

# SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER



## ANNUAL REPORT 2014-2015



San Francisco Department of Public Health





# OUR MISSION

The mission of the San Francisco General Hospital & Trauma Center is to provide quality health care and trauma services with compassion and respect.

Our vision is to be the best hospital by exceeding patient expectations and advancing community wellness in a patient-centered, healing environment.

## Our Values:

- **Learn** by going to see
- **Improve** using Plan, Do, See, Act (PDSA) problem-solving
- **Engage** through teamwork and collaboration
- **Care** by showing respect and developing staff as leaders

# TABLE OF CONTENTS

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER	5
ABOUT SFGH	7
DEVELOPING A LEADERSHIP SYSTEM	18
PROVIDING EXCELLENT PATIENT CARE	20
PREPARING FOR THE FUTURE	23
HONORING OUR PATIENTS	28
HONORING OUR STAFF	33



## M ESSAGE FROM THE INTERIM CHIEF EXECUTIVE OFFICER

It is sometimes said of organizations during times of tremendous growth, maturation and change that they've had a year that will be remembered. I believe years from now when people look back at this past year at San Francisco General Hospital, it may well be said that this was one of our most memorable years.

We are about to deliver to the people of San Francisco a new, seismically-safe, technologically advanced acute care and trauma center that has been years in the making. It will enable us to serve our patients in a way few such facilities can, anywhere. The technology is state-of-the-art. The architecture reimagines all that a hospital can be – a place of treatment, of rest, of healing, of humanity; the spaces use natural light to keep patients and visitors connected with the city around them. The building features art specifically selected for it by the San Francisco Art Commission. You will read more about it in this annual report.

But San Francisco General is about more, of course, than the construction of one new building, no matter how remarkable.

San Francisco General Hospital continues to be...

### **A comprehensive medical center**

We are an essential part of San Francisco's health care system, this year providing almost 540,000 outpatient visits, over 100,000 inpatients, providing 20 percent of the city's inpatient care. We continue to serve our community with a full complement of inpatient, outpatient, emergency, diagnostic and psychiatric services 24-hours a day.

### **San Francisco's safety net hospital**

Considered one of the nation's finest public hospitals, San Francisco General offers compassionate and culturally competent care to a diverse community of patients in more than 20 languages. We are part of a city wide integrated health care system, providing primary, specialty and hospital care for our most vulnerable and underserved populations.

## **Our city's only trauma center**

SFGH is the city's busiest emergency room and the only Level One trauma center providing life-saving care to the 1.5 million adults and children of San Francisco and northern San Mateo County. We treated more than 4,500 trauma patients this year with a comprehensive range of resources, including trauma surgeons specializing in orthopedics, general surgery, neurosurgery, anesthesiologists and many other surgical and medical specialties and disciplines.

## **A top academic medical center**

We have been partners with the University of California, San Francisco School of Medicine (UCSF) since 1872, attracting physicians who are leaders in their fields and making SFGH one of the nation's top academic medical centers, training tomorrow's providers.

As you read this report further you will see the tremendous effort of our clinical and administrative leaders and staff, as we work together to fulfill our vision of delivering excellent service to our patients.

Finally, I must offer an appreciation. This year, Sue Currin announced her retirement after 34 years of service to San Francisco General Hospital. Sue was appointed CEO in 2009 but previously served as Chief Nursing Officer and Chief Operating Officer. During her tenure as CEO, Sue led the hospital through unprecedented improvements in many clinical areas, most notably in obstetrics, pediatrics, geriatrics, palliative care, cancer, trauma, and HIV/AIDS care and research.

She was also instrumental in guiding construction of the new acute care and trauma center, which is now on the cusp of completion.

Sue was always firm in her vision for the potential of this institution and indefatigable in pursuit of it, and the hospital owes her a tremendous debt of gratitude.

Roland Pickens

Interim CEO, San Francisco General Hospital







# A BOUT SFGH



San Francisco General Hospital and Trauma Center (SFGH), one component of the San Francisco Health Network (SFHN), is a licensed general acute care hospital, which is owned and operated by the City and County of San Francisco, Department of Public Health. SFGH provides a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, mental health and rehabilitation services for adults and children. It is the largest acute inpatient and rehabilitation hospital for psychiatric patients in the city. Additionally, it is the only acute hospital in San Francisco that provides twenty-four hour psychiatric emergency services and operates the only trauma center (Level I) for the 1.5 million residents of San Francisco and northern San Mateo County.

SFGH serves approximately 102,000 patients per year and provides 20 percent of the city's inpatient care. As San Francisco's public

hospital, SFGH's mission is to provide quality health care and trauma services with compassion and respect to patients that include the city's most vulnerable. SFGH is also one of the nation's top academic medical centers, partnering with the University of California, San Francisco School of Medicine on clinical training and research.

Prompted by passage of the Affordable Care Act, SFGH is working to provide patients a better experience, a healthier community and a more efficient health care system. By actively coordinating with the public health care delivery system that had previously operated independently, SFGH will be able to provide our patients with more consistent, efficient and effective care.

This report outlines the tremendous efforts of our clinical and administrative leaders and staff, as they work together to fulfill SFGH's mission and vision, and deliver excellence to our patients.

# SFGH HIGHLIGHTS

## **San Francisco General Hospital is the Heart of our City.**

San Francisco General Hospital has been a landmark in our community. We provide over 20% of all inpatient care and 84% of inpatient and outpatient charity care in 2012 for San Francisco. Additionally, 30% of all ambulances come to San Francisco General Hospital.

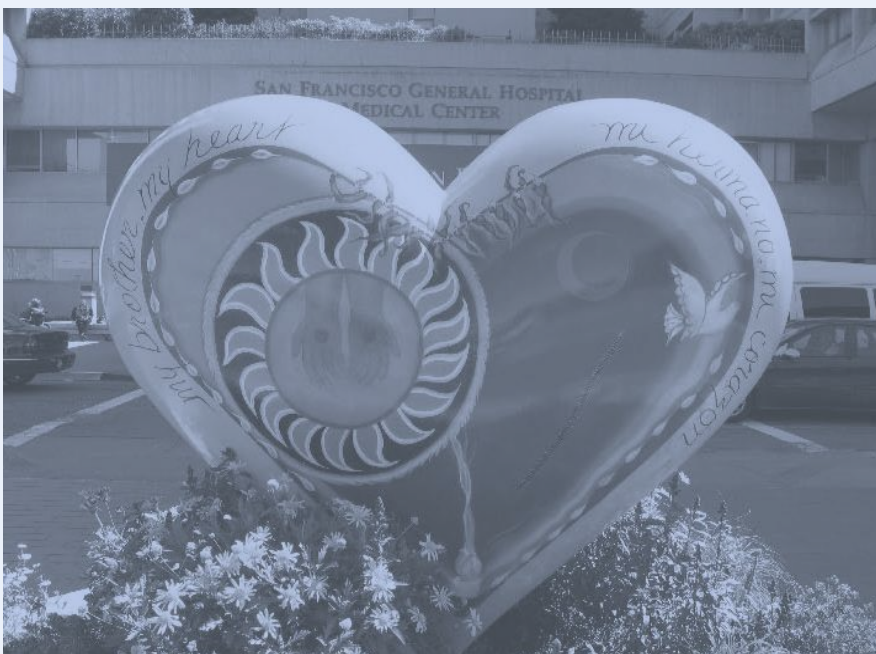
Today, we are carrying forward the tradition of excellence in healthcare as we continue to provide exceptional medical care—from emergency and trauma services to inpatient care to outpatient follow-up and rehabilitation.

## **San Francisco General Hospital is where miracles happen.**

As we move into the future, hospital and emergency room visits, advanced diagnostics, acute care will all remain essential. We are ensuring care that takes *all* aspects of our community's health into account such as outreach, prevention and education; urgent care; in-hospital clinical care; diagnostic services; care coordination; spiritual and emotional support; and services beyond our own walls, in home and community settings.

## **San Francisco General Hospital is a teaching hospital.**

We partner with UCSF to train doctors and other health professionals. Our hospital is home to 20 research centers and labs that benefit patients worldwide. *US News & World Report* ranks UCSF 4th best nationally in research training and 5th best in primary care—the only medical school to rank in the top five in both categories. UCSF supports \$250 million in research grants conducted by 150 principal investigators.



## RESULTS THAT MATTER FOR OUR PATIENTS

**107,451**

**Patients Served**

**536,000**

**Outpatient visits**

**75,636**

**Medical and  
Psychiatric  
Emergency Visits**

**18,853**

**Urgent Care Visits**

**1,085**

**Babies Born**

**4,000**

**Trauma Activations**

**4,600**

**FTEs (2,700 City &  
County and 1,900  
UCSF)**

**598 licensed beds**

# SFGH IS UNIQUE

**Only** trauma center in San Francisco. SFGH lowers the risk of death by 20-25% compared to non-trauma centers

**Only** Psychiatric Emergency Services in San Francisco with nearly 7,000 annual encounters

**Largest** acute & rehabilitation hospital for psychiatric patients. SFGH provides 63 of the 81 adult inpatient psychiatric beds in San Francisco with over 2,000 admissions per year.

**Only** baby friendly hospital in San Francisco, certified by the World Health Organization, with an 85.3% in-hospital exclusive breastfeeding rate. This rate is one of the highest in California.

**High-performing** Stroke certification by The Joint Commission. There is a 100% success rate in delivering t-PA to patients presenting within the eligible timeframe.

**First** ACE (Acute Care for Elders) geriatric inpatient unit in California. The unit reduced readmissions for ACE patients from 10% to 6%.

**Innovative training** in the Orthopaedic Trauma Institute Surgical Training Facility. The facility is a state-of-the-art teaching facility dedicated to innovative medical, health and science workshops and has trained 1,500 physicians & medical personnel since 2009.

**Rapid** Video Medical Interpretation services in over 10 languages. There is improved timely interpreter access from an average wait of 30 minutes to under 1 minute.

**Advanced** San Francisco Injury Center and Wraparound Project, which has reduced violent injury recidivism from 33% to 11%.

**Pioneering** First Traumatic Brain Injury Program certified by The Joint Commission.

# SERVICES AT SFGH



## Acute Care

Patients admitted into acute care hospitals present complex medical issues. Typically, only the most critically ill patients remain in the hospital for more than a few days. Our goal is to manage the population's health across the care continuum, keeping patients healthy through preventive and primary care services, and *out* of acute care facilities. In FY14/15, our hospital decreased inpatient days by ensuring that the right place is providing the right care at the right time with the right quality and cost. This includes ensuring access to care outside of the hospital in outpatient settings. The decrease in inpatient days has increased value for our patients by ensuring they have access to ambulatory care centers, clinics, and online and/or telephonic services.



## Ambulatory Services

**The Adult Medical Center** provides comprehensive primary care services through its General Medicine Clinic and specialty services to persons over 18 years of age. Medical specialty services include: Cardiology, Chest, Dermatology, Diabetes, Endocrinology, Gastrointestinal , Hematology, Oncology, Renal, and Rheumatology.

**The Adult Surgery Centers** (3M and 4M) provide a full-range of ambulatory surgical specialties, where comprehensive consultation, surgical procedures and recovery are provided in the hospital setting. Surgical Specialty Services include: Breast, Foot Surgery, Hand Surgery, Neurology, Neurosurgery, Ophthalmology, Oral Surgery, Orthopedics, Otolaryngology, Plastic Surgery , Spine, Trauma Surgery, Urology, and Vascular Surgery.

**The Children's Health Center** provides culturally competent and sensitive medical services to children and young people up to the age of 21. It serves children requiring evaluation of health status, diagnosis and treatment of acute illness. Off-hours pediatric urgent care services are available. In addition to primary care services, specialty services include: Asthma, Nutrition, Cardiology, Dermatology, Neurology, and Urology.

**The Women's Health Center** provides general obstetrical and primary women's health care for women of adolescent to geriatric age. Specialty services includes Family Planning, Prenatal Education, and Teen Obstetrics programs.

**The Family Health Center** provides comprehensive primary care to family members of all ages, including culturally competent care for the diverse population of the community served by SFGH. Services include: Family therapy, Behavioral health services, Nutritional assessment and education, Pharmacist consultation, Prenatal care, Social services, and Well child care.

**The Positive Health Program** is a multidisciplinary service that provides specialized care to HIV-infected patients. The program delivers compassionate care with a focus on continuity and quality provided by a committed and expert staff. Research is focused to improve care, and maintain adequate resources for meeting the care demands of its service population.

# SERVICES AT SFGH

## Adult Urgent Care Service

The Adult Urgent Care Service provides evaluation and treatment to patients with non-emergent conditions. In the past, many of these patients would have been diagnosed and treated in the Emergency Department. However, the Urgent Care Center provides immediate attention for patients whose ailments don't rise to the level of an emergency. The clinic is open 7 days per week, including holidays, for 80 hours of service coverage.

We are focusing efforts in the inpatient arena on "preventable" hospitalizations for acute and chronic conditions, preventable readmissions, and emergency department and urgent care use. Patients who utilize Adult Urgent Care, instead of accessing primary care, have been linked to a primary care clinic. Primary Care Clinics offer same day appointments; ensuring patients receive the right care at the right time.

## Emergency Services

The SFGH Emergency Department (ED) is a 24-hour, 7-day a week service licensed by the State of California for comprehensive emergency services. The ED provides resuscitation care for the Level 1 Trauma Center and is the primary receiving facility for mass casualty events. In Fiscal Year 2014-2015, nearly 69,000 Emergency Department encounters occurred, of which 14% resulted in an admission.

## Psychiatry Emergency Services

Psychiatric Emergency services provides 24-hour, 7-day a week emergency assessment, stabilization and disposition for psychiatric patients. Last year, there were over 7,000 cases, of which 18% resulted in an acute inpatient admission.



# SERVICES AT SFGH



## Trauma Services

- Traumatic injuries are the leading cause of death for people under the age of 45. Those treated at trauma centers have a 25% higher survival rate compared with those seen in hospitals without those services, according to a New England Journal of Medicine study.
- A trauma center is a hospital that has additional resources and equipment to care for severely injured patients. The American College of Surgeons Committee on Trauma classifies trauma centers as Level I to Level IV. San Francisco General Hospital and Trauma Center, a verified Level I center, provides the highest level of trauma care. The necessary personnel, resources, services, equipment, and supplies are readily available 24 hours a day, 7 days per week, 365 days per year. This helps to ensure having the right care, at the right place, at the right time for seriously injured people.
- As San Francisco's only trauma center, SFGH provides comprehensive resuscitation, diagnosis, treatment and rehabilitation for complex injuries. Nearly 4000 adults and children were treated in Fiscal Year 2014-2015 for injuries requiring activation of a multi-disciplinary team of experienced surgeons, nurses, technicians and therapists.



## Diagnostic & Ancillary Services

- Admitting
- Biomedical Engineering
- Clinical Laboratories
- Education and Training
- Environmental Services
- Facilities Management
- Food and Nutrition
- Health and Safety
- Health Information System
- Human Resources
- Infection Control
- Information Systems
- Interpreter Services
- Materials Management
- Medical Staff Office
- Medical/Psychiatric Social Services
- Messengers
- Pharmaceutical
- Quality Management
- Radiology
- Rehabilitation
- Respiratory Therapy
- Risk Management
- Security
- Spiritual Care
- Telecommunications
- Utilization Management
- Volunteer Department



## 4A Skilled Nursing Care

- 30 bed short-term Medical/Surgical Skilled Nursing Unit provides short-term skilled nursing care for patients awaiting or recovering from a procedure, patients requiring aftercare that cannot be administered at home and patients awaiting placement. The average length of stay is 26 days.

# SERVICES AT SFGH

## **Academics and Research**

For more than 140 years, the University of California, San Francisco (UCSF) and SFGH have worked together to care for San Franciscans and advance healthcare worldwide. In accordance with the Affiliation Agreement, approximately 1,900 UCSF physicians and employees work side-by-side with San Francisco's Department of Public Health staff to treat patients, conduct research, and train medical, nursing, dental, pharmacy, and advanced science students. 32% of training for UCSF residents and 35% of training for UCSF medical students is conducted at SFGH. Because of UCSF's emphasis on teaching and research, the care provided at SFGH is often translated into improved health practices, protocols and policies - impacting San Franciscans and people throughout the world. With research laboratories in close proximity to clinics, UCSF faculty collaborate across disciplines and make discoveries that transform health worldwide. UCSF researchers at SFGH have pioneered HIV/AIDS care for more than 30 years, worked to address risk factors in vulnerable populations to improve health outcomes, and improved treatment for trauma patients in San Francisco's only Level I Trauma Center.

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



# SFGH FINANCIALS

	<i>FY 13-14</i>	<i>FY 14-15</i>
<b>Total Operating Revenues</b>	\$1,013,906,000	\$953,600,000
<b>Total Operating Expenses</b>	\$1,122,545,000	\$1,114,230,000
<b>General Fund</b> <i>*One-time expenses in FY1415</i>	\$108,639,000	\$160,630,000
<b>% of Total Operating Expenses</b>	11%	14%
<b>Salaries and Fringe Benefits</b> (included in total operating expenses)	\$424,622,000	\$452,670,000
<b>% of Total Operating Expenses</b>	38%	41%

<b>Payer Sources</b>	<b>Inpatient Days</b>		<b>Outpatient Days</b>	
	<i>FY 13-14</i>	<i>FY 14-15</i>	<i>FY 13-14</i>	<i>FY 14-15</i>
<b>Uninsured</b>	30%	7%	14%	11%
<b>Commercial</b>	3%	3%	1%	1%
<b>Medi-Cal</b>	42%	51%	42%	57%
<b>Medicare</b>	20%	24%	17%	20%
<b>Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)</b>	5%	15%	10%	11%



# SFGH By the Numbers

HIGHLIGHTS	2013-2014	2014-2015
Patients Served	106,065	107,451
Babies Born	1,123	1,085
Ambulatory visits	580,637	536,000
Medical Emergency Visits	70,000	68,592
Psychiatric Emergency Visits	6,900	7,040
Urgent Care Visits	25,281	18,853
Trauma Activations	3,200	4,000

WHO WE SERVE	2013-2014	2014-2015
<b>Gender</b>		
Female	49%	49%
Male	51%	51%
<b>Race</b>		
African American	16%	16%
Asian/Pac Islanders	24%	22%
Hispanics	31%	34%
Native American	1%	1%
Others/Unknown	5%	6%
White	23%	21%

AGE	2013-2014	2014-2015
Under 18	12%	13%
18-24	9%	9%
25-44	32%	32%
45-64	37%	35%
Over 64	10%	11%

4A SKILLED NURSING CARE	2013-2014	2014-2015
Average length of stay	19	26

ACUTE CARE SERVICES	2013-2014	2014-2015
Acute admissions	16,738	16,522
Acute psychiatric admissions	2,009	1,818
Acute patient days	91,458	89,012
Acute psychiatric days	19,206	16,022
Average daily census for medical/surgical services	207.4	200.4
Average bed occupancy of physical bed	86%	80%
Acute psychiatry average daily census	55	43.5
Average bed occupancy of physical bed	72%	55%

AMBULATORY SERVICES	2013-2014	2014-2015
Visits	580,637	536,000
Primary care	21%	20%
Specialty care	36%	44%
Non-admit emergency encounters	11%	12%
Urgent care	4%	4%
Diagnostic services	21%	20%

ADULT URGENT CARE SERVICES	2013-2014	2014-2015
Visits	25,281	18,853

EMERGENCY SERVICES	2013-2014	2014-2015
Visits	70,000	68,592
Visits resulted in admission	18%	14%

PSYCHIATRY EMERGENCY SERVICES	2013-2014	2014-2015
Visits	6,900	7,000
Visits resulted in an acute inpatient admission	26%	18%

### SFGH cares – the story of Ms. Ford

Ms. Ford came to SFGH 31 weeks pregnant, legally blind, and HIV positive. The care team obtained a urine sample and drew blood, then she left and disappeared for a month.

In the meantime, we got her test results back: she had a very high viral load and tested positive for cocaine. Her previous health records indicated she is bipolar with psychotic features, she'd had cryptococcal meningitis, which caused her blindness, is hypothyroid and had been hospitalized due a pulmonary embolism.

This was not going to be a low-risk pregnancy.

Every so often, Ms. Ford would come into the hospital for care and would allow us to monitor her baby and give her something to eat. We listened to her tell us about plans for her baby, her life, her relationship with God. Unfortunately, we came to learn that she was not taking her antiretrovirals, afraid to take them home and have others discover her HIV-positive status.

To keep her safe and guarantee the best outcome possible, we needed to find a way to engage her.

Over the course of Ms. Ford's visits, the Bay Area Perinatal AIDS Center (now called HIVE) became the core of her care team. An interdisciplinary team, including doctors, nurses, social work, and psychiatry was convened, along with the support of many outside agencies. Since our staff never knew when Ms. Ford would come, or for how long, we worked out a way to wrap care around her whenever she arrived.

When her fetus was found to show signs of significant issues, Ms. Ford agreed to be admitted, now comfortable with our staff and the hospital. After several days on an antiretroviral regimen, her viral load reached levels safe for a vaginal delivery, a strong preference for her.

Ms. Ford delivered a vigorous and HIV-negative baby boy.

Our staff worked with outside agencies to help find Ms. Ford housing, transportation and other necessary support. Since her discharge, she has diligently kept up with follow-up appointments to improve her own health, has been involved in the placement of her newborn with a family member and expresses a newfound happiness during her medical visits.

*Striving for **Perfect** Care, **Every** Time.*

# L LEADERSHIP SYSTEM

San Francisco General Hospital made a difference in Ms. Ford's life, and the life of her baby, through extraordinary teamwork and patient-centered care. SFGH's leadership team is committed to this type of perfect care, every time, for every patient.

To ensure this focus is embedded in our culture, SFGH understood that this new perspective on leadership requires a change in the way we behave as leaders and problem solvers.

Through continuous improvement efforts, SFGH developed and implemented a leadership system to ensure alignment of the organization's vision and strategy by: (1) creating a *True North* and a strategic plan, (2) developing a Daily Management System, and (3) promoting A3 thinking.

Below, outlines our approach to implementing a three-part leadership system.

## Creating a Strategic Plan and *True North*

The first focus of our leadership system is creating a strategic plan and *True North*. *True North* sets a direction for the organization to achieve its vision and fulfill our mission. Further, *True North* can be viewed as a mission statement, a reflection of the purpose of the organization, and the foundation of a strategic plan.

SFGH's *True North* is ensuring our goals and strategy align and focus with excellent patient care and supporting staff and providers in delivering a perfect care experience. Thus, the patient and community are at the top of the triangle in Figure 1.

Referring to the figure, the guiding vision, mission and values represent how we will serve our patients and community. Then, measurable goals known as *True North* metrics operationalize and align the work that we do to achieve our *True North*. These operational metrics include Safety, Quality, Care Experience, Developing People, and Financial Stewardship.

*True North* will keep us certain that any activity we are engaged in supports our delivery of the best patient care possible, and keeps us moving in the right direction as an organization.

Figure 1: *True North*



## Daily Management System

The next focus of the leadership system is the development of the Daily Management System (DMS). The DMS provides a roadmap for ensuring perfect care for every patient, every time. The DMS is the application of management tools that build leadership behaviors, and develop a culture of problem-solvers and a system of accountability. More specifically, these tools ensure the work is done in the right way and in the right time, in order to achieve our objectives.

The practice of these tools allows us to demonstrate behaviors that reflect our values of learning, improving, engaging and caring at SFGH. With those values in mind, SFGH implemented DMS in three units (operating room, medical/surgical unit, post-anesthesia care unit). These units are referred to as “model cells” and over time, will show the rest of the organization what good looks like.

### Why Build Model Cell?

Building a model cell is the best way to help the organization learn the tools, principles, and management system behaviors required for change. Additionally, a model cell shows the rest of the organization “what good looks like”. Then, the organization spreads the problem-solving thinking and lays the ground work for the next model cells that will solve other problems.

### DMS Tools to Sustain Improvement

To sustain improvement and align the organization to its goals, the model cells utilize the Daily Management tools, which include: the use of status sheets, daily departmental staff huddles, selection and empowerment of leadership teams, the use of scorecards, monthly performance reviews progress summaries.

With the use of these tools, these model cells have led to the implementation of over 25 improvement ideas tied directly to our *True North* metrics. One notable improvement work was the advancement

of the “Code blue” drills in 5D medical surgical. The “Code Blue” drills outlined protocols in how to deal with patients who rapidly decline through coordinated teamwork during acute life threatening changes. The drills provided a method to support all staff during a critical time in the unit. To sustain, the front-line nurses developed a code blue drill education module, which included a review of code blue policy and simulated code blue scenarios.

The improvement work directly aligns with True North Metrics in Quality (preventable mortality), Safety (Zero Harm), People (Developing Problem Solvers), Care Experience (patient satisfaction) and Financial Stewardship (Meeting Budget Goals).

These tools support staff engagement, while changing the culture of our organization to collaboratively problem solve, all with the goal of providing excellent care, every time.

## A3 Thinking Problem Solving

The front-line staff’s ability to understand root causes of problems and to make improvements is also an example of “A3 Thinking Problem Solving”.

Over the past 6 months, SFGH engaged in learning ways to identify and solve problems to better serve our patients. This method of problem solving is referred to as “A3 thinking”. It is the process of applying the scientific method and involving leaders and staff in identifying problems and applied problem solving. The A3 follows the PDSA, or Plan-Do-Study-Act model for improvement.

SFGH’s implementation of A3 thinking has included a series of 2-day teaching sessions, launched in January, 2015 with the participation of executive leadership and other staff members. Beginning in August 2015, we included directors, managers and physician leaders.

The A3 process keeps SFGH focused on solving the right problems, while making our progress visible to the entire team and the organization.

**“It really strengthens our ability to improve.”**

*- Director of Surgical Services*

# E XCELLENT PATIENT CARE

By developing and implementing a leadership system to change behaviors and ensure alignment of the organization's vision and strategy, SFGH was able to sustain improvements that were previously implemented to our nine value streams (departments).

## Value Streams and Lean Leadership

SFGH launched the value stream improvement work in 2012 and began using tools to plan workflows. Value Stream mapping is a method to understand a patient's path to treatment in order to improve services and minimize wait times. In each value stream, teams focused on workflow changes that center our patients.

In 2015, in the spirit of continuous improvement, SFGH began integrating the daily management system (DMS) and A3 thinking into these value streams in order to ensure perfect care every time, for every patient. Additionally, integrating the leadership system into our value streams allow alignment of our organizational goals. These value streams have implemented significant workflow improvement ideas and ensured changes continued to improve our patient experience. Our value streams include Urgent Care Center, Imaging, Outpatient Pharmacy, 3M Surgical Unit, Human Resources, and Food and Nutrition Services.

### Urgent Care Center

In the Urgent Care Center, we have implemented 49 new improvement ideas. This has reduced the time it takes a patient to receive urgent care services from 3 hours and 26 mins to one hour and 24 mins. This improves access to care by allowing patients to be seen and treated quickly. We were able to reduce unnecessary patient wait time by implementing patient appointment scheduling, implementing care team models and better defining roles and responsibilities for all members of the care team.



### Imaging

Imaging, formerly known as Radiology, has implemented 42 new improvement ideas. This work has helped reduce the wait time for inpatients to have imaging services from 27 hours to 19 hours. We have also improved the outpatient MRI appointment process so that 83% of patients are able to get a same-day study in a week. We were able to accomplish this improvement in access by implementing same day appointment scheduling. In addition, we have created a volunteer program for greeting patients and wayfinding. This has improved care experience for patients.

### Outpatient Pharmacy

Outpatient pharmacy has implemented 24 new ideas and reduced the wait time to refill a prescription from over 2 hours to less than 30 minutes. This means our patients get their medications faster! This was achieved predominantly through the creation of standards for work. Examples include: faxing medication orders, patient communication forms, "Rx Fix-It Slips," verbal orders and communication documentation.



### 3M Surgical Clinic

There have been 23 new improvement ideas implemented in the 3M surgical clinic. This has helped to reduce the time a patient is in the clinic for an appointment from 3 hours and 25 minutes to 49 minutes. We implemented a system in which medical assistants are assigned to specific exam rooms to assist providers as needed and facilitate flow. We also refined a same-day cancellation rescheduling tool. In addition to this, we implemented strategies such as a daily huddle to empower our team to solve problems and improve communication.

*"Service was great today. Quick to drop-off and pick-up and I even had time to run upstairs for an appointment and I was done in 60 minutes total."*

## Human Resources

Human Resources has accomplished a reduction for hiring time from 180 days to 90 days by implementing 9 major improvement ideas, and through the efforts of a dedicated team that created a website for prospective hires to complete hiring paperwork electronically. They also held trainings for hiring managers to learn how to process a request-to-hire packet and use the HR information management system. The HR team also held hiring fairs at local hospitals and community organizations to recruit nurses.



## Food and Nutrition Services

Food and Nutrition Services launched improvement efforts in May 2015. In this short period of time, they have implemented 5 new improvement ideas. These include better understanding the cook/chill and order-to-delivery processes. To improve the patient care experience, the team has implemented food tray enhancements, such as garnishes, condiments, meal printouts and additional fruit trays.

*“My prescription was ready early, before the time it was supposed to be ready.”*



P

# REPARING FOR THE FUTURE



## A NEW FLOW OF WORK

Hospital staff has been designing and envisioning the work we will do in new acute care hospital and trauma center. This new patient-centric workflow takes into account the facility's unique physical configuration – 90% private patient rooms, an increase in size of the Emergency Department and new equipment and services

## THE BEST IN PATIENT CARE



A new, seismically-safer and technologically more advanced hospital will be delivered to the city with a ribbon-cutting and dedication on November 21, 2015. Both the design and operation of this new facility put the patient at its center, with increases in capacity to lower patient wait times, floor designs to improve staff teamwork and clinical processes to improve staff-patient interaction.

The hospital will open for patient care in spring, 2016.



# WORKFLOW FOR EXCELLENT PATIENT CARE

SFGH will be moving into a new acute care facility in the spring of 2016. In order to prepare for the move, SFGH has implemented process re-design that will accommodate the new facility, private rooms, increased space of about 56,000 square footage, and additional emergency department rooms (from 26 to 58 private rooms). This design work creates ideal efficiency, quality, service delivery, and processes/flows that meet the patient's needs.



## Inpatient Services

Inpatient services made major progress in preparation for moving into the newly completed acute care and trauma center. The service has implemented 16 new improvement ideas to enhance the care delivery. For example, one improvement idea was redefining the roles, responsibilities, and competencies of a "Flex Nurse". By clearly outlining the role, the average time from the issuance of a discharge order to

actual discharge reduced by 32 minutes. Education and training assured safe and high quality care in the new Critical Care and Medical Surgical Nursing units.

In addition to this work, the inpatient team has designed a Flexible Acuity Model to meet patient needs in Med/Surg and ICU at the right level of care. This led to the creation of a Continuous Pulse Oximetry order set and workflow.

## Maternal Child Services

To create an environment that supports patient-centered care between a mother and newborn in the new hospital, Maternal Child Services has also implemented 16 new improvement ideas. This work includes the development of a nursing care model to enhance dyad (mother-baby) needs pre and post-partum. The mother and newborn are considered to be an inseparable dyad with the care of one influencing the care of the other; for example breastfeeding affects the mother, her newborn, bonding and attachment. In addition, the Maternal Child Services team has also designed an integrated rounding model to support team-based assessments.

By creating an environment that supports patient-centered care, including increasing time between mothers and babies, and improving the continuity of care and communication, Maternal Child Services is able to optimize flow and value to our patients in the new hospital.

## Surgical and Procedural Services

Surgical and Procedural Services implemented 52 improvement ideas. This work included improving workflow for surgeons and nurses to ensure they have what they need, when they need it for each patient's surgery. In the new hospital, all surgical services will be located on the same floor improving collaboration, patient flow, and coordination of services. This includes the co-location of Interventional Radiology and the Cardiac Cath Lab with the other operating rooms. Because the operating room relies heavily on other departments, like sterile processing (SPD), much improvement work was done collaboratively with SPD staff, promoting team work across the service line.

What do these improvements in the operating room mean for our patients?

In April 2014, patients needing cataract surgery had a 300 day wait. Through improvement work, led by multidisciplinary team, the number of patients receiving cataract surgery increased from 4 to 11 cases per block time. As a result, patients receive life-altering care in a much more timely fashion.

By improving the flow of services to provide high quality, efficient care in the new space, the team is able to provide seamless, coordinated care to our patients.

***“I’ve worked here for 25 years and this was the best week of my career.”***

-Nurse Anesthetist



## Emergency Services

In the new hospital, Emergency Service rooms will increase from 26 beds to 58 private rooms.

The Emergency Department (ED) has prepared for moving into the new acute care and trauma facility by implementing 31 new improvement ideas, including developing a team-based patient care model and incorporating a provider at triage. ED has also designed new patient-centered workflows for behavioral health and pediatric ED patients to establish roles and responsibilities for care team members. The team implemented daily staff huddles to better communicate and empower the front-line emergency department staff.

Notable improvements include expanding the capacity of emergency department and increasing the number of beds as well as increasing the number of intensive care unit (ICU) beds and combining the previously separate surgical and medical units into one ICU.

The goal is to develop a workflow design where serving the patients who arrive at the Emergency

Department is supported heavily by a well-tuned process.

## House-wide Improvements

In addition to department-specific efforts, improvements have been made hospital-wide. SFGH began using the 5S model (Sort, Set in Order, Shine, Standardize and Sustain), as it relates to workplace organization. The intent is to form a solid foundation upon which we can base drive for continuous improvement. It is a systematic and methodical approach allowing teams to organize our workplace in the safest and most efficient manner.

Phase 1 of this work occurred between November 2014 and May 2015, with the participation of units including the operating room, the intensive care unit and interventional radiology, and included the first 3 components of the 5S model. Phase 2 commenced in July 2015 and will continue through January 2016, focusing on the final 2 of the 5S model for each of the departments participating in Phase 1.

***“People feel great about being a part of the improvement work as a team!”***

-PACU Nurse Manager



# A NEW HOSPITAL TO PROVIDE PATIENT-CENTRIC CARE

## *Meet Our Community's Changing Needs*

Both the design and operation of this new facility put the patient at its very center, with increases in capacity to lower patient wait times, floor designs to improve staff teamwork, and clinical processes to improve staff-patient interaction. With the new hospital anticipated to open in spring 2016, we are able to meet our community's needs and provide patient-centric care.

### **Fulfilling a Promise**

Cognizant of two historically-large earthquakes, the Loma Prieta in 1989 and the Northridge in 1994, the California legislature passed a law in 1994 that required upgrading or replacing all the state's seismically unsound acute care hospitals. In 2008, with 84% of the vote, San Franciscans passed Proposition A, an \$887.4 million bond to build an earthquake-safe acute care and trauma facility at San Francisco General Hospital, to be completed and delivered to the city by the end of 2015.

Construction commenced soon after the bond's passage. The topping out ceremony, to commemorate placement of the final steel beam, was held in 2012. Work toward completing the hospital proceeded at a steady pace since and was completed in 2015.

The beautiful new hospital is 9 stories, over 450,000 square feet, will operate nearly 300 patient beds, provides more than double the emergency department capacity of the former facility and increases operating room capacity to 13. It also uses the most up-to-date medical and information

technology available to enhance the provision of patient care. Perhaps most importantly, given the hospital's genesis, it will greatly improve earthquake safety and disaster resiliency.

A ribbon-cutting ceremony, reflecting completion of the physical facility, took place on November 21, 2015, fulfilling SFGH's commitment to the city set forth in 2008's Proposition A.

### **Next Steps**

The building being completed and delivered, getting our new hospital licensed and ready for patient care is now our highest priority. As the construction phase ended, our attention turned toward ensuring the safe and effective delivery of patient services.

Our staff has the critical task of testing equipment and systems, including IT systems, and training and orienting 4,900 employees. While we have been at this work for some months, our efforts will accelerate as we approach the date of our licensing for occupancy by the California Department of Public Health. We are on track to open for full patient care in spring 2016.

# HONORING OUR PATIENTS

Providing high-quality patient care through workflow and improvement work is at the heart of San Francisco General Hospital. Our commitment to clinical excellence is not just one of our goals; it defines our culture and drives all we do. We are committed to placing patients first by creating distinctive experiences that result in the highest levels of patient satisfaction. It is our goal to provide our patients with respectful and compassionate care while providing an excellent environment for our community patients.

## *Excellent Environment for our Community Patients*

### **Wellness Center's Summer Fest**

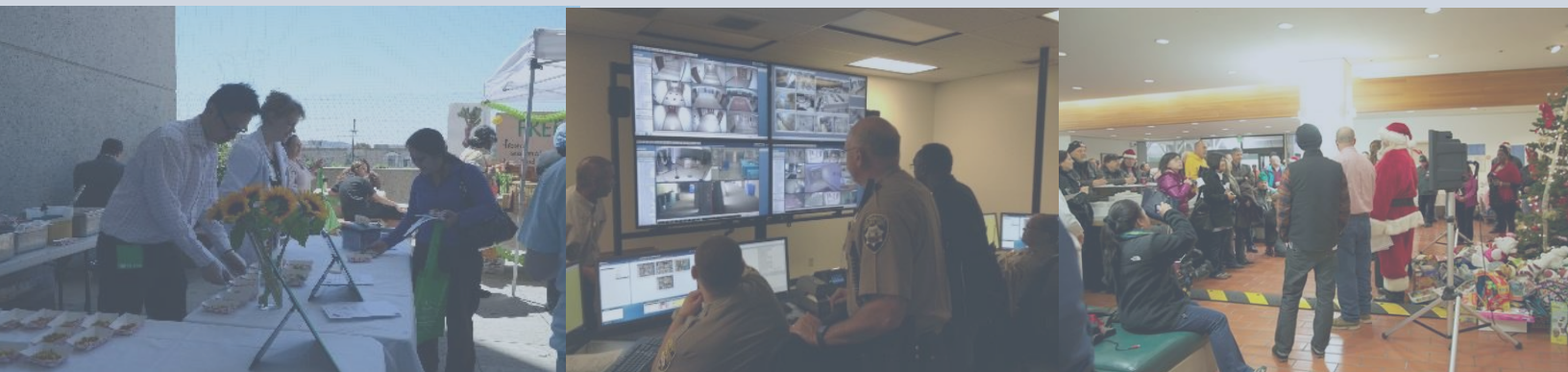
Each year, the Wellness Center hosts a fun day of health and wellness for our community patients. Key features of the day included a free farmer's market, kids' dance-a-thon, seedling giveaway, healthy food samplings for our Food Services Team, announcement of our new sugar-free beverage initiative and other wellness services for all.

### **Opening of Security of Operations Center**

San Francisco General Hospital celebrated the opening of its new Security Operations Center (SOC) on Thursday, July 9, 2015. Staffed 24-hours a day and outfitted with CCTV cameras monitoring all high risk areas, the SOC will provide timely security and law enforcement services to patients, visitors and staff of San Francisco General Hospital. The SOC will also operate as the dispatch and security call center for all Department of Public Health facilities.

### **Children's Holiday Party**

San Francisco General Hospital's Annual Children's Holiday Party has brought our community families and children together for holiday joy in a fun-filled environment. Gifts were donated from staff members as the hospital continues this tradition of bringing joy to our patients.



# FAMILY HEALTH CENTER'S INITIATIVE TO IMPROVE PATIENT-CLINICIAN EXPERIENCE

Family Health Center participated as a City Partner in an initiative funded by the Robert Wood Johnson Foundation called "Flip the Clinic". "Flip the Clinic" is an open experiment to transform the patient-clinician experience. It is where patients and health practitioners improve medical care, together. In the words of the organizers: "We want to identify new tools, technologies, and strategies that empower every member of the health care environment – patients, clinicians, caregivers, administrators, and community members – to be more informed, engaged, and better able to communicate about health care both inside and outside the

doctor's office."

The initiative includes day-long, collaborative workshops throughout the country with a diverse group of patients, clinicians, and other health care professionals to craft new ways to produce quality health care experiences. The first of these workshops was in San Francisco at the Presidio Observatory Deck on January 13. A team representing the Department of Family and Community Medicine and the Family Health Center attended and championed the concept of the Patient Advisory Board as a means of improving the health care experience.

## *Commitment to Patient Experience Initiatives*

### SPECIALTY CARE IMPROVEMENT

A key measure of the value we provide to our patients is time, and we're making tremendous progress on this performance indicator. The most recent data show that we've significantly reduced wait times in most of our Specialty Clinics, in some cases getting appointment wait times down to below 15 days. This is a marked improvement from when 180 days were routine for some specialties.

The following clinics with wait time of 15 days or less include: Bronchoscopy, Dermatological surgery, Endocrine, Gastroenterology, Gynecology – Dysplasia, Oncology, Optometry, Rheumatology

Orthopedic surgery – Hand, Sport, and Pediatric, Prenatal, Plastic surgery, Podiatry, Urology, Vascular surgery, Otolaryngology (ENT), and Pre-Op clinic.

Even better news, there are now plans in place to reduce the wait times for many other Specialty Clinics. Our goal is to have all clinics under 60 days by the opening of the new hospital next spring.

While more work is needed in this critical area, our approach represents a powerful and effective tool for beginning to address specialty care access in safety-net hospitals.

# CARE EXPERIENCE AT SFGH

First the surgeons, then the medical doctors told Mr. Nguyen that he had a hole in his intestine which would end his life that day unless he had an operation. From the beginning he said no. He did not want an operation. An 85 year old Vietnamese man, he lived alone in a Tenderloin hotel. His hearing was virtually absent. His eyes sparkled with life. To clarify his urgent condition doctors, nurses and students worked with an in-person Vietnamese interpreter, an energetic woman in her 40's. She warmed to the challenge of writing line by line in Vietnamese the questions we asked. Patiently we found a rhythm: ask a question – interpreter transcribes it to Vietnamese – Mr. Nguyen reads question then writes a response – interpreter reads aloud his response. Repeat.

Over the 2 hour exchange, as the writing progressed, we shared much silence. We learned that he emigrated from Vietnam in the summer of 1975, weeks after the last US helicopter lifted off in Saigon. No, he remembered no details of how he lost his leg, or his passage through refugee camps to the Tenderloin 35 years ago. He has no family. He wanted us to know he is a happy man. At 85 he declared his life was full. It did not need an operation to be complete. He understood he would die. We sat quietly, moved by his clarity. We agreed, writing –“Of course we will respect your wishes sir.” He smiled then softly speaking English for the first time, said “Thank you for listening. Thank you for respect.”

We made plans for hospice. Over the next 2 days, Mr. Nguyen continued to smile. He was hungry, so he ate. Each day he grew stronger. By the fourth day it was clear he would not be going to hospice. He wanted to go home, back to the Tenderloin. We changed plans. On his last day in the hospital, the student offered the last details about his follow-up appointments, reminding him we did not know how this would progress. He responded in English, “Thank you. I am a happy man.”

## **Respectful, compassionate care – each person, every time.**

Every day people like Mr. Nguyen meet caring people at SFGH, skilled in serving the needs of others with complex health needs and rich life experiences.

At SFGH people come first. The preparation of the new hospital highlights our focus on people. Nine out of 10 rooms are private spaces, bathed in natural light. There is room for family and guests to be comfortable. Art from local creators throughout the building and plaza brings tranquility, joyous color and reflective peace for our guests and our staff. We created a sacred space for healing, for learning, for recovery.

To enhance our culture of caring service to match the beauty of the new hospital, we are investing in the development of our staff. We know a high quality experience for staff in their workplace translates into safer, higher quality, compassionate care for patients. We also recognize that many of our patients live in parts of the city with historically poor health outcomes. Inviting in and responding to the voice from San Franciscans most affected in these areas will strengthen our mission.

As the only trauma hospital in the city and the main hospital for the San Francisco Health Network we have strong partnerships with providers in all the communities. We are committed to putting people first so each person, every time, experiences respectful, compassionate attention.



# PATIENT QUALITY AND SAFETY IS A KEY PART OF OUR *TRUE NORTH*

Our most important goal is to ensure safe care for all patients.

As part of the hospital strategic planning process this year, we developed a 12-month plan to achieve improvement in key quality and safety aspects of care, including:

- Reducing unexpected/preventable mortality in hospitalized patients
- Reducing instances of hospital acquired infections and conditions
- Reducing readmissions of our patients

## **Mortality**

We have decreased our overall inpatient mortality rate for the third year in a row. The mortality rate decreased from 2.11% to 1.79%, with the absolute number of deaths falling from 353 to 285. Several factors contributed to this reduction:

- We have reduced our rate of mortality due to sepsis, which has been the leading cause of death at SFGH, through targeted improvement in treatment led by a designated sepsis team
- We continue to maintain high levels of clinical performance for patients with trauma, stroke and acute myocardial infarction
- Our Clinical Documentation Integrity program has changed clinician documentation to more accurately reflect the health status of our patients and help us identify opportunities to improve clinical care

## **Hospital Acquired Conditions (HAC)**

Hospital acquired conditions (HAC) can prolong stays, negatively impact patient experience, and contribute to worsening health. From FY13/14 to FY14/15, overall cases of HACs declined by approximately 15%.

Ongoing data collected on HACs informs the improvement work of targeted teams working to reduce: falls, surgical site infections, C. difficile, venous thromboembolism, catheter associated urinary tract infections (CAUTI), central line infections, pressure ulcers, and ventilator associated pneumonia.

The incidence of catheter associated urinary tract infections (CAUTI), for example, saw a dramatic decrease over 2 years from 47 to 17; a 40% reduction. Improvements included:

- Adoption of a closed catheter system to decreased opportunities to introduce infection
- An analysis of the impact of transporting critical care patients on maintaining catheters safely without introducing infection
- Dramatically decreasing the number of catheter days – decreasing catheters is critical to reducing the infection rate.

Over the past year, 8 patient care units had monthly periods with 0 HACs. These units are celebrated and acknowledged with Patient Safety Hero Awards.



## Readmissions

The current 30 day readmission rate is 12.6%, which remains higher than our expectations and targets.

Our Care Transitions Task Force has taken on the challenge of reducing readmissions by improving the quality of transitions from the hospital to home. Since the task force formed three years ago, initiatives to improve transitions have included:

- Improved follow-up within 7 days of discharge from 34% to 48% through partnerships with primary care clinics and the SFGH Post-Discharge Bridge Clinic
- Real time readmission alerts for care

- providers
- Coordination of programs targeting the highest risk patients, including Complex Care Management, ED Case Management, and the Transitional Care Nurse program with involvement of pharmacists
- Use of a Discharge Bundle of care to assure all patients are prepared for follow up after discharge

Current efforts of the Care Transitions Task Force includes developing an improvement plan to target interventions based on data and input from stakeholders and care providers throughout the San Francisco Health Network.

*“The most important aspect of **True North** is keeping the patient at the center of all that we do.”*

# HONORING OUR STAFF

Our staff is at the heart San Francisco General Hospital's high-quality patient care. Every day and throughout the year, these dedicated staff go the extra mile in delivering vital and often lifesaving services. Their knowledge, skill and compassion help us fulfill our mission. San Francisco General Hospital ensures we take the time to recognize our staff.

## Healthcare Food Service Week

For the past 30 years, the first week of October is the time to recognize the integral role foodservice staff have in helping patients and employees of healthcare facilities stay well-nourished and healthy. Each month at SFGH, twenty-seven thousand meals are served with approximately 4500 meals having therapeutic modifications. Healthcare foodservice workers are an important part of delivering meals to meet specific dietary restrictions and ensuring customer service excellence.

## Patient Safety Awareness Week

Patient Safety Awareness Week, an annual education and awareness campaign for health care safety led by the National Patient Safety Foundation (NPSF). Each year, health care organizations around the globe take part promoting patient safety within their organizations.

In celebration of Patient Safety Awareness Week, SFGH is recognizing those individuals and teams who were recognized with a Patient Safety Hero award this past year. These included Unit 4B Nursing, Unit 5C Nursing, Unit 5D Nursing and Unit ^A Nursing. An Individual Patient Safety Hero Award went to Michael Beaudreau, Anesthesia Services.

## Materials Management Week

Resource and materials managers and supply chain professionals represent an integral role in the hospital setting by supporting quality patient safety and customer service. SFGH recognizes supply chain and materials managers who face the challenges and changes in the healthcare industry as we honor them for the role they play in delivering safe, high quality care throughout the healthcare industry.

## National Healthcare Environmental Services Week

This is a time when we celebrate the critical role environmental services plays in providing care to our patients and making all of our areas clean and welcoming. We recognize what SFGH's great team of Porters, Porter Supervisors, and EVS Leaders do every day of the year to make our campus safer and healthier. They really do make SFGH shine.

## Nursing Week

SFGH is proud to celebrate the role nurses play in delivering the highest level of quality care to their patients and their contributions in creating a patient-centered organization. We continue to celebrate and recognize their strong commitment, compassion and care.

## Pharmacy Week

During October, SFGH celebrates Pharmacy Staff for their dedication and energy in promoting exemplary pharmaceutical care at SFGH.

Pharmacy Week is also a time to ensure that consumers know how to take their medicines safely. SFGH Pharmacy Residents, along with a team from Respiratory Care, educate patients on the asthma, COPD, and medication use in the Hospital Lobby.

# IN THE SPOTLIGHT!



## **SFGH Pharmaceutical Service Successfully Completed Their First ASHP Pharmacy Resident Program Accreditation Survey**

The SFGH Pharmaceutical Service successfully completed their first American Society of Healthsystem Pharmacists (ASHP) Pharmacy Resident Program Accreditation Survey. The surveyors were very impressed with the Post-Graduate Year One (PGY1) Residency Program, aimed at enhancing general competencies in managing medication-use systems and supports optimal medication therapy outcomes for patients. The surveyors noted the robust structure and development. Interviews and interactions with the multidisciplinary teams during the survey reinforced the surveyor's positive regard that the program "leaves no gaps" in implementation.

## **2015 Heroes and Hearts Event**

The annual Heroes and Hearts Luncheon took place on February 12, 2015, attended by nearly 1,100 people. The event honors local heroes and artists while raising funds for the San Francisco General Hospital Foundation, all under a big tent at AT&T Park. This year's honorees were Dr. Diane Havlir, Chief of the Division of HIV/AIDS at SFGH and a world-renowned researcher in HIV treatment; Dr. Edgar Pierluissi, who established our Acute Care for the Elderly (ACE) Unit model and is the founding Medical Director of our ACE Unit; and Maya Vasquez, Nurse Manager for our Birth Center and who led SFGH's effort to become the first and only Baby Friendly hospital in San Francisco.

The Heroes and Hearts Luncheon was followed by the Hearts After Dark fundraiser event, which drew over 1,000 attendees for an evening of cocktails, hors d'oeuvres, music and dancing. By all accounts, it was a very fun, enjoyable and successful evening.

## **Sue Carlisle and Catherine Duran, Recipients of the Annual Holly Smith Award for Exceptional Service to the School of Medicine**

Two UCSF at SFGH staff, Vice Dean Sue Carlisle and Pediatrics Division Administrator Catherine Duran, were recipients of the Holly Smith Award for Exceptional Service to the School of Medicine. The Lloyd Holly Smith Award for Exceptional Service to the School of Medicine was established in 2000 to recognize exceptional career service that has resulted in broad and long-lasting benefit to the School of Medicine. The announcement was made by Bruce Wintroub, the Interim Dean at the UCSF School of Medicine, and his description of the two recipients is as followed:

Sue Carlisle, MD, PhD, vice dean at San Francisco General Hospital, is an ever-present advocate for UCSF's activities at what is considered one of the finest public hospitals in the US. Her steady leadership has ensured that the 140+ year partnership that ties SFGH with UCSF and the City of San Francisco has thrived despite profound shifts in the healthcare environment. Sue's vision, unflappability, collaborative spirit and sense of humor have contributed to a strong community at SFGH. The caliber of faculty at SFGH is in no small part due to Sue's tireless support of departmental recruitment efforts. Her most recent project – establishing a new research building on the SFGH campus – will ensure this tradition of excellence.

Catherine Duran, Pediatrics division administrator at SFGH, is passionate about our public mission. Cathy moves seamlessly between the Department of Public Health and UCSF systems and procedures and strives for excellence in every sphere of her work. The SFGH administrative staff frequently tap Cathy for her expertise and ask her to mentor and support new managers with their increasingly broad scope of responsibility. Cathy works in front of and behind the scenes with a can-do attitude to ensure work is done correctly and on time while also instituting changes to improve processes for the future.

# MAKING A DIFFERENCE

## Jeffrey Schmidt, Recipient of the Robert Lull Award

Jeff Schmidt, our Director of Clinical Operations, was chosen as the 2015 recipient of the Robert Lull Award!

This award was established by the SFGH Medicine Service in 2004 and was known as the SFGH non-Medicine Service Consultant of the Year Award to recognize a non-Medicine consultant for excellence in teaching and dedication to providing exceptional consultation to patient care on the Medicine Service at San Francisco General Hospital. In 2006, as a means of honoring an especially invaluable non-Medicine consultant, the award was named in memory of Robert Lull, MD of Nuclear Medicine.

The SFGH Medicine Education Committee solicits nominations from SFGH-based Medicine faculty and all Medicine residents for candidates whom they feel exemplify these qualities. Following is a comment received regarding Jeff:

*"Jeff is worth his weight in gold! He goes above and beyond to facilitate systems fixes in all areas of the hospital. He is incredibly calm and level-headed and seems to be able to clone himself to be everywhere in the hospital at the same time. He has helped many providers find expeditious solutions to seemingly intractable workflow issues—he keeps things running as smoothly as possible at SFGH and there's never been a question that he couldn't answer or direct us to the person who could."*

## Critchfield Conducted Session at the Beryl Institute 2015 Conference

Dr. Jeff Critchfield and physicians from New York Presbyterian Hospital and the American Academy on Communication in Healthcare, presented at the Beryl Institute 2015 Conference. Their presentation introduced a train-the-trainer approach implemented by 2 different healthcare systems to train and certify clinicians for the delivery of a daylong communication skills workshop. Whereas New York Presbyterian focused on physician trainers to facilitate workshops for physician-peers, SFGH included a range of professionals, both clinical and human resources-based, as trainers and workshop participants. The presenters shared training strategies to improve communication through the development of internal trainers.



# ON THE HORIZON

## **Achieving and maintaining excellence is an ongoing journey.**

As we look to the year ahead, the entire organization will work to sustain our accomplishments and achieve even higher levels of excellence for our patients.

The commitment to our values of learning, improving, engaging, and caring will become more ingrained in our culture. All the while, our staff, physicians, and volunteers will stay firmly focused on patient-centered care, as we fulfill our Mission of service to our patients and community.

# SAN FRANCISCO HEALTH COMMISSION

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

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

The objectives of the San Francisco General Hospital JCC are:

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

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

Dr. Chow is a practicing internist. He is Board Advisor to the Chinese Community Health Care Association and is the Senior Advisor for the Chinese Community Health Plan. He is also Treasurer of the Board of Directors of the Institute of Medical Quality, a subsidiary of the California Medical Association. Dr. Chow is currently the President of the San Francisco Health Commission and chairs the San Francisco General Hospital Joint Conference Committee. He is serving his seventh term on the Health Commission.

### **David J. Sánchez, Jr., Ph.D.**

Dr. Sanchez is Professor Emeritus at University of California, San Francisco. Dr. Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and Chair of the Laguna Honda Hospital Joint Conference Committee. He is a member of the San Francisco General Hospital Foundation Board. He has also served on the San Francisco Board of Education and the Community College Board, the San Francisco Police Commission, and is Trustee Emeritus of the San Francisco Foundation. He was appointed to the California Commission on Aging in 2013. He has served on the Health Commission since 1997.

### **David B. Singer, MBA**

David B. Singer is responsible for Maverick's Private Investments globally since 1994. Mr. Singer is a founder and former CEO of three healthcare companies: Affymetrix, Inc., Corcept Therapeutics, Inc., and Genesoft Pharmaceuticals. Mr. Singer currently serves on the boards of private and public companies in the fields of healthcare information technology, healthcare delivery, and biotechnology. Mr. Singer received a B.A. from Yale University and an M.B.A. from Stanford University. He was a Crown Fellow of the Aspen Institute and a member of the Rand Corporation's Health Advisory Board. He is currently a Sterling Fellow of Yale University, and a director of College Track. Commissioner Singer sits on the Finance and Planning Committee and the San Francisco General Hospital Joint Conference Committee. He was appointed to the Health Commission in 2013 and is currently the Vice-President of the Health Commission.

### **Mark Morewitz, MSW, is the Health Commission Executive Secretary**

# SAN FRANCISCO GENERAL HOSPITAL LEADERSHIP

## City and County of San Francisco, Health Commission

\*Edward A. Chow, M.D., President

Cecilia Chung

Judith Karshmer, Ph.D., PMHCNS-BC

David Pating, M.D.

\*David J. Sanchez, Jr., Ph.D.

\*David B. Singer, Vice President

Belle Taylor-McGhee

## Department of Public Health

Barbara A. Garcia., MPA, Director, Public Health

Colleen Chawla, Deputy Director, Public Health

Rachael Kagan, Director of Communications, Public Health

Bill Kim, Chief Information Officer, Public Health

Roland Pickens, Director, San Francisco Health Network

Greg Wagner, Chief Financial Officer, Public Health

Ron Weigelt, Director of Human Resources, Public Health

## SFGH Executive Staff

Sue Currin, Chief Executive Officer

Sue Carlisle, M.D., UCSF Vice Dean, SFGH

Andrew Brent, Chief Communications Officer

Jenna Bilinski, Kaizen Promotion Office Director

Max Bunuan, Associate Hospital Administrator for Facilities & Support Services

Margaret Damiano, Associate Dean of Administration, UCSF

Curt Denham, Associate Dean of Finance

Terry Dentoni, Chief Nursing Officer

Karen Hill, Departmental Personnel Officer HR/SFGH

Valerie Inouye, Chief Financial Officer

Shermineh Jafari, Associate Hospital Administrator

Aiyana Johnson, Associate Hospital Administrator/Chief Care Experience Officer

James Marks, M.D., Chief of Medical Staff

Todd May, M.D., Chief Medical Officer

Winona Mindolovich, Director, Information Systems

Iman Nazeeri-Simmons, Chief Operating Officer

Kimvan Nguyen, Director, Administrative Operations & Government Affairs

Basil Price, Director of Security

Terry Saltz, Rebuild Director

Baljeet Sangha, Associate Hospital Administrator

Troy Williams, Chief Quality Officer

David Woods, Chief Pharmacy Officer

## SFGH Medical Staff Leaders

Jeff Critchfield, M.D., Chief Medical Experience Officer and Medical Director, Risk Management

Lukejohn Day, M.D., Associate CMO for Specialty Care and Diagnostics

William Huen, M.D., Associate CMO for Quality, Lean Management & Strategic Deployment

Jenson Wong, M.D., Chief Medical Informatics Officer

## San Francisco General Hospital Foundation

Judith Guggenhime, Chair Connie Shanahan, President

Amanda Heier, Executive Director



Report can be found online at:  
[www.sfdph.org](http://www.sfdph.org)  
415.554.2500

This report was not reproduced at public expense.