the campus does adjoin the boundaries of the newly adopted Market & Octavia Neighborhood Plan. The plan is intended to respond to the need for housing, repair the fabric of the neighborhood, and support transit-oriented development. It includes new zoning for appropriate residential and commercial uses, prescribes streetscape and open space improvements, and places high-density land uses close to transit. The improvements planned at the Davies Campus would further enhance some of the key goals of the plan, most notably policies related to transit. The Davies Campus is located in one of the most transit-rich areas of the City, and the Neuroscience Institute project will create many incentives for transit use, including a weather-protected Muni pavilion for the N-Judah line stop and bicycle storage and facilities.

In addition, the Market & Octavia Neighborhood Plan recommends the preservation of architecturally and culturally significant resources. As a result of further studies, the City is recommending the adoption of a

new historic district for the Duboce Triangle neighborhood. The Davies Campus is not considered part of this potential district, but is adjacent to it (along the Noe Street edge).

St. Luke's Campus

The St. Luke's Campus is located at the border of the newly adopted Eastern Neighborhoods Plan, a plan for balanced industrial, commercial, and residential development. The planning area boundary is north of Cesar Chavez Street. The focus of the Eastern Neighborhoods Plan is to implement zoning regulations that identify appropriate sites for development, particularly for affordable housing amidst existing industrial and commercial land uses. Since the St. Luke's campus adjoins the edge of this new planning area, CPMC believes that the development of a new hospital on the campus will improve the quality of residential and non-residential development in the area by providing an improved health care facility in the southern part of the City.

SECTION FIFTEEN: SUMMARY OF ECONOMIC BENEFITS OF CPMC'S PROPOSED PLANS

The following is a summary of the anticipated economic impacts of CPMC's plans as described in this IMP. A more detailed description of these impacts is found in Appendix C, "Economic Study."

The proposed Cathedral Hill Campus—the most significant part of CPMC's plans—will positively affect the economy of San Francisco in multiple ways.

The Cathedral Hill Campus will have a direct positive economic effect on its neighborhood. The project will draw employees, medical staff, physicians and their office personnel, and patients with their families and other visitors to the new campus, increasing the population at the site and in the neighborhood throughout the seven-day week and the 24-hour day. Sales by retail and related businesses in the area are likely to increase and the project will encourage the development of new businesses to take advantage of the increase in the volume of potential customers. Even during the construction period, when disruptions of vehicular and pedestrian movement will impede normal circulation patterns, the concentration of construction workers will tend to boost the sales of groceries and food service businesses as well as a range of convenience goods outlets and personal services. Any new businesses that develop because of increased demand will also benefit the existing residents and workers in the area.

The development of the Cathedral Hill Campus will indirectly affect the neighborhoods of existing campuses. It is the first step in a rearrangement of campus functions among CPMC campuses to increase efficiency and improve patient service through campus specialization; acute care consolidated at Cathedral Hill would free up space at the Pacific Campus for a focus on outpatient diagnostics and treatment, while Davies Campus space would be reconfigured to reflect more closely its focus on neuroscience-related treatment and complementary rehabilitation. At the same time, the emphasis at the St. Luke's Campus on its community hospital mission would be refreshed and most of the California Campus would be released for other uses (most likely residential, with the potential for some degree of medical orientation).

As the realignment of campuses moves forward, the neighborhoods of the remaining three campuses will see increases in their economic interactions with CPMC. The change is expected to be greatest at the Pacific Campus as a result of the shift to predominantly daytime use (with the inpatient function moved to Cathedral Hill). More modest effects would be expected at the Davies and St. Luke's Campuses, where the change in functional orientation is less marked. Although the California Campus's future medical activities will be at a much-reduced scale, the replacement of hospital and medical uses by other uses (particularly if those uses are residential) may well increase economic benefits to neighborhood businesses. At all campuses, the economic effect is expected to be positive, notwithstanding temporary disruptions resulting from renovation and new construction.

Citywide, the effects of the Cathedral Hill project are important to San Francisco's economy. An overall increase in employment is a notable benefit, and the characteristics of hospital and related employment increase that benefit. Medical center jobs are arrayed across the occupation and earnings spectrum, from entry-level to the upper echelons of research and practice. Distinctive to the CMPC employment mix are a relatively high wage scale, a significant number of skilled/experienced positions without a four-year degree requirement, and a demographic cross-section of workers. CPMC jobs, as hospital-related, would tend to be resistant to the typical business cycle.

At the most specialized and highest technical levels of practice, professional education, and research, CPMC's staff and professional affiliates form part of San Francisco's growing strength as a medical and scientific center—a reputation that attracts linked activities and enterprises, further strengthening the economy. The contribution of this not-for-profit institution to San Francisco's direct "exports" of medical services, and its contribution to indirect exports of related products and services by supporting and potentially attracting linked activities, make it a valuable element of the City's economic base, as well as of its social infrastructure.