

SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH



ANNUAL REPORT 2013-2014



OUR MISSION

The Mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

The San Francisco Department of Public Health Shall:

- **Assess and research the health of the community**
- **Develop and enforce healthy policy**
- **Prevent disease and injury**
- **Educate the public and train health care providers**
- **Provide quality, comprehensive, culturally-proficient health services**
- **Ensure equal access to all**

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M MESSAGE FROM THE DIRECTOR

I am pleased to present the San Francisco Department of Public Health's (SFDPH) Annual Report for Fiscal Year 2013/2014.

This fiscal year SFDPH completed the reorganization of our two major divisions, the San Francisco Health Network (SFHN) and the Population Health Division (PHD). The SFHN is San Francisco's only complete care system and includes primary care, dental care, emergency and trauma treatment, medical and surgical specialties, diagnostic testing, skilled nursing and rehabilitation, behavioral health services and jail health services. As our patients have more choices for medical care under the Affordable Care Act, it is important that SFHN becomes a provider of choice and SFDPH continues to strengthen our network to ensure our success in a changing health care environment. This year the SFHN created the Office of Managed Care and the Business Intelligence Unit to help the network improve its financial and operational efficiency.

The Population Health Division provides core public health services including health protection, health promotion, disease and injury prevention, and disaster preparedness and response. With the finalization of PHD's strategic plan this year, SFDPH is moving closer to achieving our goal of public health accreditation. The strategic plan demonstrates SFDPH's commitment to addressing our city's most pressing health needs and aligning health care services with the maintenance of health and wellness. Additionally, PHD's valuable experience with disease surveillance, chronic disease prevention, and health promotion, can also help us identify SFHN patients with emerging health needs and provide them with the education and care that they need to prevent illness and promote wellness in our hospital, clinics, and community.

To further cross-sectorial strategic collaboration between both Divisions, SFDPH launched a Black/African American Health Initiative (BAAHI) to address the significant disparities in health status and health outcomes disproportionately affecting the African American community. A department-wide collaboration spanning the SFHN and PHD, the BAAHI is focusing on four high-priority health areas: 1) heart health; 2) behavioral health; 3) women's health; and 4) sexual health.

The backbone of SFDPH is our Central Administration division, which includes Finance, Information Technology, Human Resources, Compliance, Communications, and Policy and Planning. These offices have been critical in providing support and facilitating the integration of our two divisions. For example, HR hiring improvements and reorganized IT support improves our operational efficiency so that we can meet the demands of a new health care environment.

I'm proud of our accomplishments this year. It is a testament to our skilled staff and dedicated community partners. My wholehearted thanks to them. I'm confident that SFDPH will be successful under the ACA and leverage the expertise within the Population Health Division to improve the health of our San Francisco Health Network patients.

Barbra A. Garcia, M.P.A.
Director of Health



M MESSAGE FROM THE HEALTH COMMISSION PRESIDENT

The Health Commission is proud that the San Francisco Department of Public Health continues to operate one of the finest public health systems in the country. This can only be accomplished through the leadership of our Director of Health, Barbara Garcia, and the hard work of its many dedicated employees that contribute to improving the health and wellness of all San Franciscans every day. We are also deeply appreciative of the generosity of the City, and the strong support of our Mayor and the Board of Supervisors for a healthy City. We also acknowledge the importance of the many productive partnerships between the SFDPH with other City Departments and our community partners.

During the year, the Health Commission worked closely with Director Garcia to oversee the SFDPH plans and activities related to implementation of the Affordable Care Act. An exciting component of these activities has been the development of the San Francisco Health Network, the City's only complete care system. The San Francisco Health Network integrates primary and specialty care for all ages, dentistry, emergency & trauma treatment, hospital services, skilled nursing & rehabilitation, and behavioral health services. Our partnership with UCSF at San Francisco General Hospital provides world-class health care services along with research and teaching as part of the Network. The Department also developed a systematic plan for public health initiatives to enhance the health of the community.

The Health Commission also continued to closely monitor the SFDPH budget and progress on SFDPH capital projects, including the San Francisco General Hospital Rebuild Project, which remains on time and within budget.

This year, the Health Commission, in partnership with the Planning Commission, gave final input for the Health Care Services Master Plan, a comprehensive document showing San Francisco's current and projected health care facility and service needs. The Plan was approved by the Board of Supervisors in December 2013 and requires that the Health Commission review certain proposed land use projects that fall under "Medical Use" sections of the Planning Code for consistency with the Health Care Services Master Plan.

This year, we also welcomed new Health Commissioner David Pating, MD, whose background in mental health and substance use treatment will greatly contribute to the Commission. The Health Commission also bid farewell to former President Sonia Melara, who had contributed greatly during her tenure as she left for the Police Commission.

In the coming year, we look forward to continuing to strengthen our San Francisco Health Network and to implement many of our public health initiatives to improve the health of our city.

Edward A. Chow, M.D.
Health Commission President

SAN FRANCISCO HEALTH COMMISSION

OVERVIEW

As SFDPH's governing and policy-making body, the San Francisco Health Commission is mandated by City and 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 full Health Commission meets on the first and third Tuesday of each month at 4:00 p.m. in Room 300 at 101 Grove Street. The Health Commission's committee structure consists of:

- The San Francisco General Hospital Joint Conference Committee
- The Laguna Honda Hospital Joint Conference Committee
- The Community and Public Health Committee
- The Finance and Planning Committee
- The Five-Year Budget Subcommittee of the Finance and Planning Committee

The Health Commission also has designated seats on the following bodies:

- San Francisco Health Plan Board of Directors
- San Francisco General Hospital Foundation Board of Directors
- San Francisco Public Health Foundation Board of Directors
- In-Home Supportive Services Public Authority Governing Board

HEALTH COMMISSION PROFILES

Edward A. Chow, M.D. President

Commissioner 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. Commissioner Chow currently chairs the San Francisco General Hospital Joint Conference Committee and is a member of the Finance and Planning Committee. He is serving his seventh term on the Health Commission.



Edward A Chow

David B. Singer, MBA, Vice-President

David B. Singer has been 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



David Singer

Planning Committee and the San Francisco General Hospital Joint Conference Committee. He was appointed to the Health Commission in 2013.

Cecilia Chung

Commissioner Chung is nationally recognized as a civil rights leader, advocating for HIV/AIDS awareness and care, LGBT equality, and prisoner rights. She is the former Deputy Director of the Transgender Law Center and has served on a number of planning bodies, which include the San Francisco HIV Health Services Planning Council, Transgender Community Advisory Board for UCSF TRANS and the Visioning Change Initiative of the California HIV/AIDS Research Program. She is currently President of the United States People Living with HIV Caucus. Commissioner Chung chairs the Finance and Planning Committee and is a member of the Laguna Honda Hospital Joint Conference Committee and the Community and Public Health Committee. She was appointed to the Health Commission in 2012.



Cecilia Chung

Judith Karshmer, Ph.D., PMHCNS-BC

Dr. Karshmer is the Dean of the School of Nursing & Health Professions at the University of San Francisco. Dr. Karshmer completed her undergraduate degree in nursing at the University of Iowa, graduate degree in advanced psychiatric-mental health nursing at Rutgers-The State University of New Jersey, masters in social psychology at the University of Massachusetts and PhD at New Mexico State University. She is the immediate past president of the California Association of Colleges of Nursing, member of the AACN- AONE Task Force on Academic-Practice Partnerships, and was recently elected as CCNE Commissioner, representing deans. Commissioner Karshmer was appointed to the Health Commission in 2013. She is a member of the Community and Public Health



Judith Karshmer

Committee and the Laguna Honda Hospital Joint Conference Committee.

David Pating, M.D.

David Pating, MD, is a psychiatrist and Chief of Addiction Medicine at Kaiser San Francisco Medical Center. He is an Assistant Clinical Professor at UCSF School of Medicine and site-director for the UCSF fellowship in Addiction Psychiatry. As a member of the Permanente Medical Group, Dr. Pating was regional chair of Addiction Medicine and chaired its Quality Improvement Committees. He has consulted to SAMHSA, the Medical Board of California, California's Department of Education, Administrative Offices of the Courts and 9th Circuit Court of Appeals. Dr. Pating is past-president of the California Society of Addiction Medicine; a member of the California Medical Association, California Psychiatric Association and American Society of Addiction Medicine; and an active board member of the California Hospital Association's Behavioral Health Board, California Public Protection and Physician Health, Inc., the California Institute of Behavioral Health Solutions, San Francisco Suicide Prevention and National Quality Forum's Behavioral Health Standing Committee. Currently, Pating is a Vice-chair of California's Mental Health Services Oversight and Accountability Commission (Proposition 63) and chairs the Mental Health Services Act Evaluation Committee.



David Pating, MD

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

Commissioner Sanchez is Professor Emeritus at University of California, San Francisco. Commissioner Sanchez is a member of the San Francisco General Hospital Joint Conference Committee and the Chair of the Laguna Honda Hospital Joint Conference Committee. He is a member of the San Francisco



David Sanchez

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.

Belle Taylor-McGhee

Commissioner Taylor-McGhee is a national leader in women's reproductive health, a public speaker, published writer, and an experienced non-profit executive director. Currently, Ms. Taylor-McGhee is a consultant



with JLM Management Group, a multi-disciplinary consulting firm specializing in strategic communications, media and public relations, and business development. Commissioner Taylor-McGhee chairs the Community and Public Health Committee and is a member of the Laguna Honda Hospital Joint Conference Committee and the Finance and Planning Committee. She was appointed to the Health Commission in 2012.

Mark Morewitz, MSW, is the Health Commission Executive Secretary

FISCAL YEAR 13/14 HEALTH COMMISSION RESOLUTIONS

- 13-08** Resolution Authorizing The Department of Public Health-Laguna Honda Hospital and Rehabilitation Center to Accept and Expend Retroactively a Gift of Cash Value of Up to Twenty-Five Thousand Dollars to the Laguna Honda Palliative and Hospice Fund from the Patricia L. Strong Trust
- 13-09** Resolution Supporting a Health Impact Assessment of Food Security for Residents of Single Occupancy Hotels
- 13-10** Resolution Recommending that the Board of Supervisors Adopt the Health Services Master Plan as an Official Plan of the City and County of San Francisco
- 13-11** Endorsing an Ordinance to Update the SF Health Code Article 38 Enhanced Ventilation Required for Urban Infill Sensitive Use Development in the Air Pollutant Exposure Zone, and Corresponding Director's Rules and Regulations
- 14-01** Resolution on Contract Contingency
- 14-02** Resolution In Support of Decreasing Sugary Beverage Consumption in the City and County of San Francisco
- 14-03** In Support of the Findings of the 2013 Universal Healthcare Council and Requesting Further Study of San Francisco's Uninsured and the Healthy San Francisco Program
- 14-04** In Support of the Long Term Care Integration Strategic Plan for San Francisco
- 14-05** In Support of Vision Zero and the Goal of Zero Traffic Deaths in San Francisco by 2020
- 14-06** Resolution in Support of the SFDPH Population and Health Division Strategic Plan

S FDPH PRIORITIES

DEPARTMENT PRIORITIES

In November 2011, the San Francisco Health Commission identified three budget priorities for the San Francisco Department of Public Health (SFDPH): 1) an Integrated Delivery System, 2) Public Health Accreditation (PHA), and 3) Operational and Financial Efficiency.

INTEGRATED DELIVERY SYSTEM

Advancing the San Francisco Health Network as a Provider of Choice

January 1st, 2014 marked a major milestone for the Affordable Care Act (ACA). As the requirement for most individuals to carry health insurance went into effect, new coverage options became available through the Medicaid expansion and the launch of online insurance marketplaces. The ACA's triple aim of better health for populations, better care for individuals, and lower per capita cost, has resulted in an increasing reliance on managed care. The United States healthcare system has often been characterized as complex, fragmented, costly, and of varied quality. Successful implementation of the ACA by health care providers will depend upon coordinated and integrated systems of care.

In October 2013, SFDPH reorganized its healthcare delivery system into the San Francisco Health Network (SFHN), the city's only complete system of care, as a step toward achieving the goal of a fully integrated delivery system. The Network's top goal is to improve the value of services provided to our patients, staff and all San Franciscans by delivering more efficient and coordinated care. The Network includes primary care for all ages, dentistry, emergency & trauma treatment, medical & surgical specialties, diagnostic testing, skilled nursing & rehabilitation, and behavioral health.

Successful implementation of our integrated delivery system relies heavily on outpatient or ambulatory care to ensure that individuals receive timely primary, specialty, and preventive care to avoid unnecessary hospitalizations. Created in December 2013, the SFHN Ambulatory Care Division includes

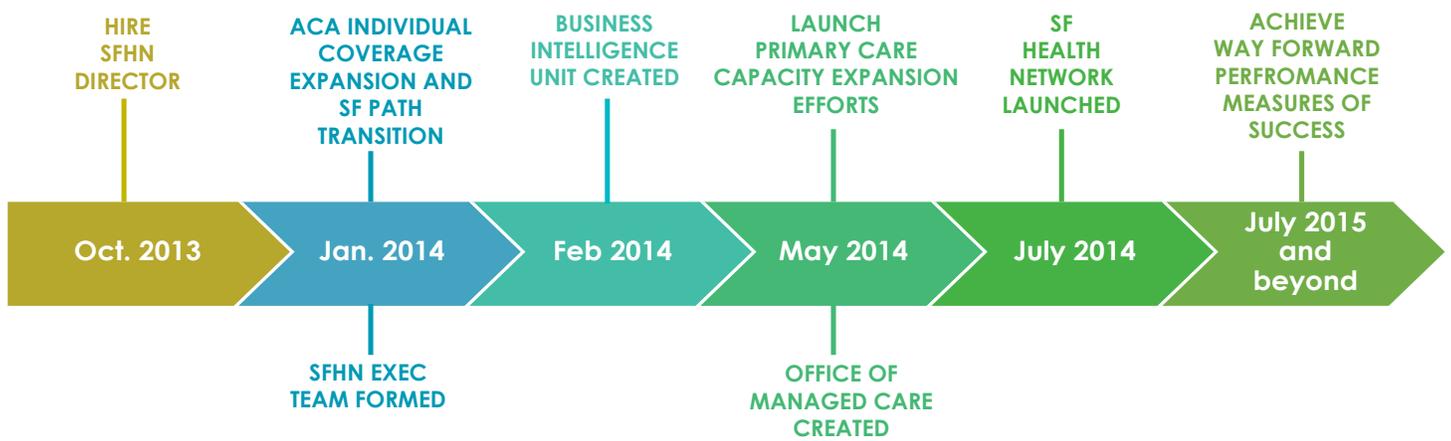
four sections: Behavioral Health Services, Jail Health Services, Maternal Child and Adolescent Health, and Primary Care. The SFHN Ambulatory Care Division works in a coordinated manner with other divisions of the Network – San Francisco General Hospital and Trauma Center (SFGH), Laguna Honda Hospital and Rehabilitation Center (LHH), Office of Managed Care, and Transitions – to integrate all ambulatory services and advance the Network's strategic goals:

- Achieve quality patient care and efficient service delivery through improved access, capacity, coordination and client flow
- Manage service and resource utilization and contracts
- Set performance accountability
- Strive for financial sustainability

In 2013/2014, the Ambulatory Care Division worked actively and collaboratively within and across SFHN divisions to organize a governance structure, consolidate a team of talented and dedicated leaders and staff, build a shared vision and alignment with Network priorities, and redesign and integrate its clinical programs. The division is also actively planning to create an Ambulatory Care Population Health Center to better serve all SFHN enrollees to improve their overall health status, optimize their utilization of appropriate services, and enhance their experience with the SFHN delivery system.

San Francisco Health Network also created two key offices, the Office of Managed Care and the Business Intelligence Unit, to improve financial and operational efficiency. The Office of Managed Care ensures our health care delivery system attracts and retains patients while the Business Intelligence Unit provides data support and intelligence to improve performance across the Network. To guide these efforts, SFHN developed Way Forward Performance Measures, which reflect the Network's goal of increasing the value of services to patients, the SFHN workforce, and residents of San Francisco.

Continuous improvement toward the Network's strategic position as a "provider of choice," going beyond being "provider of last resort", include key accomplishments for adapting to health reform. The following graphic illustrates SFHN's timeline in major accomplishments as well as future anticipated goals.



Between now and 2015, the San Francisco Health Network must focus on access to care, elimination of barriers to entry, patient experience, primary care medical homes, fiscal discipline, and care coordination to ensure that it is a provider of choice for patients with new health insurance options under the Affordable Care Act.

PUBLIC HEALTH ACCREDITATION

Improving Performance and Quality in Population Health

In July 2012, SFDPH's Population Health Division began the journey to accreditation (PHA). Public Health Accreditation (PHA) is a voluntary national accreditation program designed to improve and protect the health of the public by advancing the quality and performance of public health departments. There are three prerequisites to apply for PHA; completion of a Community Health Assessment, creation of a community-informed Community Health Improvement Plan, and development of a departmental Strategic Plan.

SFDPH completed its Community Health Assessment and the Community Health Improvement Plan in the last fiscal year. The Assessment involved extensive community engagement with stakeholders throughout San Francisco representing diverse sectors. The Community Health Improvement Plan is our citywide plan to protect and improve the health of all San Francisco residents, and is overseen by the San Francisco Health Improvement Partnership (SFHIP) – a citywide multidisciplinary health coalition.

Building on the values and priorities identified by community partners, SFDPH began the process of developing the strategic plan for population health. Completed this fiscal year, the Population Health Strategic Plan outlines what contributions

the health department will make to (1) advance the goals of the Community Health Improvement Plan, (2) deliver the ten essential public health services, and (3) become a community-centered, high reliability, high performance learning health organization.

The Population Health Strategic Plan was developed in two phases. Phase one was the redesign of the division formerly known as Population Health and Prevention (PHP) and the development of a strategic map. Input and feedback for this process was gathered from a number of stakeholders including SFDPH leadership, PHP Directors, and staff from across the division. The project relied on a number of mechanisms to elicit feedback, including focus groups on a wide range of topics such as workforce development, community engagement, and monitoring health outcomes. Additionally, the community was engaged through a series of neighborhood-based meetings, where the inspiring feedback and recommendations showed that SFDPH staff and city residents shared a bold vision for how to improve health and well-being in San Francisco.

Phase two of the strategic planning process focused on developing health indicators for the strategic plan. The indicators align with the goals identified in the CHIP and were expanded to focus our efforts on increasing health equity within populations that disproportionately experience disparities in health outcomes. While population health activities often focus on San Francisco's vulnerable populations, the ultimate goal is to ensure that all those who live, work, or visit here experience optimal health and wellness at every stage of life.

PHD chose to focus its strategic plan on local "winnable battles" that were selected through the CHIP and SFDPH-identified priorities based on morbidity (the level of disease in SF) and mortality

(deaths due to those conditions). However, PHD remains committed to its mission of providing all ten essential public health services and core public health functions.

The six focus areas for this strategic plan are:

-  Safe and Healthy Living Environments (CHIP)
-  Healthy Eating and Physical Activity (CHIP)
-  Black/African American Health
-  Mother, Child, & Adolescent Health
-  Health for people at risk or living with HIV
-  Access to Quality Care and Services (CHIP)

The strategic plan was approved and adopted by the San Francisco Health Commission on June 14, 2014; a copy of the accompanying resolution (14-7) and plan can be found on www.sfdph.org.

Operational and Financial Efficiency

Promoting ACA Enrollment and Expanding Capacity to Serve the Newly Insured and the Residually Uninsured

During the first half of FY 13/14, SFDPH focused internally and externally on maximizing enrollment of uninsured San Franciscans into new health insurance options available under the ACA. SFDPH's efforts, combined with the Department's ongoing efforts over the past few years, resulted in a successful start to full implementation of the ACA, as evidenced by enrollment trends in the second half of the fiscal year.

Covered California, the state's health insurance marketplace, held its first open enrollment between October 2013 and March 2014. SFDPH projected that of the 43,000 - 52,000 city residents eligible for subsidized coverage on Covered California, 29,000 - 44,000 would purchase plans through the marketplace. Actual Covered California enrollment met these expectations, as 33,366 San Franciscans enrolled in subsidized plans, and an additional 7,459 purchased full-price coverage.

Enrollment in Medi-Cal, the state's Medicaid program, is open year-round; and the program began covering the expansion population (most individuals and households earning below 138% of the federal poverty level) in January. SFDPH projected that of the 81,000 - 95,000 city residents eligible to enroll in Medi-Cal, 39,000 - 50,000 would enroll in calendar year 2014. The City is well on its way to exceeding these projections, as 32,314 San Franciscans eligible for the Medi-Cal expansion were enrolled by the end of June 2014.

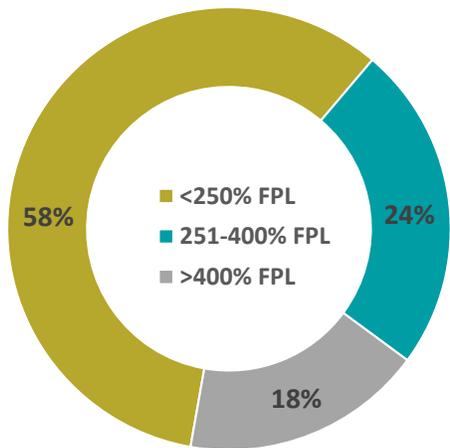
Part of the citywide success in ACA enrollment is owed to SFDPH's Healthy San Francisco (HSF) program for the uninsured. Through its participation in the state's Low Income Health Program, known as SFPATH in San Francisco, HSF automatically transitioned over 13,000 uninsured persons into Medi-Cal in January 2014. HSF can also be credited with reducing pent-up demand for health care services and increasing health literacy among the newly insured. Overall, HSF program participation declined by nearly 40%, from 52,000 in October 2013 to 32,000 at the end of June 2014.

Although enrollment into ACA coverage met or exceeded SFDPH projections for 2014, the Department expects to maintain its role as a safety net provider for the residually uninsured. This group includes persons who are not eligible for ACA coverage, as well as those who are eligible but do not enroll for a variety of reasons. SFDPH estimates that 30,000 - 50,000 San Franciscans could remain uninsured over the next fiscal year.

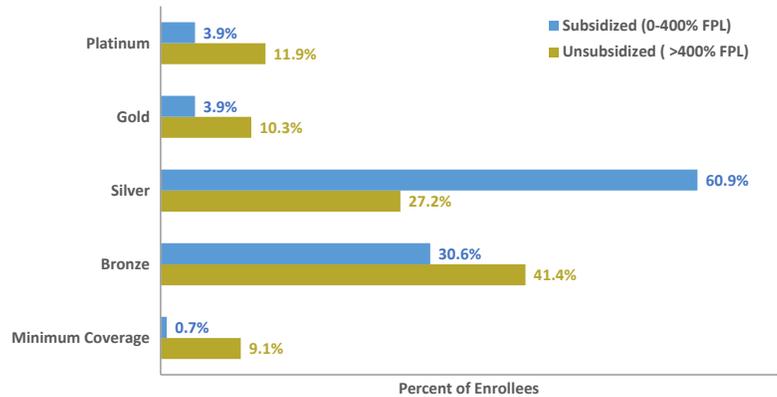
Healthy San Francisco Participation	
October 2013	52,000
June 2014	32,000

Citywide Enrollment in ACA Coverage (January 1 - June 30, 2014)	
Covered California	40,825
Medi-Cal Expansion	32,314

**Enrollee Income Profile
San Francisco | Open Enrollment 2014**



**Plan Selection by Subsidy Status
San Francisco | Open Enrollment 2014**



In FY13/14, SFDPH completed its Health Reform Readiness Assessment effort in conjunction with the Controller's Office and consultant Health Management Associates. The effort produced a comprehensive evaluation of SFDPH's financial outlook under the ACA and a strategy to strengthen its financial position over the next five years. Many elements of this strategy are currently being implemented, including development of a managed care function within the department, targeted clinical capacity enhancements to increase managed care revenues, and creation of financial tools for cost control and productivity measurement. The Health Reform Readiness Assessment also identified several opportunities to increase federal reimbursement for long-term care and primary care.

During the first six months of the implementation of the ACA (from January through June of 2014), nearly 20,000 additional SFDPH clients enrolled in Medi-Cal managed care. In FY13/14, SFDPH created the Office of Managed Care and added new staff. The Office of Managed Care is charged with negotiating and administering contracts for managed care programs, and plays a key role in bringing the San Francisco Health Network together through improved financial and operational coordination of SFDPH services.

Over the past year SFDPH has continued to expand the use of data-driven tools for financial management. To support SFHN's work, the Department created the Business Intelligence Unit (BIU), an analytical group charged with improving the department's use of clinical, financial, and operational data to improve patient care, improve revenue retention and growth, and streamline operations. The BIU continues to develop data reporting relevant to day-to-day management of the department, including cost management, clinical productivity, network patient flow, and managed care. In collaboration with the Controller's Office, the BIU is implementing a software tool to allow data to be widely accessed through a desktop application throughout the Department.

As previously noted, managed care is increasingly becoming the dominant model for health care delivery, making managed care revenues a critical source of funding for SFDPH programs and services.



FISCAL YEAR 13/14 HIGHLIGHTS BY DPH DIVISION

SF HEALTH NETWORK

LAGUNA HONDA HOSPITAL

Tobacco And Smoke-Free Campaign

After 18 months of preparation, Laguna Honda Hospital (LHH) became a tobacco and smoke-free campus on February 14, 2014. This landmark accomplishment is in alignment with smoke-free campaigns in health care settings nationwide. The transition involved a tremendous amount of planning, patience, commitment, innovation and hard work by the entire LHH community. More than 60 LHH residents have participated in ASH Kickers, the smoking cessation support groups led by Substance Abuse Treatment Services staff. In June 2013, at the onset of efforts, 78 residents self-identified as smokers, and as of July 2014, only 38 residents self-identified as smokers.



Laguna Honda goes smoke-free

Newly admitted residents are informed of the tobacco and smoke-free policy and sign an agreement that they will not smoke during their hospital stay. A multidisciplinary collaboration is piloting an early intervention program for new

residents with a recent history of smoking. The residents are assessed and offered smoking cessation support within 48 hours of admission.

All prospective and current LHH employees were informed of the expectation of 100% compliance with the Smoke and Tobacco Free Policy. Employees were encouraged to call the smoke-free campus phone line to report a smoking violation. Employees wanting to quit smoking were referred to smoke-free resources. There have been zero reports of staff smoking on campus since becoming a tobacco and smoke-free campus. Becoming a tobacco and smoke-free campus reflects LHH's strong commitment to improving the health and well-being of every member of the LHH community.

Medical Provider Sign Out System

Laguna Honda successfully uses an online medical provider sign out system, in addition to regular team meetings, to improve communication and patient safety during higher risk times of care transition during evenings, nights, weekends, and holidays. Disciplines using the system include: primary and covering providers, psychiatry, rehabilitation and nursing. Topics covered may include lab or radiology follow up, clinical re-evaluation, or any potentially unstable medical or psychiatric issues. The use of this system as fostered a collaborative learning environment, where providers discuss challenging cases and learn from each other's best practices. It has also created a partnership between medical and nursing providers who share information about patients who require the heightened focus of the Laguna Honda care providers at any given time.

"Got Vax?"

Laguna Honda's Infection Control, Pharmacy, and Nursing Departments led the "Got Vax?" campaign in the FY 13/14 flu season to encourage staff and residents to get vaccinated against influenza. The campaign resulted in 95% of employees receiving the flu vaccination. The remaining 5% were required to wear surgical masks during the flu season. Comparable to State and National averages for



SFGH rebuild

all nursing homes, 90% of long-stay, skilled nursing residents were appropriately given the flu vaccine. Three residents tested positive for flu compared to 11 residents in 2013. Less flu prophylaxis was needed and the facility's cost for Tamiflu decreased by \$38,000 from the previous flu season

SAN FRANCISCO GENERAL HOSPITAL

SFGH Rebuild Construction Progresses on Schedule

The rebuild of San Francisco General Hospital and Trauma Center continued to progress on schedule during FY 13/14. The building exterior of red brick and glass is complete. Exterior site work continues, including work on the main entrance, the courtyard between the existing and new buildings, and the rooftop garden, which will provide a place of respite for patients and staff with its views of the cityscape. Since the installation of internal mechanical and building systems last year, interior walls, floors, and ceilings, and built-in cabinetry have been installed and give definition to the patient care that will occur in the rooms. The hospital is designed for nearly 90% private, single occupancy rooms. All patient rooms have been designed with windows to provide natural sunlight into each room to support the overall healing aspect from exposure to natural sunlight. In addition, interior shades are designed to adjust automatically to maintain energy conservation.

Operational Readiness Planning and Transition

In 2013 a Transition Planning Steering Committee and six sub-committees launched and began

developing operational plans for the new hospital. In May 2014 a Transition Director was hired to work closely with the hospital's Kaizen Promotion Office to coordinate transition planning with workflows designed to improve overall clinical care and patient satisfaction. As the building construction nears substantial completion in mid-2015, and moveable equipment, such as beds and monitors, are placed in the rooms, the bulk of the Rebuild activities will shift toward ensuring staff are well oriented and systems are installed to support patient care services in the new building. Upgraded equipment and new systems, along with streamlined work processes, will enable patient care to be delivered more efficiently and effectively.

One of the goals for the new hospital is to create patient/ family focused care processes. With 40% of SFGH's patient population identified as having limited English proficiency, a pictorial wayfinding system is being devised to coincide with the new hospital's signage program. Technology will be a key feature in the new hospital. New communication systems and processes are being implemented to enhance access to medical interpretation services. Video conferencing capabilities with clinical experts at UCSF to support care delivery at the bedside are also envisioned.

Quality Improvement and Leadership Academy

The Quality Improvement and Leadership Academy (The Academy) is a 9-month training program focused on developing quality improvement leaders throughout San Francisco General Hospital and the San Francisco Department of Public Health. This year, 45 multidisciplinary staff, including physicians,



Quality Improvement and Leadership Academy

nurses, pharmacists, principal clerks, and population health specialists successfully completed the Quality Improvement and Leadership Academy to improve clinical care and operations across the San Francisco Department of Public Health (SFDPH). Their focuses included TB Clinic, African American Health Disparities, DPH Accreditation, Appointment Template Standardization, Nurse and Pharmacist Medication Refills, Catheter Associated Urinary Tract Infection (CAUTI) Prevention, Improve Care for Limited English Proficient Patients and Pain Management Improvement.

Academy teams have demonstrated early successes, including linking TB notification patients to primary care from a baseline of 57.1% in March 2014 to an impressive 86.7% in May 2014, with a goal of achieving 90% linkage by December 2014. The team also identified a plan for engaging primary care clinics in their screening program to assist with referrals and linking patients to primary care clinics throughout SFDPH. Similarly, the Pain Management team tested ways to improve post-operative pain scores by improving the order form template and initiating a pain ambassador program by recruiting over 10 front-line nurses to serve as pain ambassadors in their home units. The team aims to improve post-operative pain scores (score of 3 out of 10, or less) from a baseline of 37% to 80% by December 2014. As of June 2014, pain scores were at 47%.

The Academy was taught by leadership expert Ed O'Neal, formerly from the UCSF Center for Health Professions, and quality improvement faculty Iman Nazeeri-Simmons, MPH, Will Huen, MD MPH, and Dennise Rosas, MPH. Academy teams will sustain their work with support from their executive sponsors and engagement in organizational committees.

Community Engagement Committee

The Community Engagement Committee at San Francisco General Hospital serves as a vital link between the patient community and hospital. The Committee consists of 7 patient advisors, 1 community leader, and 7 hospital staff who meet monthly to represent the patients' perspective in the hospital's key strategic initiatives and decision-making process. The Committee also informs the community about the goals and objectives of the hospital.

This past year, the patient advisors played a key role in providing feedback on and participating in the

following projects:

- San Francisco Health Network patient portal
- Patient appointment letters
- SFGH Patient Handbook
- Hospital staff identification badges
- Furniture for the new hospital
- San Francisco Health Network website
- Lean Improvement work in the In-patient unit, Pharmacy, and Radiology



SFGH Community Engagement Committee

Pediatric Pedestrian Injury Prevention

San Francisco General Hospital (SFGH) is a designated Level 1 Trauma Center. In addition to having 24 hour in-house coverage of general surgeons and prompt availability of care in various specialties such as neurosurgery, emergency medicine, and critical care, SFGH is also a leader in trauma research, trauma education, and injury prevention.

The San Francisco Injury Center, funded by the Centers for Disease Control, is a multi-disciplinary collaboration of institutions, researchers, clinicians and advocates committed to trauma research and injury prevention. Based at SFGH, the Center has worked on injury control and has focused on a wide spectrum of trauma prevention efforts including pediatric pedestrian safety.

Pedestrian injury is one of the leading causes of pediatric deaths and injuries in the United States. Young children are often struck while crossing a road or between intersections, when playing on or around roadways near their homes, or while walking alone to school. It is estimated that 50% of children in first or

second grade walk to school unsupervised particularly in large inner city locations.

Dr. Margaret Knudson, Trauma Surgeon at SFGH and Principal Investigator of the San Francisco Injury Center, has led the development of a video interactive game called “Ace’s Adventure”. Ace’s Adventure is designed to teach young children about pedestrian safety. Coupled with a life size replica of the game, Ace’s Adventure provides an engaging and more effective method of educating school children about pedestrian safety. Children learn through a series of scenarios about crossing intersections at stoplights, not to run after balls that have rolled into the streets, signaling drivers who are backing up, and walking safely around motor vehicles.

The game and its simulated street setup have been demonstrated at two different elementary schools in San Francisco. The games were well received by the students, and one of the demonstration events was attended and endorsed by the San Francisco Mayor’s Office, members of the Board of Supervisors, both the police and fire departments, as well as the supervisor of schools.



Ace’s Adventure, Teaching Kids Pedestrian Safety

PRIMARY CARE

Patient Centered Medical Homes

As the foundation and entry point for patients and clients into the SFHN, Primary Care (PC) will integrate and transform all of its 15 health centers – four at SFGH and eleven community-based (formerly referred to as Community Oriented Primary Care)— into high-

functioning patient-centered medical homes. The network of PC health centers serves almost 70,000 unduplicated patients, the great majority of whom are economically disadvantaged, psychosocially and medically complex individuals, and have socioeconomic and cultural backgrounds that reflect the rich diversity of San Francisco.

As part of Primary Care’s ‘whole person’ approach to care, the medical home includes a range of services provided by a variety of health care professionals in addition to primary care providers (physicians and nurse practitioners): clinical pharmacists, nutritionists, optometrists, podiatrists, dentists, psychologists, social workers, and psychiatrists. In all clinical services, SFHN Primary Care emphasizes the following core principles: a) enhanced access, b) whole-person orientation, c) seamless coordination of care, d) superior safety and quality, e) robust team-based service models, f) responsible management of resources and finance, and g) development of an engaged and sustained Primary Care work force.

Since the establishment of the integrated SFHN Primary Care division in March 2014, its focus has been on the first core principle, which is access. Access improvement initiatives have led to dramatic reductions in wait times for new patients, access to same day appointments in the medical home for established patients, and enhanced access to care and appointments over the phone. Moreover, historical silos between primary care, behavioral health services, transition programs, SFGH, LHH, and even between hospital and community-based primary care clinics are evaluated to identify high-value opportunities for strategic integration and system accountability.

The primary care team also implemented a call center in order to effectively partner with Telephone Appointment Service (NPs) and Nurse Advice Line (RNs) in order to maximize internal resources and provide an appropriate level of care to patients. This partnership will build and manage relationships with primary care centers and other clinical services to be included in the call center at a later time.

Primary Care Panel Target Size

As part of the health reform readiness, SFHN has adopted a target primary care panel size of 1,350 patients per clinical FTE (full-time equivalent). Over the past year, Primary Care leadership has rigorously engaged clinic leadership, clinicians, and staff

to ensure this performance expectation is part of each clinic's roles and responsibilities. To achieve SFHN access and capacity priorities, Primary Care is implementing the following tactics: 1) simplify provider schedule templates, 2) standardize scheduling protocols and decision rules, 3) create telephone models for both nurse advice and nurse practitioner management of common problems, 4) align the Nurse Advice Line, the New Patient Appointment Unit and in the near future, the Centralized Call Center, 5) expand Nurse Orientation clinics for new patients, and 6) optimize provider productivity.



Nursing Leadership Academy

Nursing Leadership Academy (NLA) and Quality Improvement 101

Over the past year, Primary and Ambulatory Care leadership have invested time and resources to lay the groundwork for a quality improvement infrastructure that can fully engage all clinical staff, especially registered nurses and pharmacists, in the institutional priority of enhanced access to care. SFDPH developed and implemented two professional development programs for front line clinic staff and nurse leaders– Nursing Leadership Academy (NLA) and Quality Improvement 101 (QI 101).

Pre/post-training assessments have demonstrated increases in RNs' confidence and self-efficacy for all categories: their own ability to effect change and generate improvement ideas, teamwork, use of QI methods and data in improving patient care, and organizational savvy.

To help sustain and spread the work of the NLA and Quality Improvement 101 initiatives, SFHN Primary Care was recently awarded a Blue Shield of California Foundation – Expanding Access Through Team Care Project grant. Over the next year, this grant will provide funding and technical assistance support for SFHN diabetic patient referrals to RN and clinical pharmacist (PharmD) visits to coordinate individualized care plans. This project is focused on diabetes management to help build an infrastructure that will later support broader dissemination of RN/ PharmD led visits for other chronic conditions.

BEHAVIORAL HEALTH

Trauma Informed Systems Initiative

DPH recognizes that trauma and toxic stress are our number one health concern responsible for long-term, intractable effects that are transmitted across generations. The heavy impact of trauma on government agencies, non-profits and community programs can create organizational stress and fragmentation which impedes service delivery. In FY 13/14 DPH organized a Trauma Informed Systems Workgroup to explore a response to trauma with a comprehensive, Public Health approach and so was born the Trauma Informed Systems Initiative. A trauma informed system enhances the care of those it serves and the well-being of those that work within it by establishing common knowledge, shared language, and a foundation of principles: trauma understanding, safety and stability, cultural humility and responsiveness, compassion and dependability, collaboration and empowerment, and resilience and recovery.

Through a vetting process that included over 400 people within the DPH system and workgroup efforts, key goals of the Trauma Informed System Initiative were identified as: 1) developing a common understanding and shared language around trauma and its effects, 2) embedding system leaders and champions of change, and 3) supporting and maintaining change efforts through harnessing experts and community voices within our system. A critical, foundational step in achieving these goals is the mandated training of all 9,000 SFDPH employees over the next two years in the basics of trauma and principles of a trauma informed system starting in March 2014. As of November 2014, 1,483 people have completed the Trauma Informed System Initiative training from diverse divisions, disciplines, and roles across SFDPH.

The creation of a trauma informed system – one in which every staff member from clerk to clinician, facilities staff to administration is trained in trauma informed principles – is expected to enhance the well-being of our workforce and increase the effectiveness of the services delivered to our community. Over time, the expected impact is improved relationships, decreased stress and trauma, and increased achievement of goals both within our workforce and between our workforce and those we serve.

JAIL HEALTH

Office Based Induction Clinic

It is estimated that 12-15% of the inmate population has a history of heroin addiction, most of whom do not receive drug abuse treatment during incarceration or upon release from custody. As a consequence, re-addiction to heroin typically occurs within one month of release from incarceration, increasing the likelihood of death from overdose; HIV infection; hepatitis B and C infections; increased criminal activity; and re-incarceration. Buprenorphine, an opioid agonist has been found to be highly effective in reducing heroin use in the community and retaining patients in treatment and is being increasingly used in place of methadone.

In FY 13/14, Jail Health Services (JHS), in an effort to address opioid addiction, reduce the likelihood of re-incarceration, and improve health outcomes, began prescribing Buprenorphine to inmates for opiate maintenance. To ensure continuity of care upon release from custody, JHS partnered with the Department of Public Health's Office-Based Induction Clinic (OBIC) who agreed to continue providing Buprenorphine to these patients with the ultimate goal of transitioning their opiate replacement therapy to a primary care provider. All patients started on Buprenorphine in jail are provided information about and referred to OBIC for follow up care. Jail Health Services then tracks these patient's court dates so that OBIC can be notified when a patient is released from custody. Thus far, approximately 48% of patients prescribed Buprenorphine in jail have connected with OBIC upon release from custody for continued care. JHS and OBIC continue to work together to find ways to more effectively engage clients and improve outcomes

POPULATION HEALTH

Population Health Division (PHD) highlights reflect PHD's strategic plan focus areas selected from San Francisco's Community Health Improvement Plan (CHIP) as well as SFDPH- identified priorities based on local morbidity and mortality data. PHD's ultimate goal is to ensure that San Franciscans have optimal health and wellness at every stage of life.



FOCUS AREA: SAFE AND HEALTHY LIVING ENVIRONMENTS

Vision Zero

Vision Zero is San Francisco's policy and commitment to eliminate all traffic-related fatalities by 2024. The frequency of traffic fatalities in the City of San Francisco constitutes a public health crisis. Each year alone, on average at least 800 people are injured and 100 severely injured or killed while walking in San Francisco. Vulnerable populations—including seniors, low-income residents, and people of color—are at especially high risk of injury from a traffic-related incident. Vision Zero believes all traffic fatalities are preventable. Through its commitment to achieving Vision Zero, San Francisco prioritizes the value of human life and the importance of safeguarding people on our streets.

First put forth by the Board of Supervisors, the Vision Zero policy has been embraced by the City with several agencies formally adopting the policy, including SFDPH. San Francisco's Vision Zero approach relies on a combination of five focus areas: engineering measures, education, enforcement, evaluation and policy to create a transportation system that is safe for all road users, for all modes of transportation, in all communities, and for people of all ages and abilities. SFDPH is leading the implementation of the following Vision Zero strategies:

Citywide Vision Zero Task Force

- SFDPH co-chairs with the San Francisco Municipal Transportation Agency

Education Campaigns and Engagement and Advocacy

- SFDPH leads the Safe Routes to Schools Program, educating schoolchildren and their families about safe and active walking
- SFDPH partners with SFMTA on a citywide Pedestrian Safety Media Campaign
- SFDPH collaborates with community partners, including Walk San Francisco and the SF Bicycle

Coalition

- SFDPH administers community awards for safety initiatives on streets with high numbers of severe and fatal injuries.

Evaluation and Analysis

- SFDPH partners with other city agencies, including the SF Municipal Transportation Agency and the SF Police Department, to monitor progress regarding injury reduction targets, evaluate effectiveness of efforts including education, engineering, and enforcement initiatives and conduct analyses to inform data-driven, evidence-based investments.

SFDPH is leading initiatives to both expand surveillance, in partnership with the SF General Hospital and Trauma Center, and develop tools to institutionalize a data-driven approach to targeting traffic safety investments



Crash survivors, Board of Supervisors representatives, SFMTA Director Ed Reiskin, SFDPH Health Officer Tomas Aragon, and city agency staff hold the names of people killed in traffic deaths at City Hall. Photo credit: Walk San Francisco



FOCUS AREA: HEALTHY EATING AND PHYSICAL ACTIVITY

San Francisco's Healthy Retail Movement to make healthy food more accessible in food deserts, SFDPH's Community Health Equity and Promotion Branch partners with and staffs a number of healthy retail efforts through its chronic disease prevention program, Shape Up San Francisco.

HealthyRetailSF is San Francisco's Healthy Retail program, which was adopted in October 2013 through ordinance by the San Francisco Board of Supervisors. HealthyRetailSF builds on the work of two DPH-partner food access coalitions: SEFA (Southeast Food Access Coalition) and the Tenderloin Healthy Corner Store Coalition. These coalitions completed four corner store conversions: Lee's Food Mart, Fords

Grocery, and Kennedy's Market in the BVHP and Radman's in the Tenderloin and publicized "healthy standards assessments" of over 75 corner stores in annual shopping guides.

When working with retailers, HealthyRetailSF defines healthy retail, creates an expert advisory group, designs program structures and tools, and implements neighborhood wide outreach meetings with store owners. Each participating store receives a tailored 13 page Individualized Development Plan that outlines activities, timelines, who is responsible and budget in three areas: business operations, physical changes to the store, and community engagement and marketing.

Community Food Advocates called Food Guardians and Food Justice Leaders are a critical element of the model. HealthyRetailSF is staffed by CHEP and the Office of Economic and Workforce Development (OEWD) where it is housed. A total of nine stores are currently involved in healthy retail efforts in San Francisco with two more scheduled for next year. For detailed information please see the following websites:

www.HealthyRetailSF.org

www.SoutheastFoodAccess.org

www.HealthyTL.org



FOCUS AREA: BLACK/AFRICAN AMERICAN HEALTH

Black/African American Health Initiative

SFDPH leadership has recognized that in order to adequately address and make a significant impact on the health disparities among the Black/African American population in San Francisco, a focused and deliberate process must be prioritized across the Department and appropriate staffing and resources assigned to key strategic activities. Our vision will address health inequities in this population through a community-based approach, which aims to not only reduce cardiovascular disease but also to enhance community engagement around chronic disease, improve social connectedness, and improve quality of life.

Our campaign, known as "Healthy Hearts SF: Million Health @ Initiative Plus" incorporates additional focus on alcohol and diabetes to the national campaign in order to meet the health and cultural needs of San Francisco. The campaign focuses on primary prevention and management of the ABCDS – Aspirin when appropriate/Alcohol moderation, Blood pressure control, Cholesterol management, Diabetes management, and Smoking cessation. SFDPH's campaign framework is designed to identify,

improve and link community prevention resources to patients' primary care medical homes. By design, this community-based initiative connects with our healthcare-based Black/African American Health Initiative (BAAHI), which was launched by SFDPH leadership in April 2014.



FOCUS AREA: MOTHER, CHILD AND ADOLESCENT HEALTH

Pre-Term Birth Initiative

In June of 2014, UCSF received grant support from the Mark and Lynne Benioff and Bill and Melinda Gates Foundations to support a ten-year initiative to reduce the burden of preterm birth locally and globally. The Pre-term Birth Initiative (PTBi) will work in partnership with community stakeholders to develop robust discovery and implementation research programs, drawing expertise from disciplines across the UCSF campuses and key partners, including SFDPH.

Dr. Jonathan Fuchs, from the Population Health Division's Center for Learning & Innovation, and Drs. Mary Hansell and Curtis Chan from Maternal Child and Adolescent Health, were integrally involved in the development of the project plan; Dr. Chan serves on the PTBi's Executive Management Team and leads the local implementation science working group. The PTBi will examine how multi-sectorial partners can use Collective Impact to implement a wide range of promising strategies that aim to reduce racial/ethnic and socioeconomic disparities in preterm birth. In addition, the PTBi will support novel training and mentoring programs to attract "new minds" from academia and community settings as a way to cultivate the next generation of leaders focused on prematurity.



FOCUS AREA: HEALTH FOR PEOPLE AT RISK OR LIVING WITH HIV

PrEP Demonstration Project

The PrEP Demonstration Project is a collaboration between BridgeHIV and the San Francisco City Clinic and is one of the first demonstration projects of pre exposure prophylaxis (PrEP) in real-world clinical settings. The project is evaluating the implementation of PrEP in STD clinics in San Francisco and Miami, and a community health center in Washington DC. Participants are offered up to 12 months of Truvada®, a daily anti-HIV pill demonstrated to prevent HIV infection in at-risk men and women and recently approved by the United States Food and Drug Administration for HIV prevention. Preliminary results

from the Demonstration Project suggest high levels of interest and demand for PrEP among men who have sex with men (MSM) when offered as part of a comprehensive HIV prevention program. This project has completed enrollment with 300 participants initiating PrEP in San Francisco, and over 250 in Miami and DC. Early data suggest high levels of adherence to PrEP (taking the medication regularly), which is important for maximizing the protective benefits of PrEP. Final results, including data on sexual behaviors while taking PrEP and retention in the program, will be available in 2015.

Center for Learning and Innovations Awarded National Capacity Building Assistance Grant

SFDPH's Center for Learning and Innovations (CLI) is enthusiastically getting our Capacity Building Assistance (CBA) program underway after receiving a grant from the Centers for Disease Control and Prevention (CDC) in April 2014. The five-year, five million dollar grant will allow us to build a robust program that provides training and technical assistance to health departments across the country in high-impact HIV prevention under the following specialties: HIV testing, HIV prevention for high-risk negatives, and policy. Leveraging the wealth of expertise across SFDPH's PHD, CBA efforts include forming a team of over 30 experts who will provide customized training and assistance to health departments. Additionally, CBA will explore innovative ways of delivering training and technical assistance and of convening health departments for meaningful discussions on HIV prevention.

Members of the CBA cohort—Jonathan Fuchs, Gary Najarian, Thomas Knoble and Mehroz Baig—attended a CDC orientation in Atlanta in late August, where they had the opportunity to meet with CDC leadership and other grantee organizations. They shared San Francisco's vision for high-impact HIV prevention and learned of the expertise and eagerness with which others are tackling HIV prevention. PHD is thrilled about the partnerships and collaborations this grant will inspire and excited to share best practices from San Francisco with the rest of the nation.

PUBLIC HEALTH NETWORK INFORMATION EXCHANGE

The Public Health Network Information Exchange (PHNIX) is an integrated Public Health Information System that will facilitate client management and the collection and use of reportable communicable disease information in San Francisco. Through integration and harmonization of our communicable disease data, PHD will maximize our collective

resources to improve the management of those with and at risk for communicable disease.

An integrated data system will strengthen San Francisco's current population health continuum of prevention, care, and treatment by creating a unified system to identify and monitor disease trends and conduct public health action. Specifically, the PHNIX project will achieve:

1. City-wide integration of case-management, surveillance, and prevention and control activities for all communicable diseases;
2. Sharing of public health data so that it may be used in planning, implementation, and evaluation of public health activities;
3. Effective and efficient utilization of data (including EHR and laboratory data) for public health action;
4. Improving the collection of information on integrated services supported through DPH and community efforts.

To date, PHD has completed a number of significant project milestones thanks to the hard work of our subject matter experts who are working diligently with our consultants from DARE Global Innovations, SSG, and Consilience Software.

CENTRAL ADMINISTRATION

INFORMATION TECHNOLOGY

In FY 13/14, two goals central to the Information Technology (IT) Division were:

- To provide services to DPH more efficiently at a lower cost to the City, and
- To strategically align the IT division with the needs of the Department.

In order to meet the first goal, DPH IT collaborated extensively with the Department of Technology (DTIS) to develop an IT hardware infrastructure to host mission critical systems. The first applications to benefit from this collaboration were:

- Avatar, the electronic health record system that supports Behavioral Health Services and serves 25,000 clients across San Francisco, and
- PHINX, the Population Health Division's new integrated IT platform for surveillance, public health action, and preventative services.

By leveraging the infrastructure provided by DTIS, the City will pay an estimated \$150,000 per year to host these systems, or 10% of the cost of hosting with an external partner. IT also made significant progress over the year in

aligning IT to the strategic goals of the Department. Re-organization into service towers that work across Department divisions continued to increase the effectiveness and coordination of IT's service delivery and incident response. Planning for a Program Management Office in FY 13/14 prepared IT to assure that new projects are successfully completed and integrated in the Department's operations.

In the short-term, these efforts are delivering services to the Department with increased efficiency, and in some cases at a significantly decreased cost. In the longer term, they will aid in standardization to decrease time and resources needed to implement new technologies. DPH IT is proud to be laying the groundwork for innovation.

HUMAN RESOURCES

Lean Improvements

At the start of the year the City and County of San Francisco implemented a new PeopleSoft based solution for use in hiring. Many past practices were stopped and staff worked hard to learn the new system. In October 2012, the SFDPH Director of Human Resources resigned and in May of 2013, a new Director was hired, and a gap analysis was done in preparation for the implementation of the Affordable Care Act. At that time, the challenges facing the Department included several union arbitration awards that were having a negative impact on hiring, a budget deficit which had slowed hiring, and a lack of standard practices across the department. By the end of the fiscal year the resolution of the arbitrations was near completion, the budget deficit had been resolved, and the human resources unit began to reorganize and address the surge in hiring being created by the resolution of the deficit and preparation for the Affordable Care Act. During the gap analysis it became clear that hiring systems were not efficient or effective, and discussion for a lean process improvement process were initiated.

Lean is a continuous process improvement method which allows management to identify outdated processes and implement performance solutions. As a large public organization, SFDPH is bound by Civil Service rules, union rules, and layers of process which have built up over decades. Lean will allow SFDPH to identify layers of process and eliminate many of them, taking the best ideas from every level of the organization and achieving an environment of everyday innovation. Lean provides a new lens for looking at systems that have not been critically analyzed in decades.

OFFICE OF POLICY AND PLANNING

Universal Health Care Council

On July 25, 2013, Mayor Lee asked Director of Health Barbara Garcia to reconstitute the Universal Healthcare Council (UHC) to engage stakeholders in a data-driven process to examine San Francisco's implementation of the federal Affordable Care Act (ACA) and its integration with the City's Health Care Security Ordinance (HCSO). The HCSO imposes an Employer Spending Requirement, which requires some employers to make health care expenditures on behalf of their San Francisco employees, and establishes a public health benefit program that includes Healthy San Francisco, a health care access program for the uninsured.

The Office of Policy and Planning staffed the reconstituted 41-member UHC which reviewed in-depth analyses of the ACA, the HCSO, and the impact of these laws on individuals and employers in San Francisco. Council members held an open dialogue to share views and concerns, and collected suggestions for final submission to the Mayor in this report.

Two key findings emerged during the UHC's deliberations:

- The HCSO remains intact alongside the ACA. While the ACA's insurance market reforms remove one option for compliance with the HCSO (the medical stand-alone health reimbursement account), the HCSO itself remains intact. This means that for the large majority of San Francisco employers covered by the HCSO, the ACA does not present hurdles to compliance with either law.
- Potential affordability concerns remain for some. Due to the high cost of living and doing business in San Francisco compared to other places in the state and the nation, the UHC identified a number of categories of people or entities (particular populations of individuals, certain types of employers, and the City public health system) that may face affordability concerns beginning in 2014.

The suggestions offered by the UHC were also incorporated into amendments to the HCSO and eligibility changes for Healthy San Francisco. For more information about the Council and stakeholder process, please visit: <https://www.sfdph.org/dph/comupg/knowlcol/uhc/default.asp>

CARE Task Force

In his 2014 State of the City Address, Mayor Edwin M. Lee observed that "While we have the strongest social safety net in the nation, we still have far... too many people unable to make the choices they need to save their own lives because of severe mental health and substance abuse problems." In an effort to ensure recovery and success for this population, Mayor Lee tasked the San Francisco Department of Public Health (SFDPH), with convening a community process to determine how to engage and maintain in appropriate behavioral health treatment adults who have a serious mental illness – and often a co-occurring substance use disorder – that current programs have failed to successfully treat or adequately engage.

The Office of Policy and Planning staffed the CARE Task Force, a 21-member advisory body charged with developing a range of policy and programmatic recommendations designed to better serve those residents with the most challenging behavioral health needs. The CARE Task Force was comprised of a broad range of stakeholders and organized around the goals that form the group's name: Contact, Assess, Recover, and Ensure Success (CARE). The CARE Task Force concluded its work by developing a series of policy and programmatic recommendations for consideration as follows:

- Family Member Involvement and Support: Expand opportunities for family members to connect loved ones to care; be involved, as appropriate, in treatment; and receive education and support.
- Peer Specialists: Increase the use of peer specialists to engage members of the CARE population and retain them in appropriate treatment.
- Policy Change: Advocate for policy change to ensure engagement, recovery, and success for the CARE population.
- Create New and Expand Existing Programs: Create new and expand existing programs to ensure that individuals are adequately engaged and placed in the least restrictive, most appropriate levels of care that promote recovery, skill-building, and independent living.
- Health Information Sharing and Coordination: Facilitate the sharing of information to better engage and treat the CARE population using a multidisciplinary, collaborative, and coordinated approach.

For more information about the CARE Task Force and stakeholder process, please visit: <https://www.sfdph.org>

FINANCE

Financial Planning for the new San Francisco General Hospital

In 2016, DPH will open the new San Francisco General Hospital, a seismically safe, state-of-the art acute care hospital and trauma center. During FY 13/14, the department undertook a major financial planning effort for the new facility. This work included development of an operating budget for the new hospital, creation of a budget and financing plan for the facility's furniture, fixtures and equipment, a financial plan for the transition between facilities, and continued financial oversight of the \$887.4 million general obligation bond program approved by San Francisco voters in 2008. The project remains on target to complete construction within budget.

FISCAL YEAR 2013/2014 BY THE NUMBERS

PERFORMANCE MEASURES

SFDPH is collecting data on performance measures, which are reported to the Mayor's Office and address the quality of care provided to SFDPH clients. These measures help to identify areas for improvement to ensure all individuals who access health services from SFDPH are receiving the best possible care.

Performance Measure	FY 12/13 Number/Percent	FY 13/14 Number/Percent	FY 13/14 Target
Timely Access to Care/Services			
SFDPH clients testing HIV+ who are successfully linked to medical care	77%	79.5%	75%
Percent of environmental health complaints abated within 30 days	76%	90.5%	80%
Percent of active SFHN Primary Care patients who called our Nurse Advice Line and needed urgent care who were given a same day or next day appointment	NA*	57%	NA*
30-Day Hospital Readmissions			
30-day readmission – all causes	13.5%	13%	10.9%
Client/Patient Satisfaction			
Percent of Healthy San Francisco participant complaints resolved within 60 days	100%	100%	85%
Percent of SFGH patients who reported YES, they would definitely recommend the hospital	61%	62%	80%
SFGH client overall rating of care (9 or 10 on scale of 1-10)	60%	61%	80%
SFGH client rating of positive ("always") communication with nurses	65%	66%	80%
SFGH client rating of positive ("always") communication with doctors	72%	72%	80%
Clinical Measures/Outcomes			
Women who are active patients in SFHN Primary Care who are up to date with their mammogram	NA*	72%	NA*
Active SFHN Primary Care patients who smoke who were given smoking cessation counselling or referral	NA*	51%	NA*
Percent of SFGH heart attack patients who required and received angioplasty within 90 minutes of arrival	93%	100%	100%
Active SFHN Primary Care patients who have hypertension or diabetes whose blood pressure is under control	NA*	61%	NA*
Number of substance abuse clients in treatment in CBHS programs	7,687	7,451	NA*

*This is a new measure for FY 13/14 and does not have a FY 12/13 value or FY 13/14 target

ACTIVITIES TO IMPROVE PERFORMANCE MEASURES BELOW TARGET

Primary Care	
Hypertension – Blood Pressure Control	<ul style="list-style-type: none"> • Development of clinical protocols and training to support expansion of RN and Clinical Pharmacists role in optimizing blood pressure control • Collaborating with San Francisco Health Plan on patient engagement activities to encourage patients to come in for regular blood pressure checks
Smoking Cessation Counseling/Referral	<ul style="list-style-type: none"> • Training of Primary Care Behavioral Health staff in motivational interviewing for use in their one-on-one work with patients • Development of guide to community and on-line resources to which patients interested in smoking cessation can be referred
Mammogram Screening	<ul style="list-style-type: none"> • Intensive work over the last year with Avon Breast Center/SFGH Radiology on access improvement initiatives targeting most difficult-to-reach patients (i.e. eye vans, drop-in appointments, health fairs) • Panel management in which patients overdue for their mammograms are invited into care
Urgent Care Appointment Access	<ul style="list-style-type: none"> • Development of a weekly "Access Dashboard" which shows timely access-related data and targets, with the expectations that all clinics are making system changes in order to meet targets • Implementing use of standardized appointment templates to ensure adequate supply of open same day and next day appointments for patients with urgent needs • Establishment of a Telephone Access Provider service whose trained Nurse Practitioners provide care for chronic problems over the phone
San Francisco General Hospital	
Client/Patient Satisfaction	<ul style="list-style-type: none"> • Conducting patient experience rounds to gather real-time feedback from patients and address concerns • Involving patients in hospital improvement work through the Community Engagement Committee. • Dissemination of badge buddy ID's for all licensed and certified providers. The badge buddies are worn with the hospital ID badge and provide clear identification of roles. For example: Doctor, Nurse-RN, Respiratory, Interpreter, etc. • Establishment of the SFHN Care Experience Advisory Council. • Training of providers in "Relationship Centered Care" Communication.

PATIENT INTERACTIONS AND DEMOGRAPHICS

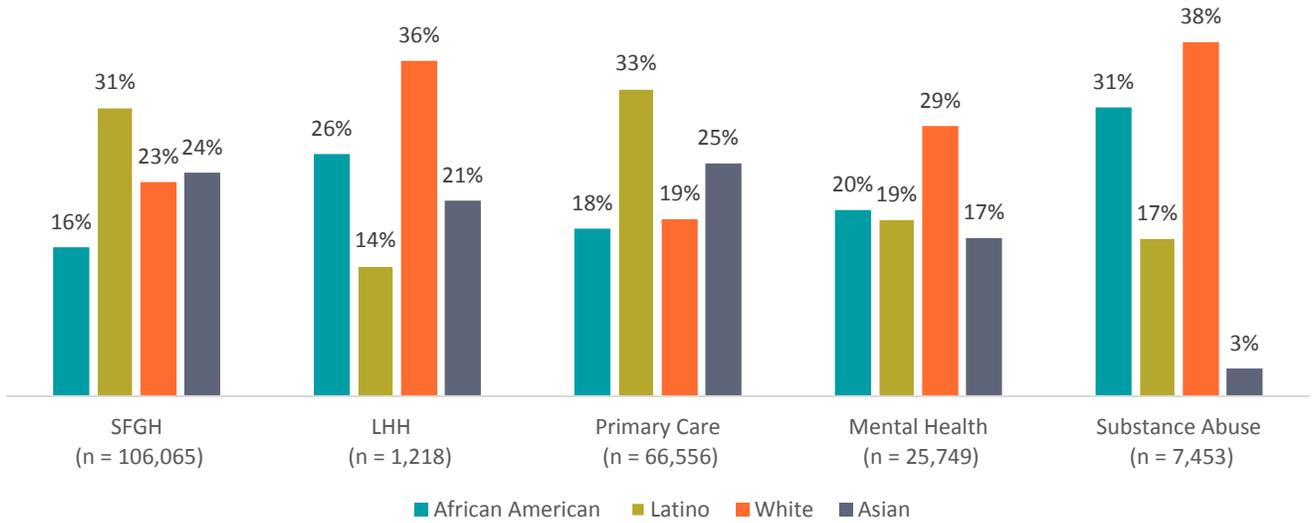
San Francisco Health Network provides a wide array of services across its continuum of care. San Francisco Health Network's direct service providers consist of San Francisco General Hospital (SFGH), which includes the Behavioral Health Center (BHC); Laguna Honda Hospital (LHH); Primary Care (PC); Health at Home (HAH); and Jail Health Services. Major service components include primary care, specialty care, acute care, home health care, long-term care, and emergency care.

The following table summarizes data from SFGH, LHH, and PC. Please note that Women's Health Center activities are counted under Specialty Care.

Encounter Type	FY 12/13 Number/Percent of Encounters	FY 13/14 Number/Percent of Encounters
Primary Care	270,499	274,471
Specialty Care	235,252	228,501
Dental Care	11,994	14,146
Urgent Care	28,176	25,281
Emergency Encounters	77,628	74,713
Medical Encounters	70,783	67,737
Percent Admitted	20%	18%
Psychiatric Encounters	6,845	6,976
Percent Admitted	33%	26%
Encounters Requiring Trauma Center Services Activations	3,188	3,647
Diagnostic and Ancillary	222,882	225,756
Acute Inpatient	96,858	93,425
Actual Days at SFGH	95,636	91,458
Actual Days at LHH	1,222	967
Home Health Care Visits	19,098	18,872
Skilled Nursing Care	312,850	299,174
Actual Days at SFGH	7,326	7,662
Actual Days at BHC	28,272	16,384
Actual Days at LHH	277,216	275,128

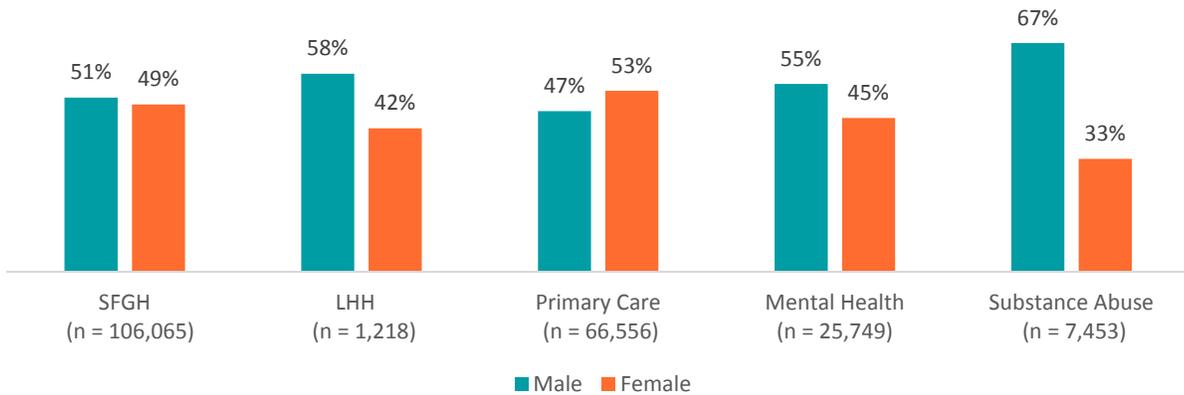
PATIENT INTERACTIONS AND DEMOGRAPHICS (Continued)

SF Health Network Patients by Race/Ethnicity

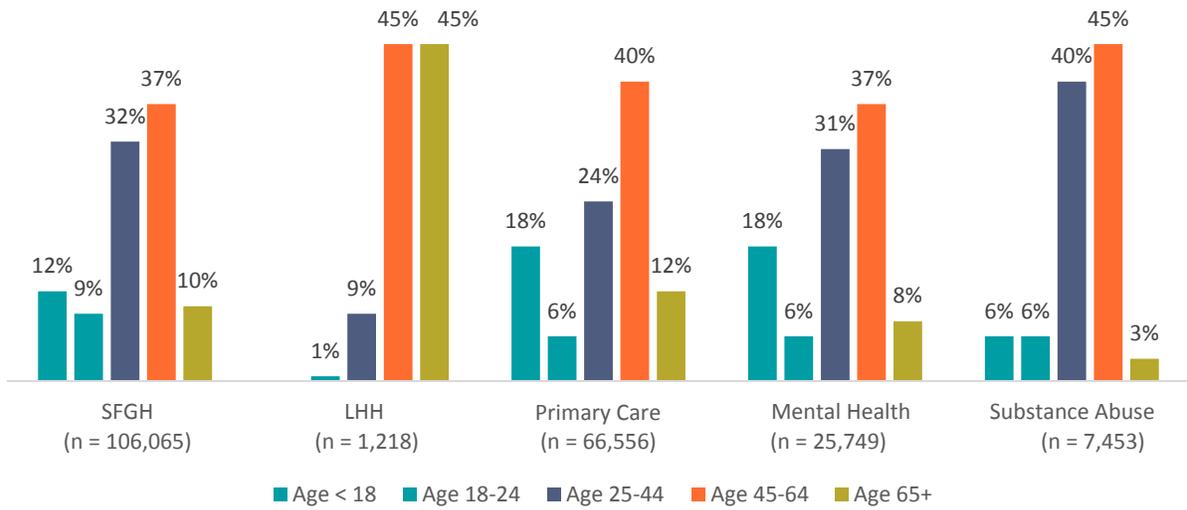


Data not shown: Native Americans comprise approximately 1% of the population served in all health systems above. Race/ethnicity data is unknown for 2-5% of patients served.

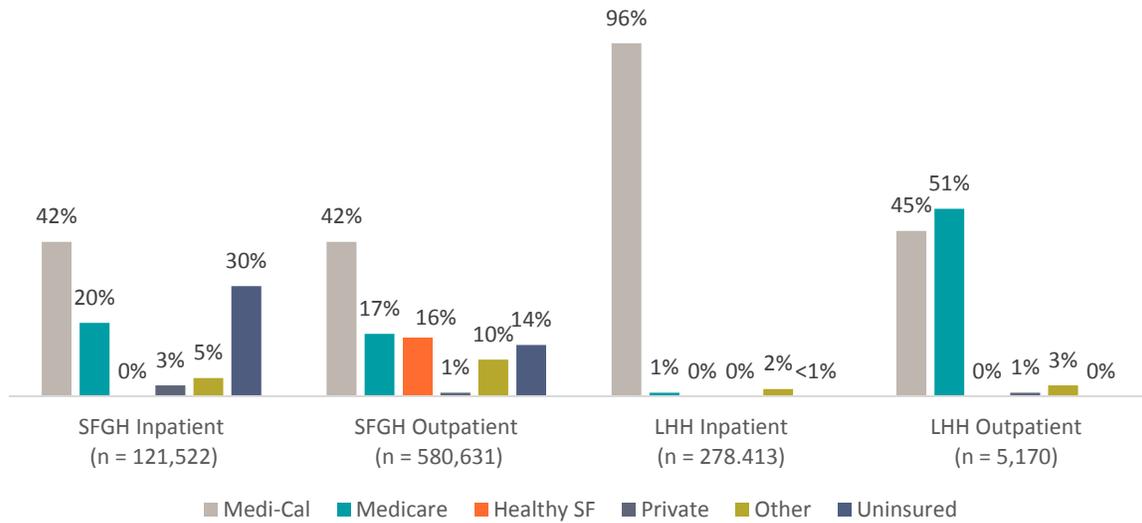
SF Health Network Patients by Gender



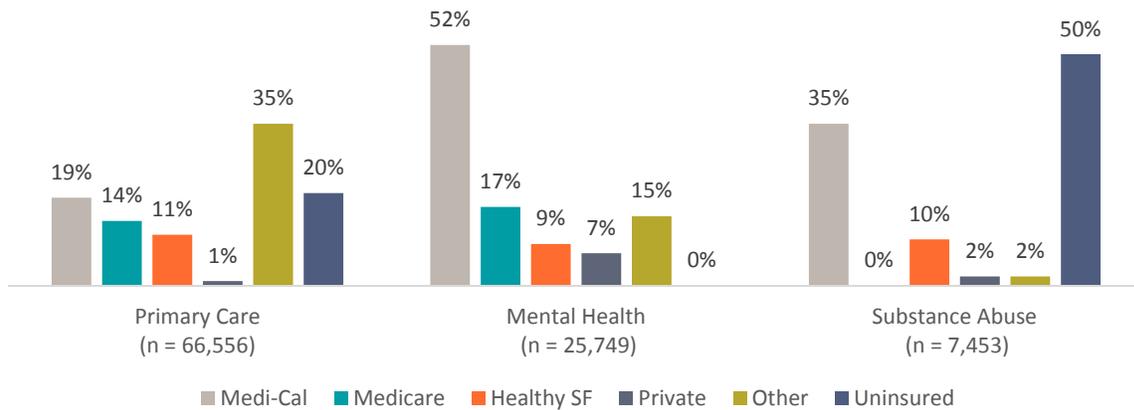
SF Health Network Patients by Age



SF Health Network Hospital Outpatient Encounters and Inpatient Days by Payer Source



SF Health Network Primary Care and Behavioral Health Encounters by Payer Source



Behavioral Health (BH) relies on a network of civil service and contracted providers to offer high-quality services to BH mental health and substance abuse clients. The tables below indicate the number of BH mental health and substance abuse clients served by contractors vs. civil service providers in FY 13/14.

BH Substance Abuse Clients Served	
Provider	Unduplicated Client Count
Contract Providers	7,453
Civil Service Providers ²	NA
TOTAL UNDUPLICATED CLIENTS	7,453

BH Mental Health Clients Served		
Provider	Duplicated Client Count ¹	Unduplicated Client Count
Contract Providers	24,149	16,001
Civil Service Providers (Incl. SFGH)	17,436	13,916
TOTAL UNDUPLICATED CLIENTS		25,749

¹ Clients may be seen by multiple contract agencies and by both contract and civil service providers. The duplicated client count gives a sense of client activity whereas the unduplicated count indicates the number of unique clients seen by contract and civil service counts.

² There are no civil service substance abuse programs in CBHS.

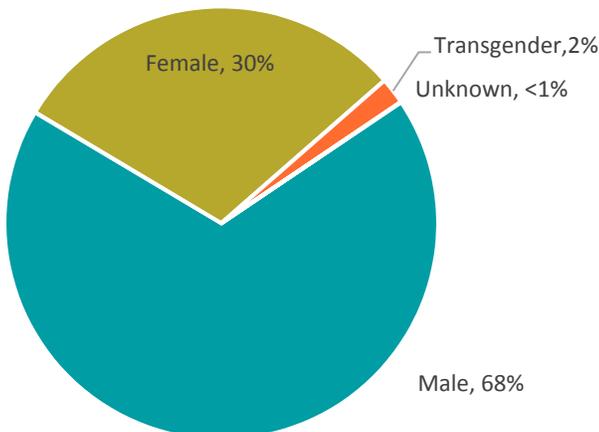
HIV PREVENTION

For more than 20 years, SFPDPH's HIV Prevention Section has partnered with community members and local organizations to design and deliver effective HIV prevention services. Services include HIV prevention and support groups, HIV prevention services for HIV+ people (Prevention with Positives), HIV testing, substance use treatment and support (e.g., syringe access and disposal programs), and support for those letting their partners know that they may have been exposed to HIV. All services provided by HIV Prevention are funded by the Centers for Disease Control and Prevention, the California State Office of AIDS, and the San Francisco General Fund.

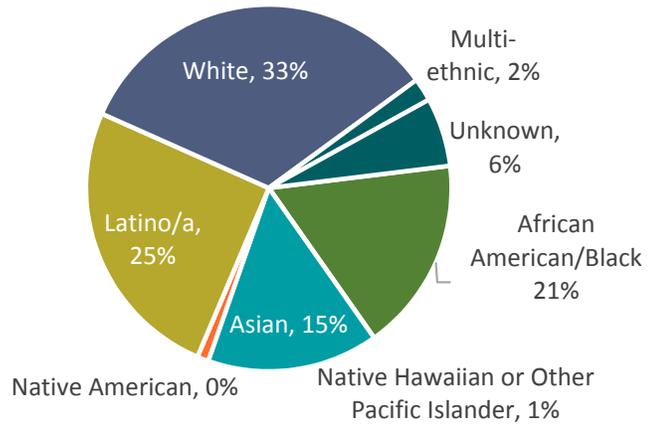
Through the provision of such services, HIV Prevention hopes to reduce the rate of new HIV infections by 50 percent by 2017. Specifically, HIV Prevention hopes to

- Reduce new HIV infections among men who have sex with men (MSM) by 50 percent,
- Reduce new HIV infections among transgender persons by 50 percent,
- Eliminate new infections among injection drug users (IDU), and
- Eliminate perinatal (mother-to-child) infections.

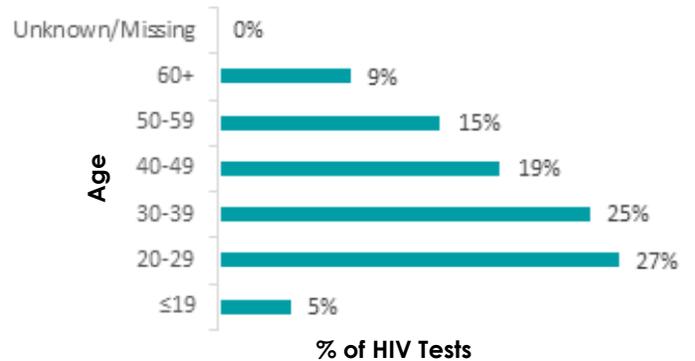
HIV Tests by Gender (n = 45,607)



HIV Tests by Race/Ethnicity (n = 45,607)



HIV Tests by Age (n = 45,607)



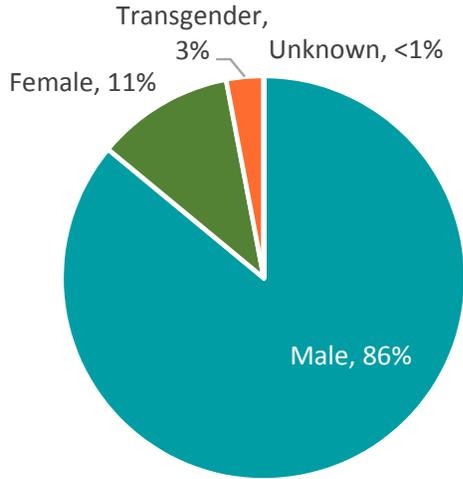
HIV SERVICES

HIV Health Services strives to provide the highest quality accessible and culturally-competent care for people with HIV/AIDS. To achieve this goal, HIV Health Services works in partnership with constituents – including people living with HIV/AIDS, service providers, other SFPDPH divisions, community planning groups, funders, and members of the broader community – to:

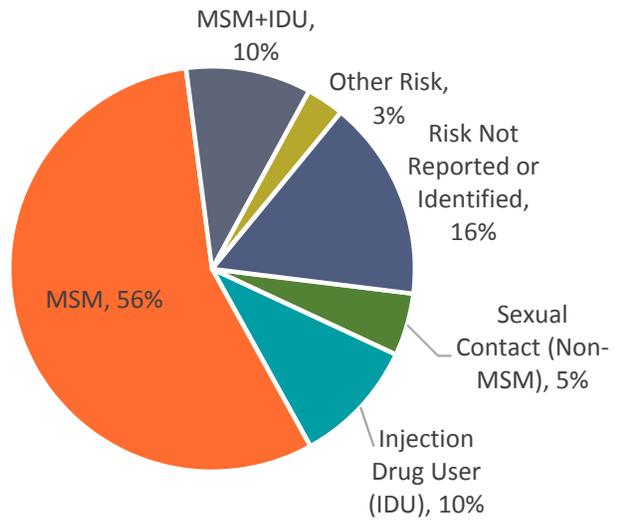
- Ensure access to care and eliminate disparities in care,
- Increase service integration, and
- Bring newly-diagnosed people into care and help all clients maintain their HIV care.

In FY 13/14, HIV Health Services provided care to 6,713 unduplicated clients.

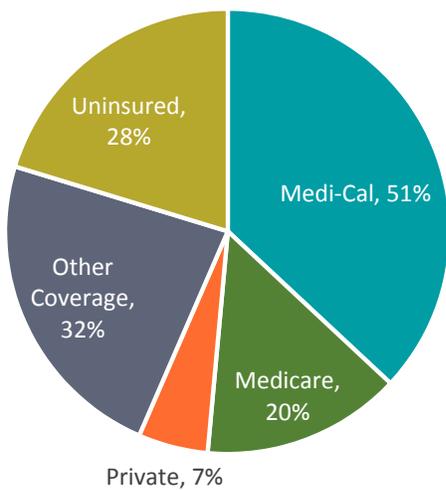
**HIV Health Services Clients by Gender
(n = 6,713)**



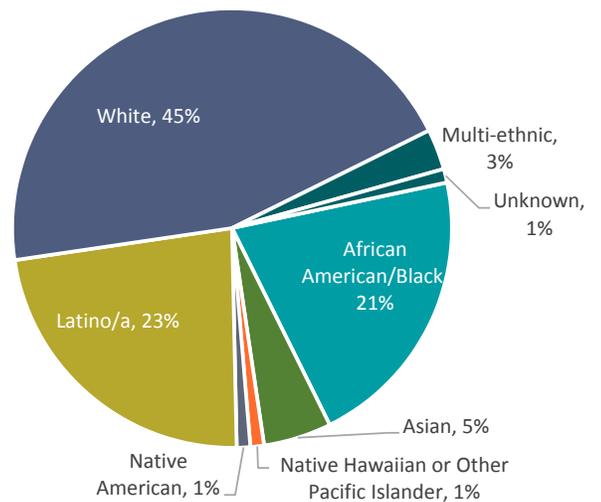
**HIV Health Services Clients by Exposure Risk
(n = 6,713)**



**HIV Health Services Clients by Payer Source
(n = 6,713)**



**HIV Health Services Clients by Race/Ethnicity
(n = 6,713)**

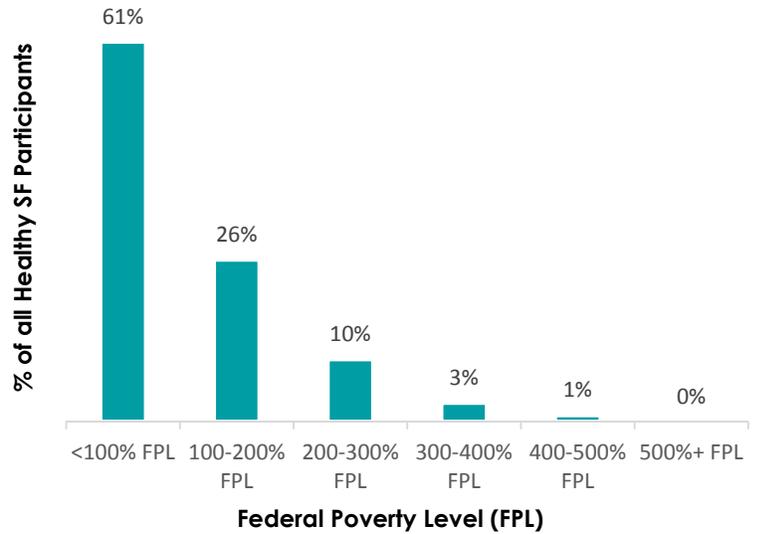


HEALTHY SF

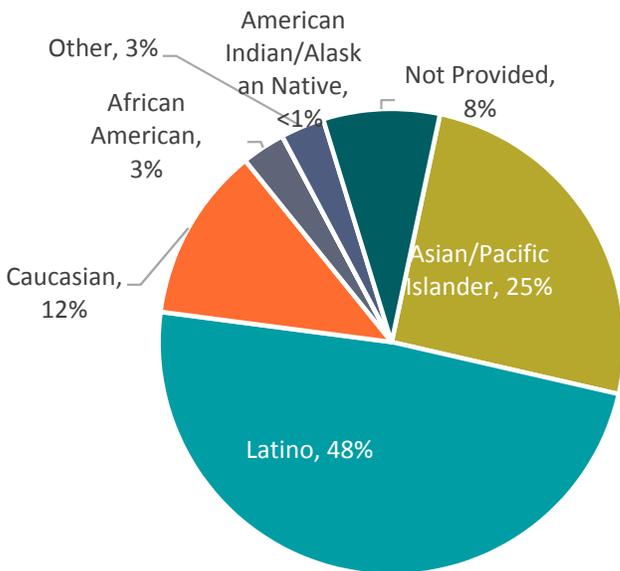
Healthy San Francisco (Healthy SF) is San Francisco's innovative health access program, developed and managed by the San Francisco Department of Public Health through its care delivery system, San Francisco Health Network (SFHN). Since the program's inception in 2007, Healthy SF has been providing San Francisco's uninsured with comprehensive quality health care including primary care, specialty and hospital services, and mental health services among other benefits. At the core of the program's health care delivery model is the medical home, a model that is also one of the organizational goals of the Patient Protection and Affordable Care Act (ACA). Through the end of FY 13/14, the program has served close to 150,000 unique individuals with 31,965 participants enrolled as of June 30, 2014. With the implementation of ACA, Healthy SF enrollment continues to decrease as participants transition to new insurance options under the ACA. Within SFHN, the Healthy SF program sits within the newly created Office of Managed Care.

Due to successful health insurance enrollment efforts, those who remain in the program are largely ineligible for ACA insurance or experience barriers to enrolling in insurance. Thus, Healthy SF must continue its operations to provide health care to San Franciscans who are residually uninsured.

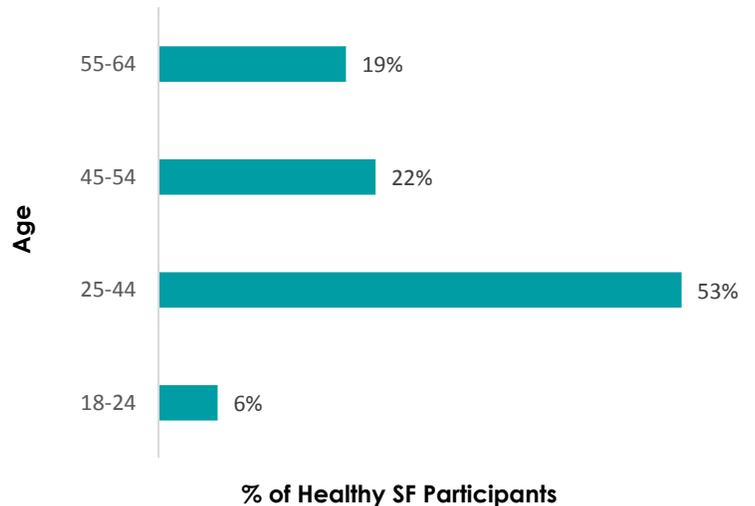
Healthy SF Participants by Income Level



Healthy SF Participants by Race/Ethnicity



Healthy SF Participants by Age



OFFICE OF MANAGED CARE

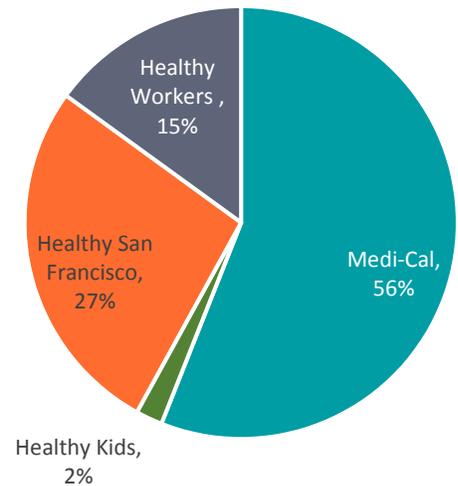
As part of the San Francisco Health Network (SFHN), the Office of Managed Care (OMC) was created and established with the following objectives:

- To ensure that the SFHN health care delivery system is meeting standard managed care requirements, providing SFHN patients with timely, accessible, and quality health care while simultaneously monitoring and controlling financial costs;
- To develop health care market penetration strategies that allow for the retention of current patients and enrollment of new patients as clinical capacities allow;
- To project future enrollment and market patterns in order to proactively plan for these population changes; and
- To manage the San Francisco Department of Public Health (DPH)'s relationships with managed care health plans and with health care providers throughout the City and County of San Francisco.

In addition to Healthy San Francisco (HSF) program administration, OMC is responsible for overseeing and monitoring Medi-Cal (MC), Healthy Workers (HW), and Healthy Kids (HK) public coverage programs, enrolled through San Francisco Health Plan and Anthem Blue Cross.

As of June 2014, SFHN was responsible for providing network services to 82,593 managed care enrollees, 61,202 (74%) of which were DPH clinics' responsibility and 21,391 (26%) of which were non-DPH clinics' responsibility. The pie chart in this document displays the distribution of enrollees by program in June 2014. More than half of enrollees using SFHN services are Medi-Cal members.

**June 2014 Total Enrollment by Program
(n = 82, 593)**

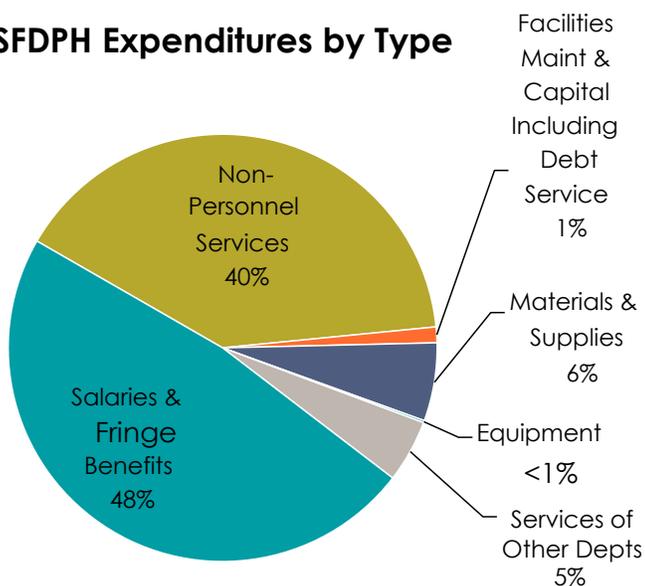


FISCAL YEAR BUDGET

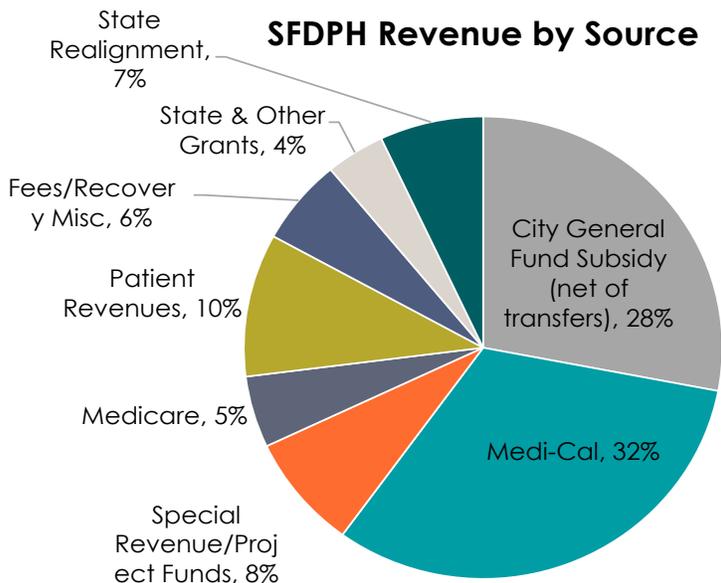
In Fiscal Year 13/14, DPH's budget was \$1,908,611,827. The City and County contributed \$553,738,906 in General Fund dollars to DPH, an increase of \$107,174,726 from Fiscal Year 10/11's allocation of \$446,564,180. This overall increase resulted from a combination of revenue increases and the following major initiatives:

- \$49 million in expenditure authority for furniture, fixtures and equipment for the new San Francisco General Hospital
- \$51 million to correct a historical structural shortfall in the department's budget
- \$7 million backfill for the loss of federal funding for HIV programs
- Several initiatives to support healthcare reform including increasing access to specialty care and the creation of the Office of Managed Care

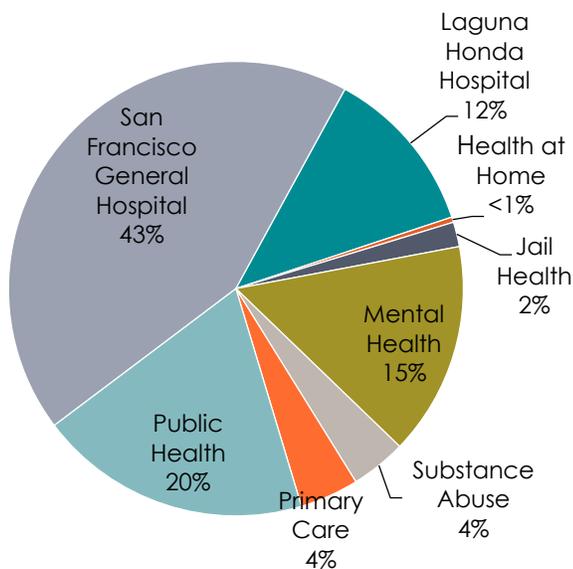
SFDPH Expenditures by Type



SFDPH Revenue by Source



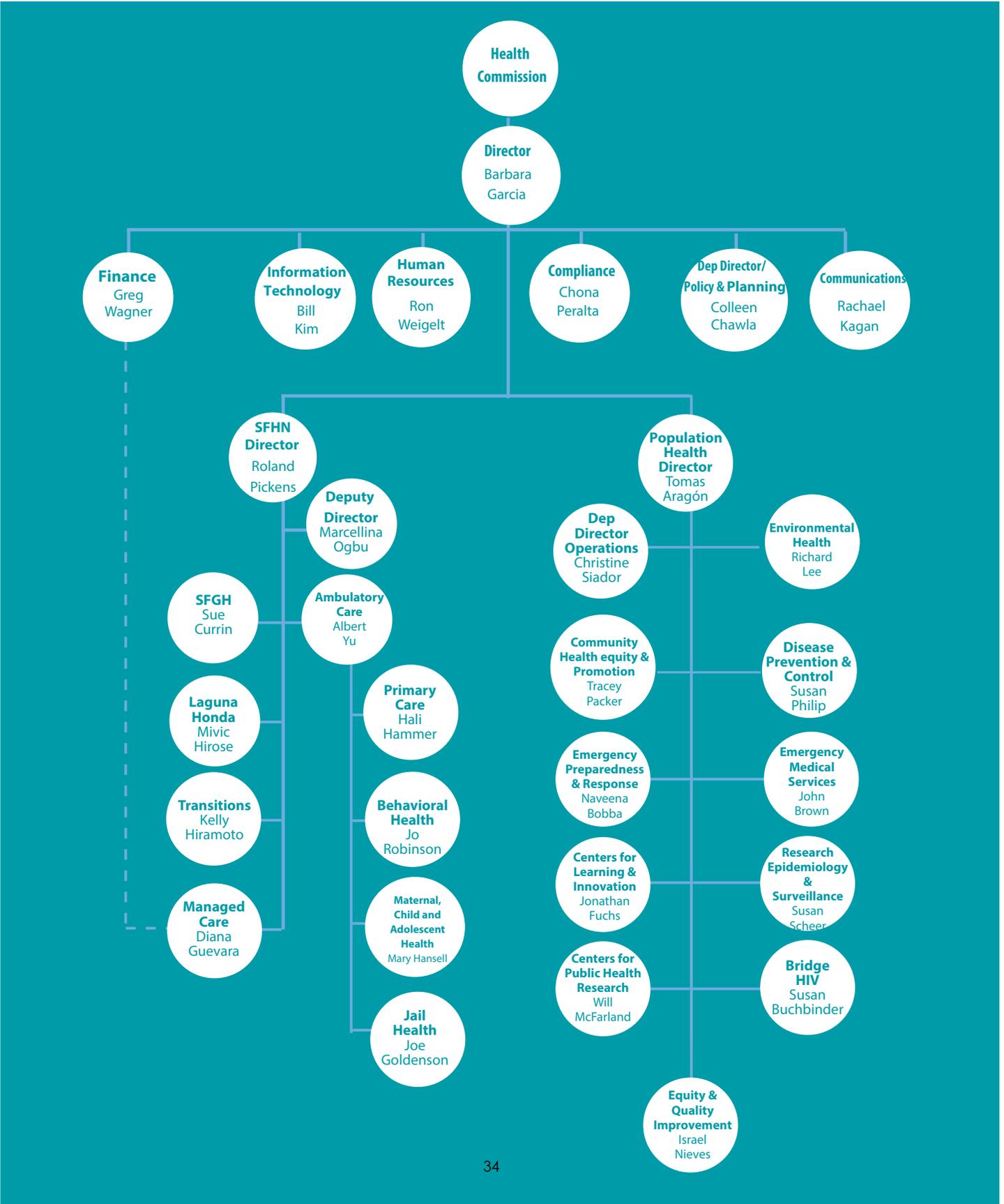
SFDPH Expenditures by Program



SFDPH ORGANIZATION

DPH ORGANIZATION CHART

DPH's dedicated staff help realize the organization's mission of protecting and promoting the health of all San Franciscans. The new SF Health Network integrates our delivery system and focuses on providing high quality health care services. The Population Health Division leads SFDPH efforts in health protection, promotion, prevention and disaster readiness.



DPH SERVICE SITES AND AFFILIATED PARTNERS

Primary Care Sites



- | | | |
|---|--|--|
| <p>1 Maxine Hall Health Center
1301 Pierce Street</p> | <p>9 Children's Health Center
@ San Francisco General
1001 Potrero Avenue</p> | <p>16 Balboa Teen Clinic
1000 Cayuga Street</p> |
| <p>2 Chinatown Public Health Center
1490 Mason Street</p> | <p>10 Positive Health Program
@ San Francisco General
1001 Potrero Avenue</p> | <p>17 Hip Hop to Health Clinic
446 Randolph</p> |
| <p>3 Larkin Street Youth Clinic
1138 Sutter Street</p> | <p>11 Women's Health Center
@ San Francisco General
1001 Potrero Avenue</p> | <p>18 Special Programs for Youth
375 Woodside Blvd.</p> |
| <p>4 Curry Senior Center
333 Turk Street</p> | <p>12 Potrero Hill Health Center
1050 Wisconsin</p> | <p>19 Castro Mission Health Center
3850 17th Street</p> |
| <p>5 Tom Waddell Urban Health Clinic
230 Golden Gate Avenue</p> | <p>13 Silver Ave Family Health Center
1525 Silver Avenue</p> | <p>20 Ocean Park Health Center
1351 24th Ave.</p> |
| <p>6 Medical Respite and Sobering Center
1171 Mission</p> | <p>14 Southeast Health Center
2401 Keith Street</p> | <p>21 Cole Street Clinic
555 Cole Street</p> |
| <p>7 Family Health Center
@ San Francisco General
995 Potrero Avenue</p> | <p>15 Hawkins Youth Clinic
1099 Sunnydale Avenue</p> | |
| <p>8 General Medicine Clinic
@ San Francisco General
1001 Potrero Avenue</p> | | |

DPH SERVICE SITES AND AFFILIATED PARTNERS

Behavioral Health Sites



<p>1 Sunset Mental Health Services 1990 41st Ave 415-753-7400 1351 24th Ave 415-682-1991</p>	<p>9 South of Market Mental Health 760 Harrison 415-836-1700</p>	<p>17 Mission Family Center 759 S. Van Ness 415-642-4571</p>	<p>26 Behavioral Health Access 1380 Howard 415-503-4730</p>
<p>2 Mission Mental Health Services 2712 Mission 415-401-2713</p>	<p>10 SF Fully Integrated Recovery Services Team (F.I.R.S.T) 760 Harrison 415-836-1700</p>	<p>18 L.E.G.A.C.Y 1305 Evans 415-920-7700</p>	<p>27 Castro-Mission Health Center 3850 17th St 415-934-7732</p>
<p>3 African American Alternatives 2712 Mission 415-401-2760</p>	<p>11 Filipino American Counseling Team (F.A.C.T) 760 Harrison 415-836-1700</p>	<p>19 Family Mosaic Project 1309 Evans 415-206-7600</p>	<p>28 Transitions 375 Laguna Honda 415-759-2300 1380 Howard 415-255-3423</p>
<p>4 Mission ACT 2712 Mission 415-401-2760</p>	<p>12 Community Justice Center 555 Polk St 415-292-2030</p>	<p>20 OMI Family Center 1701 Ocean Ave 415-452-2200</p>	
<p>5 SF Homeless Outreach Team 2712 Mission 415-401-2700 50 Ivy Street 415-355-7555</p>	<p>13 Central City Older Adult 90 Van Ness 415-558-5900</p>	<p>21 Crisis Services 3801 Third #400 415-970-3855</p>	
<p>6 Public Health Nurses 2712 Mission 415-401-2700</p>	<p>14 Southeast Child/Family Therapy 100 Blanken St 415-330-5740 1525 Silver Ave 415-330-5740</p>	<p>22 Chinatown Child Development 720 Sacramento 415-433-0953</p>	
<p>7 SE Mission Integrated Services 3905 Mission 415-337-2400</p>	<p>15 Adult Behavioral Services 755 S. Van Ness 415-642-4510</p>	<p>23 Chinatown/North Beach 729 Filbert 415-352-2000</p>	
<p>8 SE Child/Family Therapy Center 3905 Mission 415-337-2400</p>	<p>16 Transitional Aged Youth 755 S. Van Ness 415-642-4507</p>	<p>24 Foster Care Mental Health 3801 Third 415-970-3877</p>	
		<p>25 Educationally Related Mental Health Services 755 S. Van Ness 415-642-4522</p>	

DPH CONTRACTORS

Larkin Street Youth Center
Latino Commission
Lighthouse For the Blind and Visually Impaired
Lutheran Social Services of Northern California
Maitri AIDS Hospice
Medical Clown Project
Mental Health Association of San Francisco
Mental Health Management I DBA Canyon Manor
Mercy Housing California 50 ACLP
Mission Council On Alcohol Abuse for the Spanish-speaking
Mission Creek Senior Community
Mission Neighborhood Health Center
Mt. St. Joseph-St. Elizabeth Epiphany Center
National Alliance on Mental Illness (NAMI) San Francisco
National Council on Alcoholism Bay Area
Native American Health Center
NICOS Chinese Health Coalition
North of Market Senior Services dba Curry Senior Center
Northern California Presbyterian Homes
Oakes Children's Center
Parkview Terrace Partners LP
Plaza Apartments Associates LP
Positive Resource Center
Progress Foundation
Project Open Hand
Providence Foundation of San Francisco
Public Health Foundation Enterprises (PHFE)
Regents of the University of California
Richmond Area Multi-Services
Saint Francis Memorial Hospital
Samuel Merritt University
San Francisco AIDS Foundation
San Francisco Bicycle Coalition
San Francisco Child Abuse Prevention Center
San Francisco Community Clinic Consortium
San Francisco Community Health Authority
San Francisco Food Bank
San Francisco Mental Health Educational Funds
San Francisco Network Ministries Housing Corp.
San Francisco Public Health Foundation
San Francisco State University
San Francisco Study Center
San Francisco Suicide Prevention
San Francisco Superior Court
San Francisco Unified School District
Self-Help For the Elderly
Seneca Center
Shanti Project
Special Service For Groups
St. James Infirmary
St. Vincent de Paul Society of San Francisco
SteppingStone
Stop AIDS Project

Swords To Plowshares
Tenderloin Neighborhood Development Corp.
Thunder Road Adolescent Treatment Centers
Tides Center
UCSF Langley Porter Psychiatric Institute
University of California Berkeley
University of the Pacific
Victor Treatment Centers
West Bay Housing Corporation
West Bay Pilipino Multi-Service Center
Westcoast Children's Clinic
Westside Community Mental Health Center
YMCA of San Francisco Bayview Hunters Point
YMCA of San Francisco Urban Services
Youth Justice Institute
Youth Leadership Institute

A ADDITIONAL RESOURCES

To learn more about DPH efforts to protect and promote the health of all San Franciscans, please explore the following resources:

DPH Webpage (www.sfdph.org)

Learn more about DPH services and programs and link to additional DPH reports – including past Annual Reports.

Get Covered San Francisco (www.sfgov.org/healthreform)

Learn more about health care options under the Affordable Care Act.

Healthy San Francisco (www.healthysanfrancisco.org)

Learn about the Healthy San Francisco program, including information on eligibility and enrollment.

San Francisco Health Improvement Partnerships (www.sfhip.org)

Learn more about Community Vital Signs and SFHIP, a dynamic portal to the community's priority health issues and associated community resources.

San Francisco General Hospital Foundation (www.sfghf.net)

Find out more about the San Francisco General Hospital (SFGH) Foundation, a not-for-profit corporation that provides fundraising support to SFGH.

San Francisco General Hospital (SFGH) Annual Report (<http://www.sfdph.org/dph/files/SFGHdocs/2012-2013AnnualReport131031.pdf>)

Learn more detailed information about SFGH's services, accomplishments, and operations over the last fiscal year.

Friends of Laguna Honda (www.friendsoflagunahonda.org)

Friends of Laguna Honda, a non-profit organization founded in 1956, is dedicated to enhancing the quality of life for the residents at Laguna Honda Hospital and Rehabilitation Center by funding non-medical programs and services that would otherwise be unavailable.

Laguna Honda Hospital (LHH) Annual Report (<http://lagunahonda.org/>)

Learn more detailed information about LHH's services, accomplishments, and operations over the last fiscal year.

San Francisco Public Health Foundation (<http://sfphf.org>)

Read about the San Francisco Public Health Foundation, a non-profit that strives to provide resources to San Francisco's public health community, facilitating the provision of high quality and cost-effective health care services.



Report can be found online at:

www.sfdph.org

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