

# SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER



Annual Report  
Fiscal Year 2007–2008



This has been an historic year for San Francisco General Hospital and Trauma Center (SFGH). We received a ringing endorsement for our work from the people of San Francisco when they approved Proposition A in November, allowing us to move forward with plans to rebuild our acute care facility.

As I traveled throughout San Francisco talking about the rebuild and educating residents on the important role that SFGH plays in the city, I was gratified to hear that many of them already knew, because we had helped them or a family member through injury or illness. I am honored to represent this vital organization and to present our accomplishments from 2007-08 in the following annual report.

We have emphasized progress in patient safety, participating in Healthy San Francisco, promoting cultural responsiveness, retention and recruitment of staff, hospital infrastructure, planning for the replacement hospital and compliance with all regulatory standards and performance improvement initiatives. We also have responded to fiscal constraints by reallocating resources to protect the core services that SFGH provides to the city.

Here are some highlights of the year's work.

Our paramount patient safety achievement was becoming a Smoke-Free Campus in July 2008. We also developed a hospital leadership Quality Council to identify and prioritize patient safety initiatives and performance improvement opportunities consistent with SFGH's mission.

We are proud to serve as the foundation for the city's visionary Healthy San Francisco program. This year we increased our capacity to meet the needs of new Healthy San Francisco patients by expanding clinic hours and redesigning chronic care treatment to decrease appointment wait times and allow for thousands of additional patient encounters per year.

Our dedicated team of professionals achieved another successful three-year accreditation from the Joint Commission on the Accreditation of Hospital Organizations, as well as a Trauma Certification from the American College of Surgeons.

All of our efforts were supported by the stellar leadership provided by the San Francisco Health Commission and Dr. Mitch Katz, Director of the Department of Public Health. Our clinical successes could not have been accomplished without our valued partnership with the University of California, San Francisco. Our ability to be innovative and creative in our thinking also owes a debt of thanks to our growing relationship with the philanthropic community, starting with our own San Francisco General Hospital Foundation.

It is a pleasure to present the work of SFGH, which is the result of thousands of employees' talent and dedication. Each of our contributions embodies the hospital's mission to provide quality health care and trauma services with compassion and respect.

Gene Marie O'Connell

Chief Executive Officer

## San Francisco General Hospital & Trauma Center

San Francisco General Hospital & Trauma Center (SFGH) is a general acute care hospital within the Community Health Network, which is owned and operated by the City and County of San Francisco, Department of Public Health.

During its 154-year history, the San Francisco County Hospital, later to be renamed San Francisco General Hospital, has been providing humanistic, cost-effective, and culturally competent health services to the residents of the City and County of San Francisco.

Since its establishment in 1854, providing care to 400 sick people that year, SFGH has evolved into a major academic tertiary care medical center. SFGH is the only trauma center (Level 1) in the City and County of San Francisco, serving 1.5 million residents of San Francisco and northern San Mateo County. SFGH also has a full complement of mental health care from psychiatric emergency services to in-patient psychiatric care and rehabilitation and post-hospitalization care. SFGH has gradually expanded and modernized its hospital facilities, providing the community with a complete range of emergency, trauma, inpatient, primary care, specialized medical and surgical services, diagnostic and rehabilitation services.

SFGH has a long history and strong commitment to healthcare education; physician, nurse and health worker training; and medical research. It takes pride in its longtime affiliation, since 1884, with the University of California, San Francisco serving as a major teaching hospital and home to a number of prominent research centers and institutes.

In the most recent development for the future of SFGH, the voters of the City and County of San Francisco passed an \$887.4 million general obligation bond measure in November 2008, supporting the rebuild of the acute care facility to meet state seismic safety requirements.



**SAN FRANCISCO GENERAL HOSPITAL & TRAUMA CENTER  
MISSION, VISION, VALUES AND GOALS  
FISCAL YEAR 2007 - 2008**

**MISSION:** TO PROVIDE QUALITY HEALTHCARE AND TRAUMA SERVICES WITH  
COMPASSION AND RESPECT.

**VISION:** REBUILD SFGH SO WE CAN CONTINUE TO PROVIDE HEALTHCARE AND  
TRAUMA SERVICES FOR PEOPLE IN NEED.

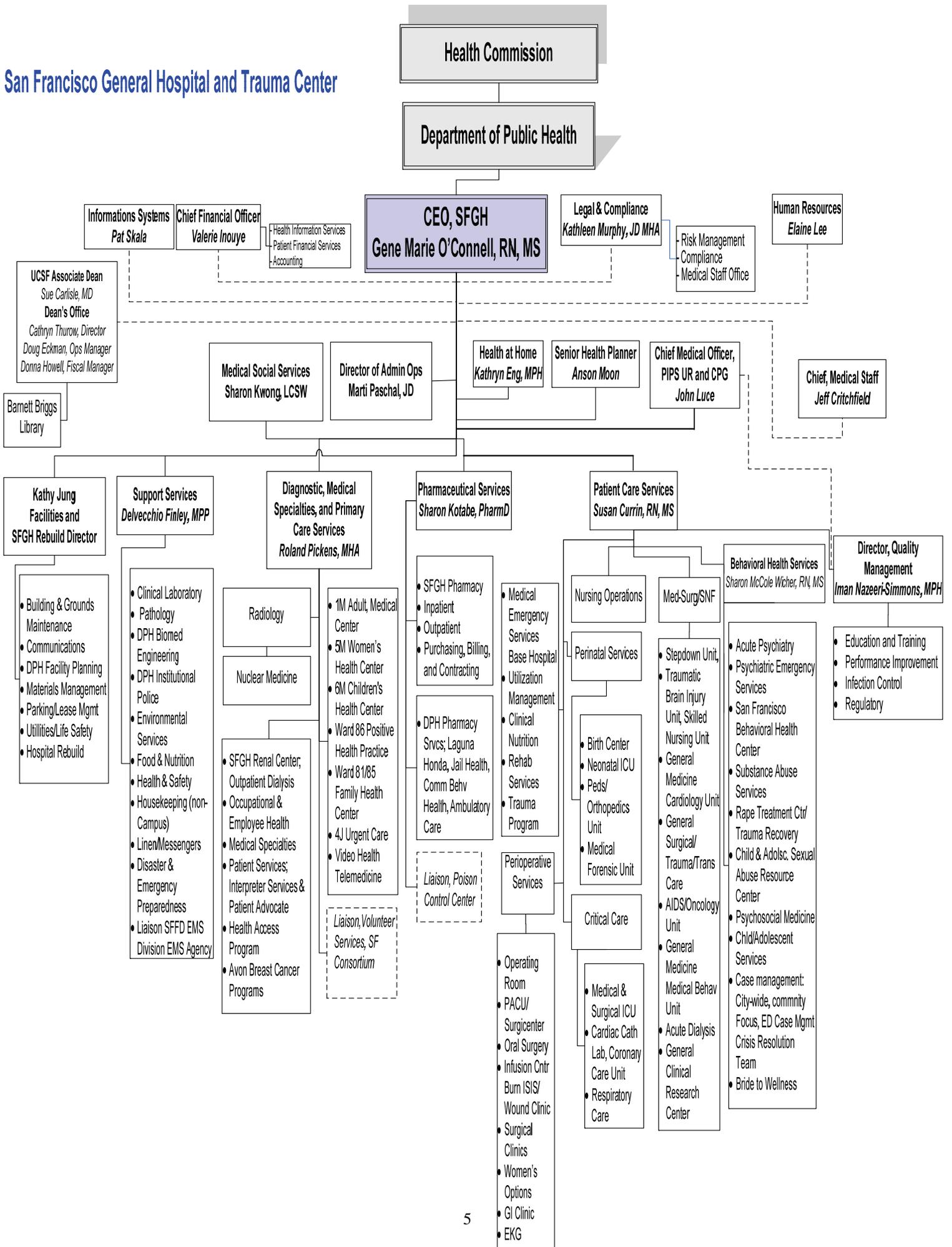
**VALUES**

PATIENT AND STAFF SAFETY  
QUALITY HEALTHCARE  
DISEASE PREVENTION  
STAFF RETENTION AND RECRUITMENT  
CULTURALLY RESPONSIVE CARE  
EFFICIENT RESOURCE MANAGEMENT  
ACADEMIC EXCELLENCE IN TRAINING AND RESEARCH

**GOALS**

1. PROMOTE PATIENT SAFETY
2. IMPLEMENT HEALTHY SAN FRANCISCO
3. PROMOTE ORGANIZATIONAL AND STAFF CULTURAL RESPONSIVENESS
4. PROMOTE STAFF RETENTION & RECRUITMENT
5. IMPROVE HOSPITAL INFRASTRUCTURE
6. PLAN FOR THE REPLACEMENT HOSPITAL
7. COMPLY WITH ALL REGULATORY STANDARDS AND PERFORMANCE  
IMPROVEMENT INITIATIVES

# San Francisco General Hospital and Trauma Center



# SFGH FY2007-2008 ACCOMPLISHMENTS

## ***PROMOTE PATIENT SAFETY***

### ***Smoke Free Campus***

- Planned and facilitated the Smoke Free Campus initiative, implemented July 1, 2008
  - Developed a new AWOL policy, implemented July 1, 2008, aimed at changing patient behavior to require that patients stay on their units to further a quicker recovery



### ***Patient Care Initiatives***

- Implemented automation of nursing assessments, beginning with the admission database
- Conducted patient abuse training throughout the hospital in the Behavioral Health Center, Med/Surg annual update, Acute Psychiatry, and the Med/Surg new graduate program. The patient abuse training will be added to HealthStream, the Intranet-based online training program.
- Instituted weekly patient safety rounds with the Director of Risk Management and Director of Regulatory Affairs in July 2007
- Participated in the Institute for Healthcare Improvement's 5 Million Lives Campaign adopting the care bundles to improve outcomes in three areas: Ventilator Associated Pneumonia, Central Line Infections and Surgical Site Infections



Photo: Molly Duggan Associates, LLC

- Developed the hand hygiene unit/department liaison in December 2007, to train a staff on each unit/department to conduct hand hygiene surveillance and to be a hand hygiene champion. Hand hygiene compliance has increased to 82% in July 2008 from a baseline of 42% in November 2007
- Acquired a state of the art Decontamination Shower to enhance the ability of Emergency Department personnel to respond to any man-made or natural occurrence that requires patient decontamination

### ***Medication Management***

- Through a grant from Moore Foundation, began implementation of electronic medication administration records (eMAR) with the pilot to begin in September 2008
- Developed and implemented use of written drug usage information and prescription labeling in Chinese and Spanish for prescriptions filled through the SFGH Outpatient Pharmacy
- Revised discharge process for patients leaving the hospital from medical-surgical units to ensure counseling by a pharmacist on the proper use of discharge medication
- Established work group to implement use of electronic medication administration records in medical-

surgical areas of the hospital

- Expanded medication reconciliation procedures to include all outpatient clinics, the Emergency Department, Operating Rooms, Post-Anesthesia Care Unit and radiology
- Charged a multidisciplinary task force to review currently available systems of care for chronic pain management and identify and develop best practices for all DPH settings
- Reviewed and updated “High Alert” and “Look-Alike-Sound-Alike” drug lists to include additional psychotropic agents with actions to be taken to avoid error
- Required that storage of all insulin on nursing units be separated to different drawers in the automated dispensing cabinets or individual patient cassette drawers
- Standardized all IV drip solutions and concentrations for adult patients
- Improved safety of heparin use by providing a dosing chart to help nursing staff with double checks, standardizing adult and neonatal heparin drip concentrations, and complying with a nation-wide recall of one manufacturer’s product
- Created a subcommittee of the Pharmacy and Therapeutics Committee to monitor and oversee safe use of blood clotting factors for off-label indications
- Ensured the safe use of Formulary drugs (e.g. removal from the Formulary in 07-08 of quinine for leg cramps, parenteral promethazine and rosiglitazone, all of which were implicated in less than optimal risk versus benefit odds ratios) after a review of external literature (e.g. FDA MedWatch, ISMP newsletters, medical journals)
- Implemented medication reconciliation in Radiology
- Adopted the California Nursing Outcomes Coalition Medication Administration Accuracy Observer processes to improve the accuracy of the current medication administration practices, thereby decreasing medication administration and systems errors



Photo: Molly Duggan Associates, LLC

### ***Risk Management***

- Developed and implemented a Root Cause Analysis Committee with medical staff, nursing, and risk management leadership to review sentinel events and other adverse outcomes in a more timely manner and to develop more effective plans of correction
- Developed a new investigative tool to be used by managers as a guide to investigate adverse events; trained all nurse managers on how to conduct an effective investigation.
- Developed a unit specific case synopsis tool, implemented January 18, 2008, to promote patient safety by facilitating a clinical discussion with staff following a medical or nursing error

### *Informed Consent Process and Sedation Guidelines*

- Trained physician and nursing staff on a new protocol and sedation guidelines for invasive procedures performed outside of the operating room. The protocol included: development of a new surgical consent form; development of a new “time out” form/RN check-off sheet; and development of sedation guidelines. All nursing units and physician groups were trained to the new protocol between September and November of 2007. The new protocol and surgical consent form was implemented January 21, 2008. Initial audits showed improvement (68% in March 2007 to 97% in April 2008) regarding consent being obtained in procedures occurring outside of the operating room. More specific auditing is currently in progress.

### *Quality Council*

- Developed a Quality Council to identify and prioritize patient safety initiatives and performance improvement opportunities in accordance with SFGH’s mission, vision, care and services provided. The Quality Council is comprised of hospital leadership and meets monthly to review, approve, and monitor performance measures, National Patient Safety Goals, and Core Measures and to designate Performance Improvement and Patient Safety task forces to facilitate interdisciplinary, collaborative approaches to improving the quality of patient care and safety.

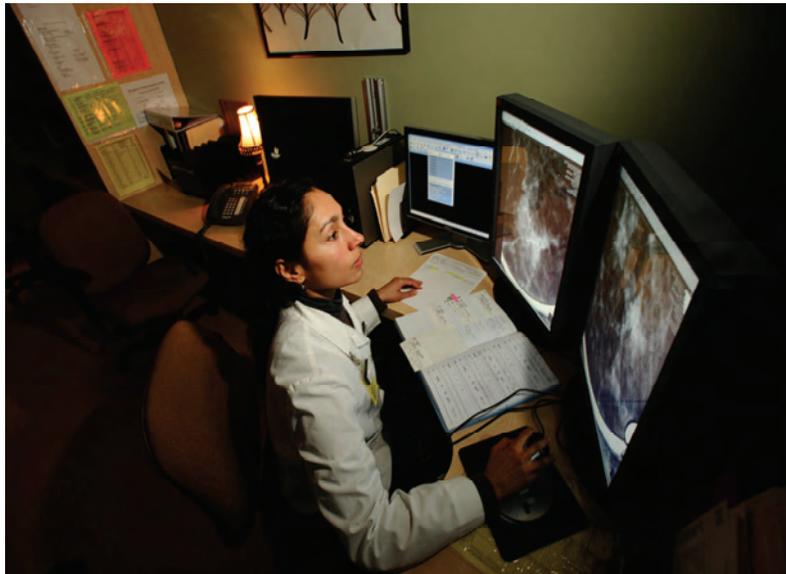


Photo: Molly Duggan Associates, LLC

## ***IMPLEMENT HEALTHY SAN FRANCISCO***

### ***Family Health Center Evening Clinic Expansion***

Added evening sessions (5-9 pm) Monday through Thursday evenings to accommodate 6,000 primary clinic encounters during the evening for 1,500 new HSF patients. As of June 30, 2008, 928 new HSF patients were enrolled at the Family Health Center, 61 % of our goal of 1,500 new HSF patients.



### ***General Medicine Clinic Evening Clinic Expansion***

Added additional evening sessions on Monday, Wednesday, and Thursday to accommodate 5,000 provider encounters during the evening for 500 new HSF patients and 1,000 other payor visits. As of June 30, 2008, 526 new HSF patients were enrolled at the General Medicine Clinic, 105 % of our goal of 500 new HSF patients.

### ***Family Health Center Chronic Care Redesign***

The SFGH Family Health Center began planning and implementation for three chronic care initiatives, which bring much needed specialty care to the patient in his/her primary care clinic: 1) Diabetes-Endocrine; 2) Back Pain-Orthopedics; 3) Mental Health-Primary Care Interface. We are utilizing the chronic care expansion initiative to expand our new chronic illness management programs, including group-based care, telephone disease management, registry-based care, and a new model of team-based care using Health Workers and nurse case management. The expansion will allow 11,665 additional patient encounters per year. This expansion will significantly improve our capacity to decrease wait times for both primary and specialty care.

### ***General Medicine Clinic Chronic Care Redesign & Continuity Redesign***

The General Medicine Clinic's ability to provide continuity of care and expand access to care has been hindered by our staffing model, which relies primarily on internal medicine residents from UCSF who are only in the clinic ½ day per week and frequently miss sessions because of residency work hour limitations. SFGH began utilizing Nurse Practitioners (NPs) as continuity providers who provide the "team glue" for a team of residents, attending physicians, and nursing staff. NPs see team patients as drop-ins or on scheduled visits in the absence of the resident primary care provider, thus providing more continuity and better "hand offs" for ill patients. In addition, the GMC is the lead primary care clinic for 2 chronic care projects, Heart Failure and Asthma/COPD (chronic obstructive pulmonary disease). The Heart Failure, Asthma/COPD, and GMC Continuity projects will see 9,355 additional visits per year.

### ***Medicine Specialty Wait Times Reduction; Physician Resource Stabilization***

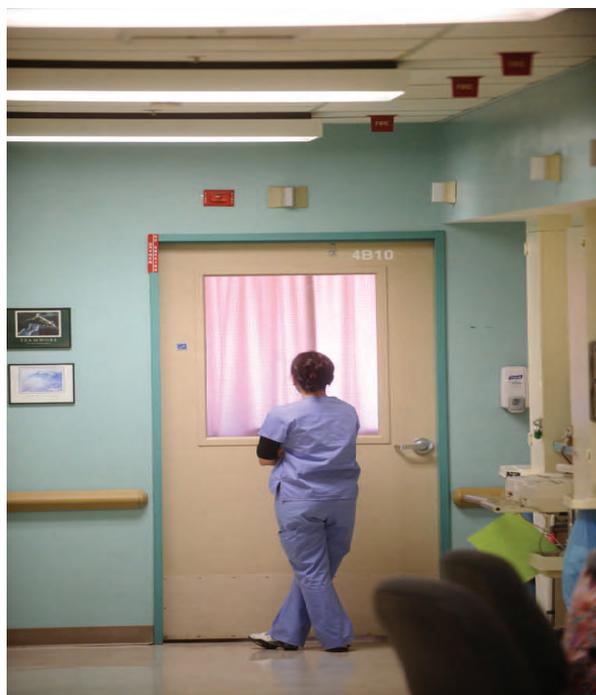
SFGH added new and/or replacement resources to increase and/or stabilize capacity in medical subspecialty clinics to address the current needs of Community Health Network and Community Clinic Consortium patients, as well as new capacity expected for new HSF enrollees. The need for subspecialty care for patients who are already in the referral base exceeds current capacity, as demonstrated by wait times that far exceed the standard of care in the community. We added 1.0 FTE Physician in the following specialties: Gastroenterology, Endocrinology, Nephrology, Pulmonary, and Rheumatology.

### *Surgical Specialty/Radiology eReferral Implementation*

Expanded the implementation of eReferral, an internet-based system for efficiently managing outpatient consultation requests, to selected specialty clinics. The expansion of eReferral increased access to specialty appointments and resulted in:

1. Improved allocation of specialty appointments
2. More optimal utilization of clinic visits
3. Improved communication between referring providers and specialty clinics
4. Better matching of specialty services with available resources based on evidence-based policies and guidelines

This program allowed for surgical specialists (MD's) to train Nurse Practitioners to review 100% of referrals as to their appropriateness and priority. By doing so, SFGH found that 30 % of referrals were unnecessary and did not need to be scheduled, thereby eliminating unnecessary appointments and costs to the system. As a result, appropriate appointments are made sooner, thereby decreasing wait times for the next available appointment. The San Francisco Health Plan provided matching initial funding in the amount of \$800,000, for physician & IT costs. The following surgical specialties participated in this program: Orthopedics, Neurosurgery, ENT, Neurology, and Urology.



Photograph: Molly Duggan Associates, LLC

## ***PROMOTE ORGANIZATIONAL AND STAFF CULTURAL RESPONSIVENESS***

### ***Interpreter Services***

- Expanded the Video Medical Interpretation (VMI) Project (Video and Polycom phones) to Neurology/Neurosurgery, Ear Nose & Throat, Ophthalmology, Optometry, the Women's Health Clinic, and General Med-Surg (the first inpatient unit with interpreter access via polycom speaker phones)
- Developed plans to expand the VMI project to the following units: Emergency Department, additional inpatient units, the Post-Anesthesia Care Unit, the Surgical Center, the surgical clinics, and the pediatric clinic



Photograph: Molly Duggan Associates, LLC

### ***Medical Emergency Response Team***

- Initiated research study in looking at the impact of race and socioeconomic status on the distribution and clinical outcomes of patients experiencing medical emergencies outside of critical care, a study prompted by the successful implementation of the Medical Emergency Response Team

### ***Diabetes***

- Improved participants' blood sugar control and medication management by providing group education classes and one-on-one counseling with trained Diabetes Chronic Care Nurses in the General Medicine Clinic and Family Health Center. Over 50% of participating clients are African American or Latino.

### ***Hypertension***

- Prescription claims data, primary care clinic visits, and other patient specific clinical data (e.g. laboratory values, blood pressure) recorded in the Lifetime Clinical Record were examined to determine adherence by CHN primary care providers to national guidelines for blood pressure control (JNC-7), and whether adherence differed between African American patients and non-African American patients. The data showed high adherence by CHN primary care providers to JNC-7 guidelines for hypertension, and adherence was not affected by the patient's ethnicity. Despite adherence to the guidelines, blood pressure control was poorer for African American patients. This observation suggests that treatment of hypertension in African American patients may need to be more aggressive than recommended by national guidelines, and that targeted population-based public health strategies to promote healthy lifestyles to reduce blood pressure may be beneficial.



Photograph: Molly Duggan Associates, LLC

## *Clinical Pharmacist Services*

- A survey tool, based on previously validated survey methods, was developed and distributed to monolingual Chinese speaking patients of the Chinatown Public Health Center referred to a clinical pharmacist. The clinical pharmacist is assigned to the clinic to assist patients, especially those who are non-English speaking or proficient, with difficult medication adherence and management issues. Responses to the survey were exceedingly supportive of linguistically and culturally responsive clinical pharmacist services. 87% of respondents indicated that it was “very important” that there was a pharmacist at their clinic who spoke Cantonese, and 83% indicated they felt “more knowledgeable” about their medication after seeing the pharmacist. The validity of the survey findings was supported by the fact that clinic administration requested and received approval for increased clinical pharmacist’s time at the clinic.



## ***PROMOTE STAFF RETENTION & RECRUITMENT***

### ***Pharmacists***

- Began “on-the-job” retraining for community-based and retail pharmacists to gain skills required for in-patient pharmacy duties, and successfully hired staff for several long-standing vacancies
- Continued to hire pharmacy students for per diem intern positions with the goal of offering staff pharmacist positions upon graduation and licensure

### ***Nurses***

- Developed a 2008 summer training program for new hires with specific training programs for critical care, emergency department and medical-surgical nursing
- Developed a new graduate RN Internship Program for Summer 2008
- Attended the San Francisco City College RN job fair, the University of California, San Francisco job fair, and the University of San Francisco Career Fair in November 2007

### ***All Staff***

- Completed an Employee Satisfaction Survey and implemented initiatives to address identified employee needs
- Revamped Bicycle Locker Program to increase access and promote environmentally- friendly commuting



## ***IMPROVE HOSPITAL INFRASTRUCTURE***

### ***Technology***

- Received \$1.2 million dollar Moore grant to install a mobile data center to improve server capability
- Obtained approval to update the provider credentialing software used at SFGH, the Community Oriented Primary Care clinics, and Laguna Honda Hospital to a web-based system and to expand it to Community Programs, enabling consistent credentialing standards throughout DPH and greater efficiency for both providers and credentialing staff
- Exchanged all obsolete automated medication dispensing cabinets (SureMed) throughout the hospital with newer units (Omnicell)
- Selected a new vendor through a Request for Proposals bid process for third party administrator functions of providing prescription services to CHN indigent/uninsured patients (e.g. sliding scale, Healthy San Francisco, Healthy Workers)
- Implemented procedure to electronically fax prescriptions generated through the Lifetime Clinical Record (LCR) to the pharmacy of the patient's choice
- Implemented a new EKG system (Tracemaster) to replace a non-HIPAA compliant system

### ***Telemedicine***

- Secured \$5 million in State of California Proposition 10D Funding to the University of California for education facilities and Clinical Telemedicine projects at or linked to San Francisco General Hospital. The DPH Clinical Telemedicine Program/IT Infrastructure Project (SFGH, COPC and SF Consortium Clinics) is one of four related telemedicine initiatives undertaken by UCSF. The DPH Clinical Telemedicine Program will operate as an electronic version of the current face-to-face internal/closed (SFGH & COPC) & Affiliated (SF Consortium Clinics) Provider System. The system will be used by SFGH/COPC/SF Consortium Clinic Primary Care Providers to obtain official specialty consults from SFGH specialists.

The other UCSF Telemedicine Initiatives that will involve SFGH/UCSF medical staff are:

1. Diabetic Retinopathy Screening between SFGH Ophthalmology and SFGH/COPC/SF Consortium Clinics (Hali Hammer, M.D., Program Lead)
2. PRIME-US Medical Education Program (Beth Wilson, M.D., Program Lead)
3. HIV Patient Portal to allow patients to access certain health info over the internet and HIV consults at various clinics throughout the Bay Area (Jim Kahn, M.D., Program Lead)
4. Multilingual Resource Center to allow patients to access certain health info over the internet (Ricardo Munoz, Ph.D. and Dean Schillinger, M.D., Program Leads)

### ***Going Green***

- Instituted co-mingled recycling throughout the campus as one aspect of the hospital's effort to meet the mayor's mandate for 75% waste diversion/recycling

# ***PLAN FOR THE REPLACEMENT HOSPITAL***

## ***Planning***

- Collaborated to complete space planning and preliminary design phases; began design development phase of rebuild planning
- Obtained Phase 1 approval by the Civic Arts Design Review Board of the bulk, massing, and preliminary building design
- Completed schematic design drawings in May 2008
- Obtained Office of Statewide Health Planning and Development review and approval of geotechnical study
- Updated the Institutional Master Plan in March 2008
- Selected the Executive Construction Management Consultant (Jacobs Engineering)
- Received approval of the Environmental Impact Report
- Received Capital Planning Committee approval of General Obligation Bond Report in May 2008

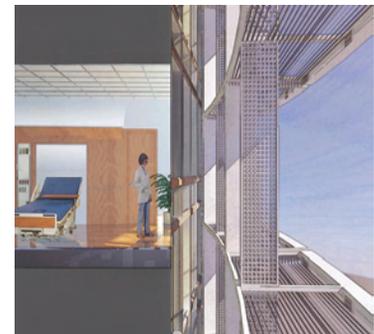


## ***Design Development***

- Began the Design Development phase of construction documents in June 2008
- Worked with City Planning Department on the exterior design of building

## ***Ready to Go***

- Finalized the project cost estimate of \$887.4 million after completion of the schematic design phase
- Selected the General Contractor/Construction Manager (Webcor)
- Gained approval for bond measure on the November 2008 ballot



Fong & Chan Architects

## ***COMPLY WITH ALL REGULATORY STANDARDS AND PERFORMANCE IMPROVEMENT INITIATIVES***

### ***Successful Surveys***

- American College of Surgeons Committee on Trauma Certification Survey – August 2007
- Long-Term Care Licensing Survey - September 2007
- Joint Commission Consultative Survey - October 2007
- Joint Commission Clinical Laboratory & Pathology Accreditation Survey – November 2007
- Alcohol, Drug, Treatments Program Licensing Survey – April 2008
- Mental Health Rehabilitation Center Licensing Survey – April 2008
- Successful American College of Surgeons Committee on Cancer survey - May 2008
- Received Joint Commission Certification for Stroke Care - June 2008

### ***Billing Compliance***

- The Compliance Office implemented initiatives to meet requirements established by the Centers for Medicare and Medicaid Services (CMS):
  - Developed mechanisms to improve data integrity in the Physician Master File (PRDOC) in order to improve billing accuracy, clinical documentation, and consistency between billing and clinical databases
  - Revalidated the enrollment in the Medicare program for 780 physicians and affiliated professionals in order to ensure an uninterrupted revenue stream pursuant to the full implementation of National Provider Identifiers as required by HIPAA
  - Developed admitting procedures, documentation requirements, and billing mechanisms to allow for the proper identification and billing for admissions lasting less than 24 hours as observation care rather than as one-day- stays, thereby reducing inappropriate one-day-stay admissions by 35 per cent

### ***Medical Staff Credentialing***

- Achieved 100% compliance in medical staff credentialing audits conducted by the San Francisco Health Plan and Wellpoint/Blue Cross for the third year in a row

### ***Radiology***

- Identified ordering and administering contrast media as potential weak points in radiology procedures involving contrast and implemented systems and procedures to protect against failure

- Implemented enhanced employee radiation exposure monitoring to comply with state and federal regulations

### *Anticoagulant Therapy*

- Charged a task force in January 2008 to address and implement improvements needed for reduction in the likelihood of patient harm associated with anticoagulant therapy

### *Core Measures*

- Participated in the Joint Commission and Centers for Medicare & Medicaid Services public reporting requirements, showing an improved performance in three of the four Core Measures sets

### *Pain Management*

- Developed recommendations for pain management improvement including expansion of inpatient pain consultation services by Clinical Nurse Specialists and Clinical Pharmacists and development of pain management guidelines and best practices for healthcare providers

### *Disaster Planning*

- Successfully conducted department-specific horizontal evacuation drills to comply with Joint Commission Emergency Management standards



Photo: Molly Duggan Associates, LLC

## Grants

**Gordon and Betty Moore Foundation:** \$1.6 million to fund a mobile data center to alleviate conditions in the Hospital's overcrowded and underpowered data center which houses most of the hospital's computer servers. The "data center in a box" will allow the Hospital to support the replacement of critical care systems and a new materials management system until a new data center can be built.

**Avon Foundation:** \$1,250,000 to the Hematology, Oncology and Radiology Departments at SFGH to provide screening, treatment, navigation, support services, access to trials and outreach to low-income women who are at high risk of breast cancer or who currently have the disease.



Photo: Molly Duggan Associates, LLC

**Gordon and Betty Moore Foundation:** \$625,000 for the implementation of an electronic medication administration system, a patient safety item that allows staff to enter medication orders electronically then chart the medications without rewrites

**Kaiser Permanente Community Benefits Program:** \$400,000 for the Prevent Heart Attacks and Strokes Everyday (PHASE) initiative. The PHASE project will fund strategies in the General Medical Clinic, Family Health Center, Ocean Park Health Center, and Chinatown Public Health Center to prescribe a combination of pharmaceuticals and promotion of healthy lifestyle choices. The grant will fund the establishment of the PHASE pilot sites, training curriculum for those clinics' staff, and the development of a more comprehensive tracking system for patients enrolled in the project.

**Kaiser Permanente Community Benefits Program:** \$150,000 to expand quality improvement programs at the Hospital, including patient safety initiatives of preventing Central Line Infections, Ventilator Associated Pneumonia, and Surgical Site Infections, expanding the i2i Chronic Disease Registry, and expanding users for Performance Logic, the Project Management and Data Dashboard tool.

**Mount Zion Health Fund:** \$75,000 over two years in support of Cancer Awareness Resources Education (CARE) program to provide Cantonese and Spanish education and support groups for SFGH cancer patients.

**Richard & Rhoda Goldman Foundation:** \$50,000 in support of hiring a new bilingual Options Counselor at the Women's Options Center



**The San Francisco Foundation:** \$50,000 in support of Cancer Awareness Resources Education (CARE) program to provide English, Cantonese and Spanish education and support groups for SFGH cancer patients.

**Mimi and Peter Haas Fund:** \$30,000 to provide staff administrative and social worker staff support for the Bay Area Perinatal AIDS Center (BAPAC)

**California Pacific Medical Center 2008 Community Health Programs:** \$25,000 to the SFGH Family Health Center Grant for its Health Coaches for Youth Program to expand the adolescent and young adults clinic and to incorporate health coaching into work with young people, particularly vulnerable and underserved groups such as foster care youth aging out of children's services.

## *Awards & Recognition*

**Gene Marie O'Connell**, CEO, served as President of the National Association of Public Hospitals and Health Systems.

**Susan Currin**, Chief Nursing Officer, received the Association of California Nurse Leaders 2007 Excellence in Leadership Award for excellence in nursing leadership and advancement of clinical practice.

SFGH received three recognition awards from the California Transplant Donor Network for adopting practices to achieve higher donation rates. **Terry Dentoni**, Nursing Director for Perioperative/Critical Care/ Specialty Clinic Nursing, and **Vivian Curd**, Nurse Manager for Critical Care, were recognized for their commitment, leadership and participation.

The Homeless Prenatal Program honored the **6C-Birth Center nurses** for their commitment to serve and care for the homeless pregnant women and their families.

**The Wraparound Project at SFGH**, led by **Rochelle Dicker, M.D.**, was awarded the NAPH 2008 Safety Net Award in the category of Reducing Health Care Disparities. The Wraparound Project provides mentorship and links clients to essential risk-reduction resources in order to reduce injury recidivism and prison recidivism in the most vulnerable citizens in San Francisco.

Improving Care for Hospitalized Older Adults: An **Acute Care for Elders (ACE) Unit**, headed by **Edgar Pierluissi, M.D.**, was selected to receive an NAPH 2008 Safety Net honorable mention in the category of Patient Safety. The mission of the ACE Unit is to provide the best inpatient care for hospitalized older adults with a focus on maintaining and improving physical function.

**Blue Walcer**, founder and director of the CARE (Cancer Awareness, Resources and Education) program and health education coordinator at San Francisco General Hospital, was one of eight outstanding cancer care providers to receive the 2008 American Cancer Society Lane W. Adams Quality of Life Award, a prestigious national prize for cancer caring.

The San Francisco General Hospital Foundation Heroes and Hearts "Special Hero" award was given to **Judy Luce, M.D.**, for her long-standing commitment and service to underserved women and patients with cancer. **Alicia Boccellari, Ph.D.**, and **Robert Brody, M.D.**, received the 2008 San Francisco General Hospital Foundation's Heroes and Hearts award.

The **SFGH Pediatric Asthma Clinic** won the San Francisco Health Plan provider recognition award for excellence in clinical care.



Photo: Molly Duggan Associates, LLC

## Emergency

Robert Mackersie was selected as President-elect of the Western Trauma Association and serves as the 2003-09 Governor of the American College of Surgeons; the 2008-09 President of the HC Naffziger Surgical Society of the University of California San Francisco; and the 2008-11 Secretary-Treasurer American Association for the Surgery of Trauma.

## Family & Community Medicine

Daniel Ciccarone, M.D., Manjushree Deshpande, M.D., Shieva Khayam-Bashi, M.D., and Jessica Muller, M.D., were nominated for UCSF Essential Core Teaching Awards.

Kirsten Day-Thomas, M.D., Sarah Lowenthal, M.D., Rick McKinney, M.D., Katie Murphy, M.D., Susan Runyan, M.D., and Lisa Ward, M.D. received Academy of Medical Educators Direct Teaching Awards.

Christine Dehlendorf received the UCSF Training in Clinical Research Program's Excellence in Teaching Award.

Ron Labuguen, M.D., and Lisa Ward, M.D., were honored by the California Academy of Family Physicians as "Family Physician of the Month."

Margo Vener, M.D. and Beth Wilson, M.D. received the Academy of Medical Educators Molly Cooke Award for Excellence in Curriculum Development

## Medicine

Neal L Benowitz, M.D., received the competitive renewal award for the "Flight Attendants Medical Research Institute Bland Lane Center for Excellence on Secondhand Smoke at UCSF", a \$9 million 5 year grant to study the effects of secondhand smoke on health.

Robert Brody, M.D., received the 2008 San Francisco General Hospital Foundation's Heroes and Hearts award.

John Inadomi, M.D., was awarded the National Institutes of Health K24 from the National Institute of Diabetes and Digestive and Kidney Diseases, a mid-career mentoring award in patient-oriented research.

Judith Luce, M.D. received the Susan G. Komen Foundation "You Can Make a Difference Award" for outstanding public and clinical service on behalf of marginalized women.

Dean Schillinger, M.D., was named Chief of the California Diabetes Program to guide policy and be the leading provider of diabetes expertise for the state of California.

The California Association of Public Hospitals awarded the E-Referral Group its Patient Safety Award for Excellence.

## Ophthalmology

Jay Stewart, M.D., was awarded a \$20,000 Knights Templar Grant for ophthalmology research.

## Otolaryngology

Lawrence Lustig, M.D., was named the Francis A. Sooy, M.D., Endowed Chair in Otolaryngology.

James Pletcher, M.D., was awarded the Francis A. Sooy Clinical Excellence Award.

Lisa Orloff, M.D., was named the Robert K. Werbe Distinguished Professor in Head and Neck Cancer.

### Pediatrics

Elena Fuentes-Afflick, M.D., was elected President of the Society for Pediatric Research, elected to membership in the American Pediatric Society, and appointed to the American Academy of Pediatrics' Task Force on the Vision of Pediatrics.

Alma Martinez, M.D., received the 2007 Haile Debas Academy of Medical Educators Award.

Tricia Michels Tayama, M.D., and Alex Zusman, M.D., received the Academy of Pediatrics Resident Section Anne E. Dyson Child Advocacy Award.

### Psychiatry

Louai Bilal, M.D., received the 2007 - 2008 Teacher of the Year award from the UCSF Residents Association and the 2008 Minority Faculty Career Development award from the Association of American Medical Colleges.

Alicia Boccellari, Ph.D. received the 2008 San Francisco General Hospital Foundation's Heroes and Hearts award.

Peter Ferren, M.D., MPH, was named the first UCSF Global Health Faculty Scholar at the Christian Medical College in Vellore, India.

Emily Lee, M.D., received the UCSF's Academy of Medical Educators 2008 Excellence in Teaching Award.

Francis Lu, M.D., received the 2008 American Psychiatric Foundation Award for Advancing Minority Mental Health, the 2008 Society for the Study of Psychiatry and Culture Creative Scholarship Award, and the 2008 Association for Academic Psychiatry Lifetime Achievement in Education Award.

Kevin Mack, M.D., received the 2007 UC Berkeley JMP Humanism in Medicine Award, the 2007 UCSF Department of Psychiatry Sarlo Prize for Excellence in Teaching, and the 2007 UCSF Academy of Medical Educators Excellence in Teaching Award and was awarded acceptance into the UCSF Academy of Medical Educators.

Elinore F. McCance-Katz, M.D., Ph.D. was listed in the 2007 Best Doctors in America for Addiction Medicine and received the 2007 American Academy of Addiction Psychiatry, Special Award for Educational Development.

Vanessa Thompson, M.D., and Bao Tran, M.D., received Krevans Awards.

### Radiology

Dr. Alisa Gean received the 2008 Radiological Society of North America Leadership Recognition Award

Dr. Ruedi Thoeni was elected to the European Society of Gastrointestinal Radiologists.

## Surgery

Andre Campbell, M.D., was listed in the 2007-2008 Best Doctors in America; was nominated for the 2008 SCCM Shubin Weil Master Clinician/Teacher Excellence in Bedside Teaching Award; and received the 2008 Graduating Class of 2008, Clinical Faculty Teaching Award and the 2008 Robert Lull, MD Award for the SFGH/UCSF Medicine Service Consultant of the Year.

Mitchell Cohen, M.D., received a 2008-2010 AAST Hemostasis and Resuscitation Scholarship, an NIH K08 grant (funded on first submission), and the nomination for the 2008 UCSF Kaiser Award for Excellence in Teaching.

Rochelle Dicker, M.D., received the Award for Excellence in Teaching from the Haile T. Debas Academy of Medical Educators, 2008, and the National Public Hospital Association Safety Net Award in the category of Reducing Health Care Disparities for the Wrap Around Project, 2008.

Peggy Knudson, M.D., received a renewed CDC Grant for the San Francisco Injury Center, for the 2007-2012 period.

William P. Schecter, M.D., was a nominee for the UCSF Class of 2007 Faculty Teaching Award.

## Urology

Jack McAninch, M.D., received the Saint Paul's award from the British Association of Urologic Surgeons for outstanding contributions to the field of Urology, became an honorary member of British Association of Urologic Surgeons, and was elected Vice President of the American College of Surgeons.

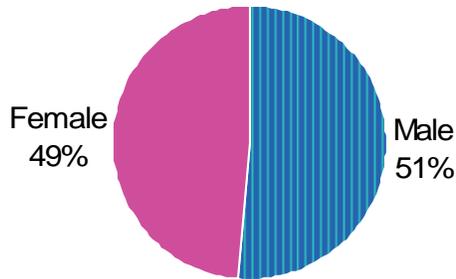


Photo: Molly Duggan Associates, LLC

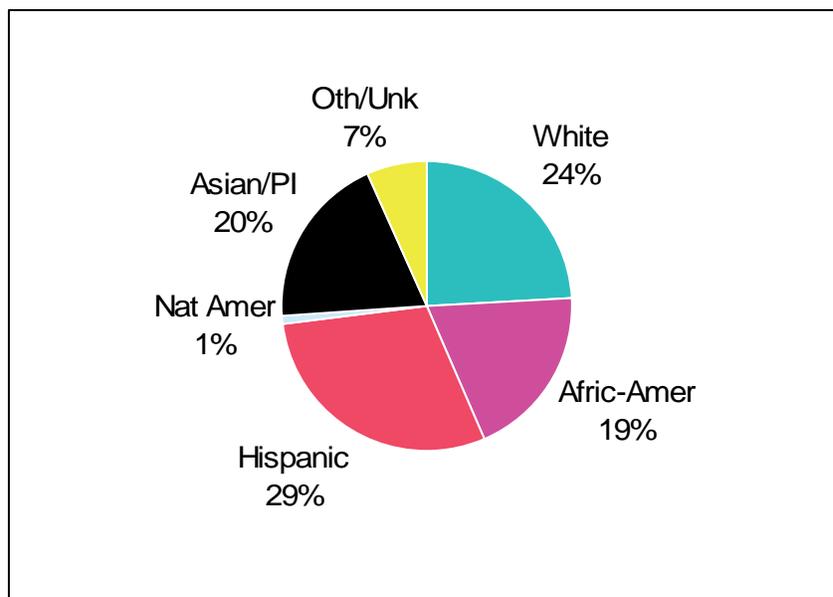
## Population Characteristics

San Francisco General Hospital & Trauma Center treated 98,680 people in Fiscal Year 2007-2008.

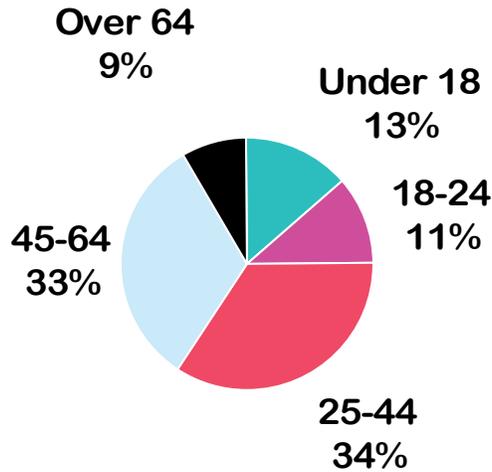
Patients served were 51% males and 49% females. This is the same as the 2007 U.S. Census Bureau estimate for San Francisco. (American FactFinder, U.S. Census Bureau)



Like the City of San Francisco, the SFGH patient population consists of a large percentage of ethnic minorities. The ethnic breakdown, however, is different from that of the City, as estimated by the U.S. Census Bureau for 2007. Whereas Caucasians make up 41% of the City's population, they make up 24% of the hospital's patient population. Hispanics make up 14% of the City's population but make up 29% of the hospital's population. African-Americans are estimated to be 7% of the City's population; 19% of the patient population is African American. Asian/Pacific Islanders are estimated to be 33% of the City's population; 20% of the patient population is Asian/Pacific Islander.



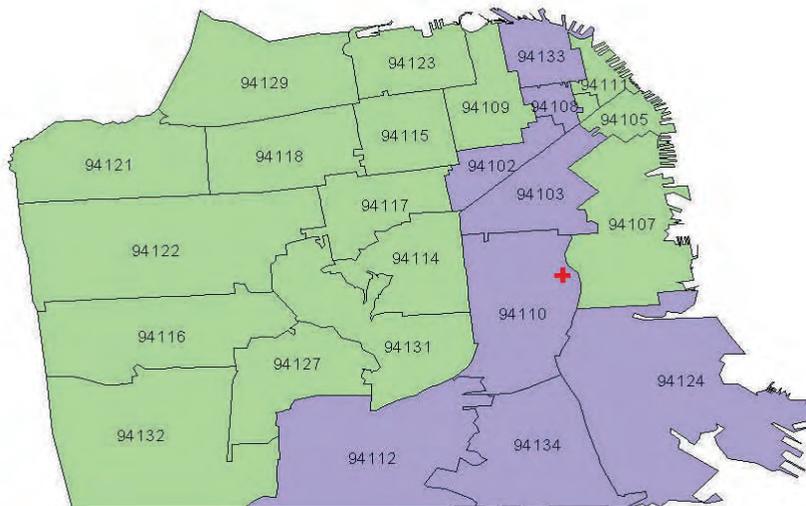
SFGH's patient population is younger than the general population - 78% are between the ages of 18 and 64, whereas 71% of the City's residents are in this age range. Fifteen percent of the City's population is over age 65; this group makes up 9% of the hospital's patient population.



In reviewing patients' residences by zip code on the date of their encounters, 88% of the patient population resided in San Francisco at some point during the year. Eight percent of the hospital's patients resided outside of San Francisco and 11% were homeless, on the street, sometime during the year. (The total equals more than 100% because patients' residences may have changed during the year.)

The majority of SFGH's patients resided in eight zip codes areas:

- North of Market (94102) 10%
- South of Market (94103) 10%
- Potrero Hill/Mission (94110) 20%
- Outer Mission (94112) 14%
- Bayview/Hunters Point (94124) 13%
- Visitacion Valley (94134) 9%
- Chinatown (94108/94133) 4%



The following table shows activities by payer type for fiscal year 2007-2008.

<b>Payer Sources</b>	<b>Inpatient Days</b>	<b>Outpatient Encounters</b>
Uninsured	26%	34%
Commercial	4%	2%
Medi-Cal	34%	28%
Medicare	26%	18%
Others (Healthy Families, Research, Jail, Workers' Comp, CHN capitated plans)	8%	18%

## **Services Provided**

Since its inception, SFGH has served as a community hospital with its primary goal to provide all San Franciscans with quality medical services. Today, SFGH is licensed by the State of California Department of Health Services as a 598-bed general acute care hospital, providing a full complement of inpatient, outpatient, emergency, skilled nursing, diagnostic, behavioral health and rehabilitation services for adults and children. In addition, SFGH is licensed by the California Department of Mental Health for 47 mental health rehabilitation beds and by the California Department of Social Services' Community Care Licensing Division for 41 residential care beds.

### **Clinical Service Groups at SFGH:**

Cardiology	Neurosurgery
Dermatology	Normal Newborns
Emergency Medicine	Obstetrics
Gastroenterology	Oncology
General Surgery	Ophthalmology
Gynecology	Orthopedic
Hematology	Otolaryngology
HIV Infection	Pediatrics
Internal Medicine	Psychiatry
Interventional Radiology	Pulmonary
Laboratory Medicine	Rehabilitation Medicine
Maxilo-Facial/Plastic Surgery	Substance Abuse
Neonatology	Trauma
Nephrology	Urology
Neurology	Vascular Surgery
Family Practice	

The services provided at SFGH are grouped into the following major categories:

- Inpatient Services
- Ambulatory Services (Primary & Specialty Care)
- Emergency Services
- Trauma Services
- Diagnostic Services

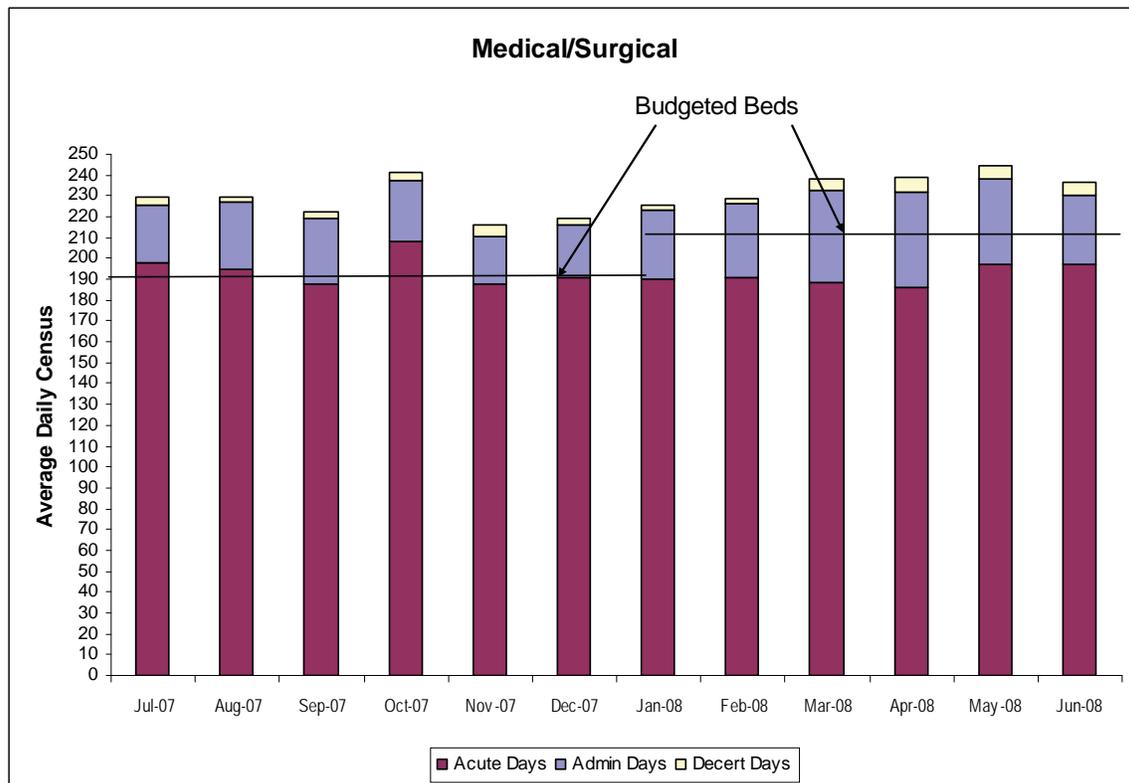
Within each of these categories is a broad range of services, which define the complex level of care.

## Inpatient Services

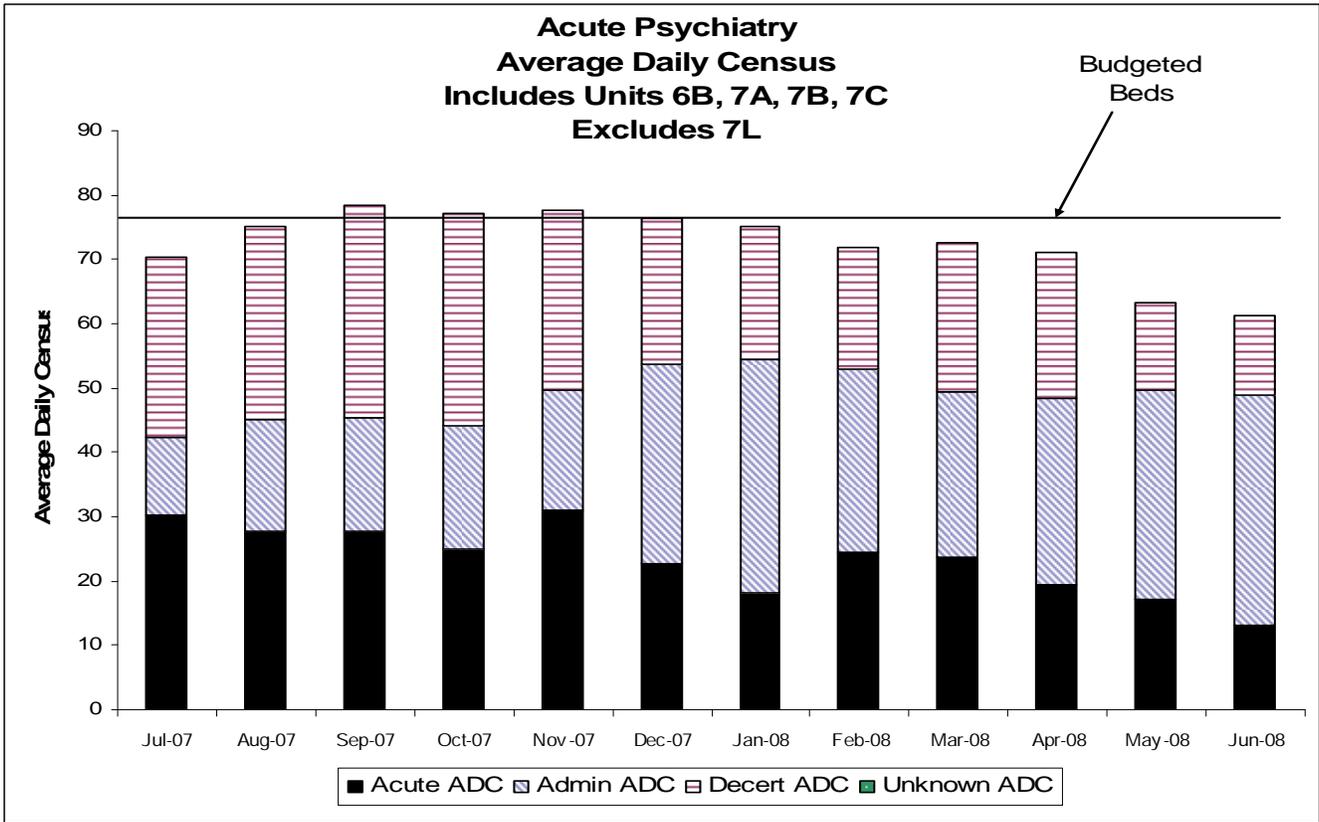
In Fiscal Year 2007-2008, there were 16,031 acute admissions, of which 14% were acute psychiatric. There were 113,095 patient days of which 25% were acute psychiatric. The ten most frequently occurring acute inpatient diagnoses were:

1. Newborn Delivery
2. Psychosis
3. Pneumonia
4. Schizophrenia-Affective
5. Congestive Heart Failure
6. HIV Disease
7. Paranoid Schizophrenia
8. Depressive Disorder
9. Alcohol Withdrawal
10. Obstructive Chronic Bronchitis

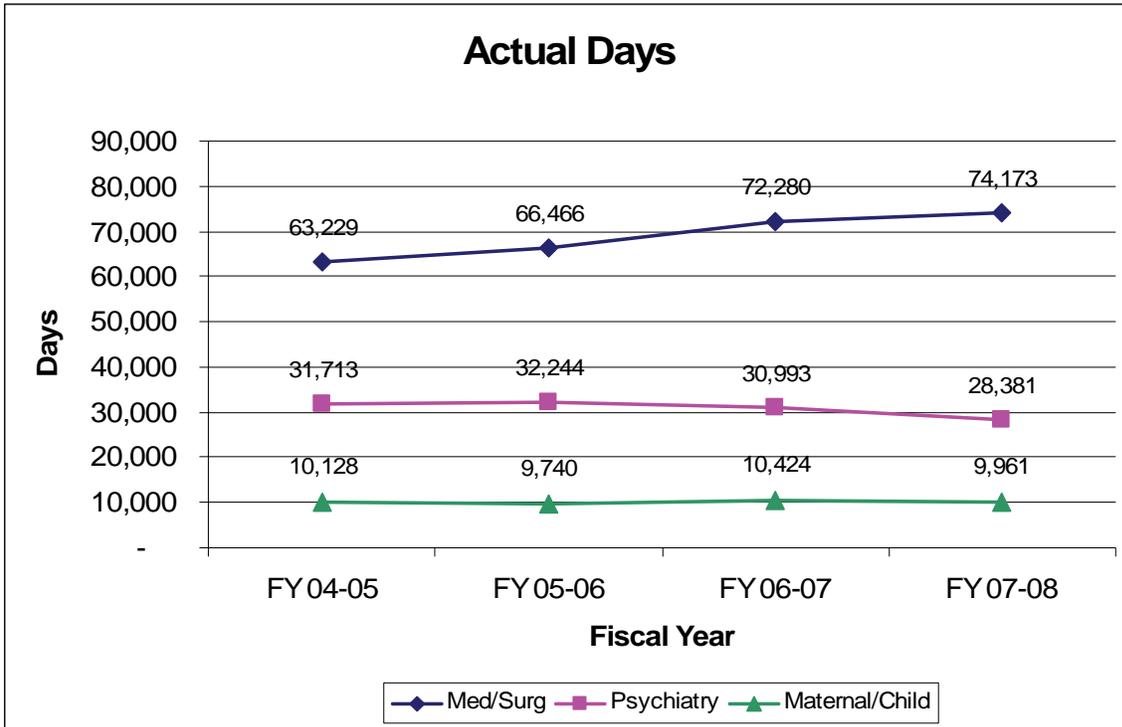
The average daily census for SFGH's Medical/Surgical services was 231. This translates to 95% of its physical capacity, without accounting for the fact that certain beds are designated for specific populations (e.g., forensic patients, pediatric patients). The industry standard for occupied capacity is 80%.



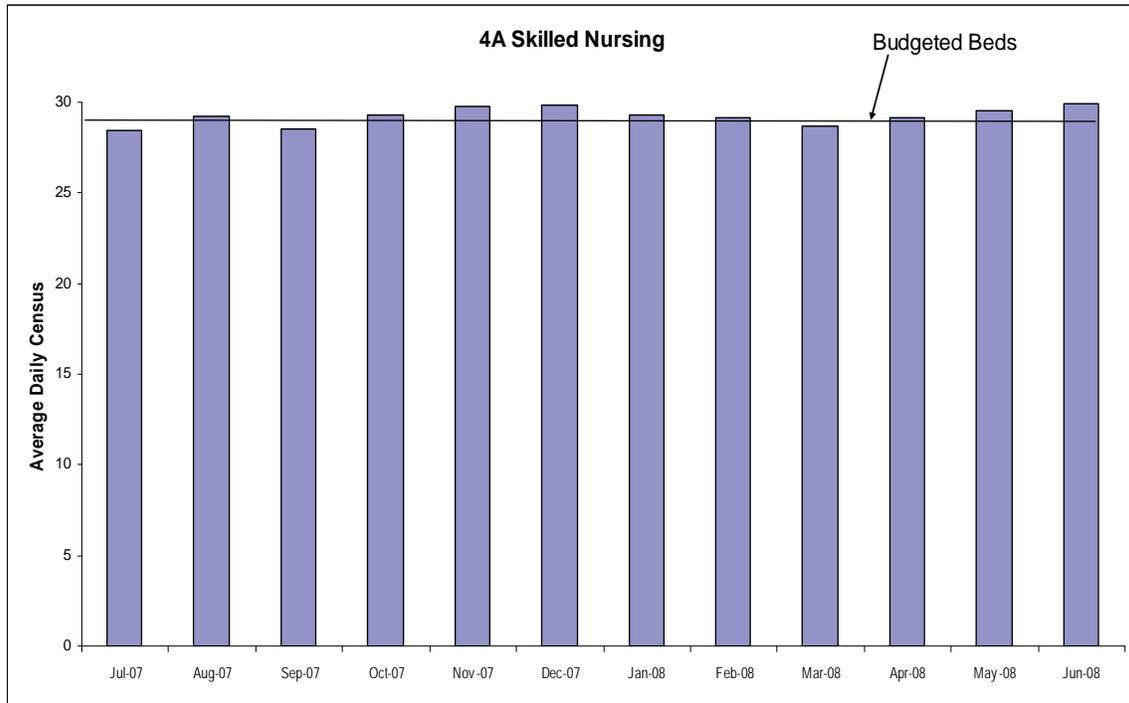
The average daily census for Acute Psychiatry was 78. This translates to 81% of physical capacity. Non-acute days continue to be an issue for Psychiatry. The primary reason for these non-acute days is lack of appropriate placement for patients awaiting discharge.



Over the past four fiscal years, number of Medical/Surgical days increased by 17%, while number of Psychiatric days decreased by 11% and number of Maternal/Child days decreased by 2%.



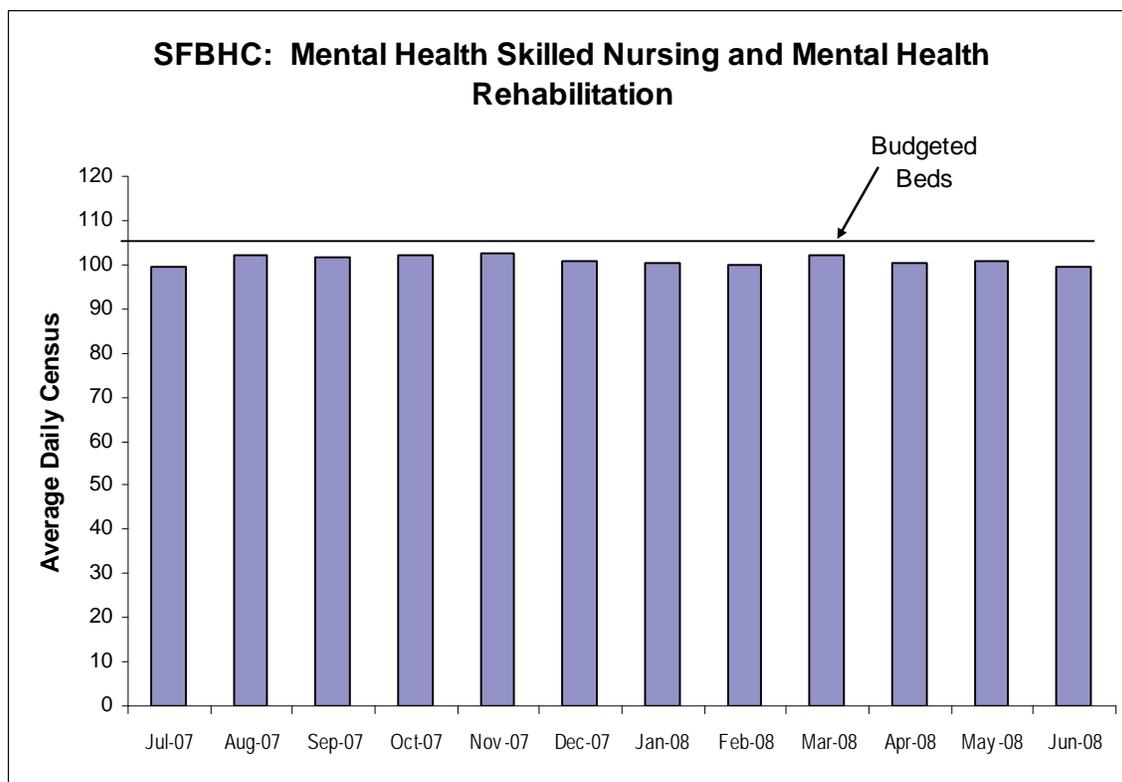
SFGH maintains a 30 bed short-term Medical/Surgical Skilled Nursing unit. This unit provides short-term non-acute care for patients awaiting or recovering from a procedure, patients requiring aftercare that is unable to be administered at home, and patients awaiting placement. The average length of stay is 31 days. The Skilled Nursing Unit was originally planned as a 14-day unit, however, patient placement has been a consistent issue due to the dearth of appropriate places to send patients.



In addition, SFGH is home to the **San Francisco Behavioral Health Center (SFBHC)**. SFBHC serves the sub-acute psychiatric population of the City and County of San Francisco, providing diagnostic evaluation and treatment services, with a rehabilitation focus that promotes improved independence and enables residents to achieve their highest level of functioning, for residents with severe and persistent mental illness. The SFBHC is designed to help residents move along the continuum of care and to transition to the most appropriate community setting.

SFBHC has three levels of care:

- **Mental Health Rehabilitation:** licensed by the California Department of Mental Health (DMH), the Mental Health Rehabilitation Program has 47 beds and focuses on psychosocial rehabilitation of clients with severe and persistent mental illness. The average daily census is 44.
- **Skilled Nursing Facility:** licensed by the Department of Health Services (DHS), the Skilled Nursing Facility has 59 beds and provides for continued care of psychiatric patients with medically complex needs. The average daily census is 57.
- **Adult Residential Care Facility:** licensed under the California Department of Social Services' (DSS) Community Care Licensing Division, the Adult Residential Care Facility has 41 beds and helps clients transition back into the community. The average daily census is 41.



“Bed holds” account for the gap between the average daily census and the budgeted beds. When SFBHC patients are seen in Psychiatric Emergency Services or the Emergency Departments, those beds are held awaiting the patients’ return. However, bed holds are not included in the SFBHC daily census as those patients are included in either the PES or ED census.

### Ambulatory Services

In Fiscal Year 2007-2008 529,098 visits were documented, of which 25% were primary care, 29% were specialty care, 11% were Emergency, 4% were urgent care, 20% were diagnostic and 11% were for other services. Ambulatory clinic services are organized and provided under 6 major centers:

**The Adult Medical Center** provides comprehensive primary care services through its General Medicine Clinic and specialty services to persons over 18 years of age.

Specialty services include:

- |                  |              |
|------------------|--------------|
| Chest            | Cardiac      |
| Diabetes         | Dermatology  |
| Oncology         | Renal        |
| Endocrinology    | Rheumatology |
| Gastrointestinal | Hematology   |
| Hepatomegaly     | Hypertension |

**The Adult Surgery Center** provides a full-range of ambulatory surgical specialties, where comprehensive consultation, surgical procedures and recovery are provided in the hospital setting.

Surgical Specialty Services includes:

Trauma	Orthopedic
General Surgery	Otolaryngology
Vascular	Ophthalmology
Proctology	Neurology
Plastic/Maxilo-Facial	Neurosurgery
Hand	Optometry
Foot	Urology
Breast	Oral Surgery

**The Children's Health Center** provides culturally competent and sensitive medical services to children and young people up to the age of 21. It serves children requiring evaluation of health status, diagnosis and treatment of acute illness. In addition to primary and specialty care services, off-hours pediatric urgent care services are available for patients of the Community Health Network and its affiliated partners.

Specialty services include:

Asthma	Dermatology
Cardiac	Urology
Hematology	Renal
Neurology	Nutrition

**The Women's Health Center** provides general obstetrical and primary women's health care for women of adolescent to geriatric age.

Specialty services include:

- Infertility treatment
- Prenatal education and exercise programs
- Teen obstetrics programs

Extensive family planning services, including therapeutic abortions, and counseling services are provided within the Family Planning Clinic.

**The Family Health Center** provides comprehensive primary care to all family members of all ages, including culturally competent care for the diverse population of the community served by SFGH. Using a Family Practice model, staff incorporates patient education, counseling, diagnostic, screening and therapeutic services in the patients' care and emphasis is on prevention, health maintenance and early diagnosis and treatment of illness.

Services include:

- Prenatal care
- Perinatal case management
- Well child care
- Pharmacist consultation
- Mental health services
- Nutritional assessment and education
- Substance abuse counseling
- Family therapy
- HIV family clinic
- Social services
- Minor surgery

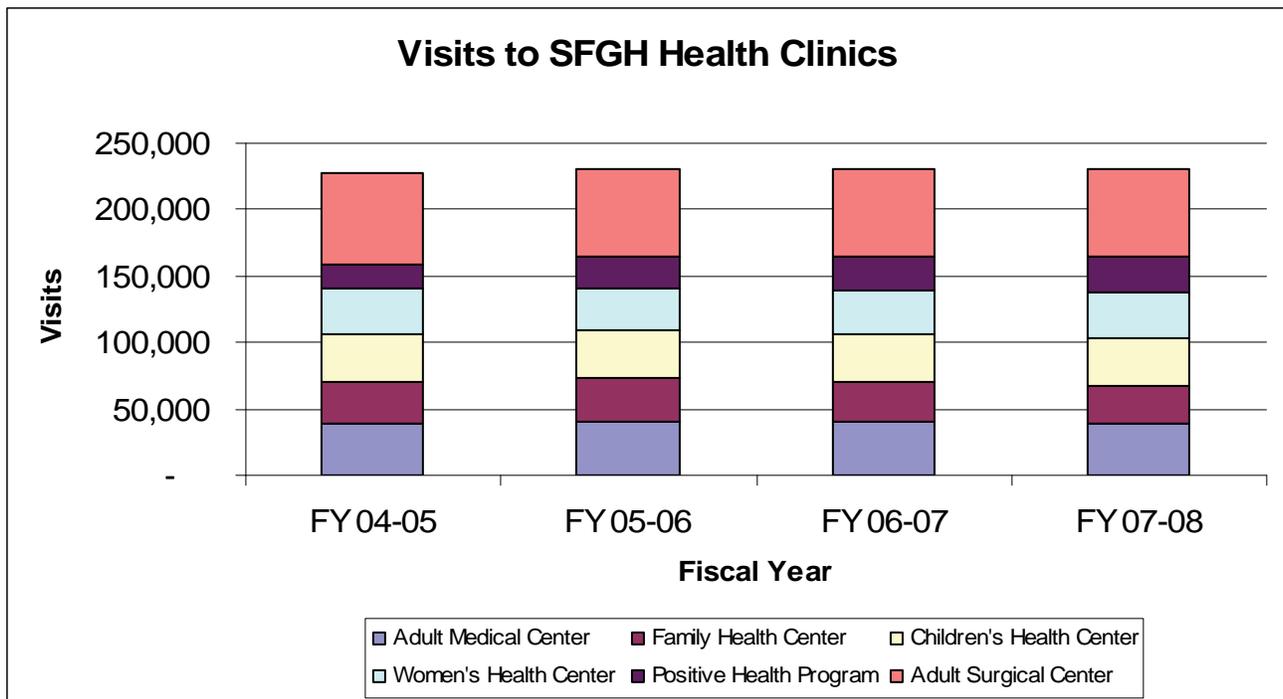
- Health education
- Diabetes education and case management

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

Services include:

- Primary Care
- Dermatology
- Pulmonary
- Endocrinology
- Neurology
- Mental health services
- Lymphoma
- Women’s Health
- Oncology
- Health education

Over the past four fiscal years, the number of outpatient visits to the major health clinics of SFGH increased by 3%.



## Emergency Services

**The SFGH Emergency Department (ED)** is a 24-hour, 7-day a week service licensed by the State of California for comprehensive emergency services. The ED provides resuscitation care for the Trauma Center (Level I) and is the primary receiving facility for mass casualty events. In Fiscal Year 2007-2008, over 51,000 Emergency Room visits occurred, of which 18% resulted in an admission.

The most common diagnoses for non-admit patients are:

1. Chest Pain
2. Abdominal Pain
3. Open Wound (head)
4. Alcohol Abuse
5. Convulsion
6. Contusion to Head
7. Headache
8. Altered Mental Status
9. Acute Upper Respiratory Infection
10. Neck Sprain

Of the non-admit patients, 40% were females and 60% were males. This varies from the overall SFGH population of 49% females and 51% males. Emergency Department patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (28% vs. 29%) and Asians/Pacific Islanders (15% vs. 20%) and higher use by Caucasians (30% vs. 24%) and African-Americans (24% vs. 19%).

Of visits to the ED, 71% were by San Francisco residents, 14% by out-of-county residents, and 15% by people who were homeless. Of the San Francisco residents, 47% were from 6 zip code areas: 94110 Mission (16%), 94124 Bayview/Hunters Point (13%), 94112 Outer Mission (11%), 94102 Tenderloin (9%), 94103 South of Market (9%) and 94134 Visitacion Valley (7%).

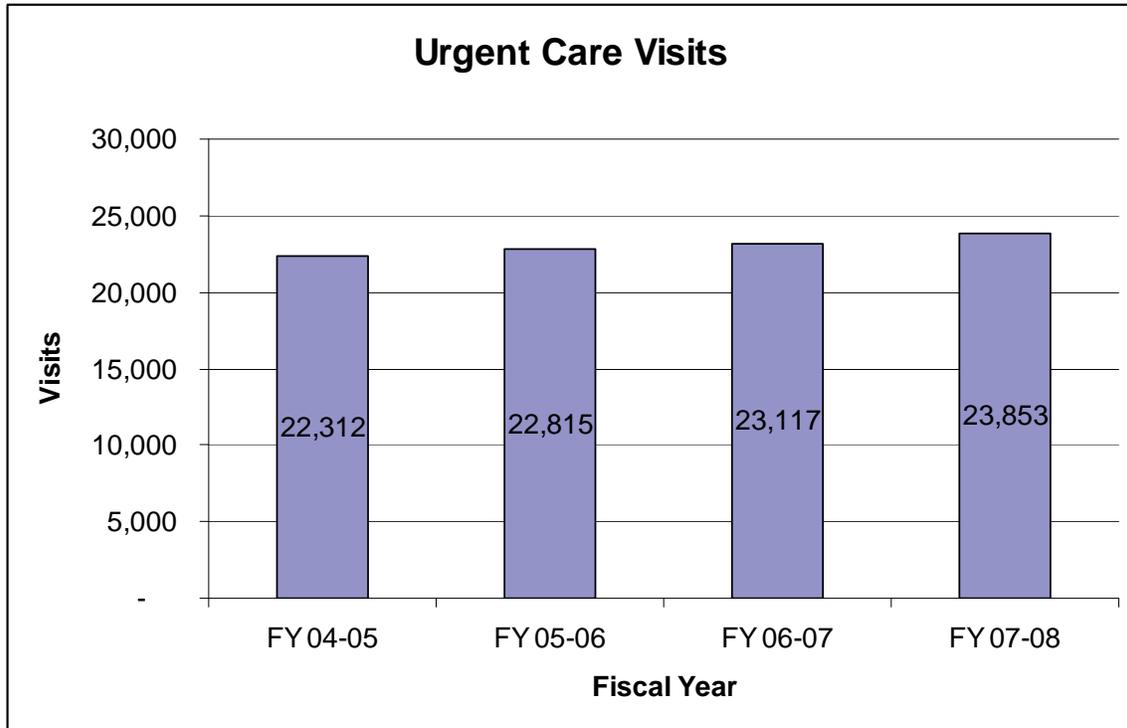
**The Adult Urgent Care Service** provides evaluation and treatment to patients with non-emergent conditions, who, in the past, would have been diagnosed and treated in the Emergency Department. The clinic is open 7 days per week, including holidays, for 80 hours of service coverage. Adult Urgent Care documented almost 24,000 medical encounters in the last fiscal year.

The most common diagnoses are:

1. Backache
2. Hypertension
3. Acute Upper Respiratory Infection
4. Joint Pain-Lower Leg
5. Cough
6. Generalized Abdominal Pain
7. Acute Pharyngitis
8. Joint Pain-Ankle
9. Urinary Tract Infection
10. Diabetes

The patient demographic of patients using the Urgent Care Clinic (by visits) is similar to the overall hospital population, with 46% females and 54% male; and 28% Caucasians, 22% African-Americans, 30% Hispanics, and 16% Asian/Pacific Islanders.

Of visits to Urgent Care, 86% were by San Francisco residents, 6% by out-of-county residents, and 8% by people who were homeless. Of the San Francisco residents, 63% were from 6 zip code areas: 94110 Mission (18%), 94112 Outer Mission (12%), 94124 Bayview/Hunters Point (12%), 94134 Visitacion Valley (7%), 94102 Tenderloin (7%), and 94103 South of Market (7%).



**Psychiatry Emergency Services (PES)** provides 24-hour, 7-day a week emergency assessment, stabilization and disposition for acute psychiatric patients. Last year, over 7,200 people were treated, of which 25% were admitted.

Even more so than the ED, the gender of non-admit PES patients varies from the overall SFGH population, with 36% females and 64% males. Patients' race also varies as compared to the overall hospital population, with lower ED use by Hispanics (12% vs. 29%) and Asians/Pacific Islanders (11% vs. 20%) and higher use by Caucasians (49% vs. 24%) and African-Americans (26% vs. 19%).

Of the PES encounters, 61% were by San Francisco residents, 12% by out-of-county residents, and 27% by people who were homeless. Of the San Francisco residents, 62% were from 6 zip code areas: 94110 Mission (17%), 94102 Tenderloin (14%), 94103 South of Market (13%), 94109 City Hall/Polk Gulch (7%), 94124 Bayview/Hunters Point (6%), and 94112 Outer Mission (6%).

**The SFGH Trauma Center** was one of the first programs organized in the United States to combat death and disability due to injury. It has also been designated as the Level I Trauma Center for both adults and children by the Emergency Medical Service Agency (EMSA) of both San Francisco and San Mateo Counties.

A designated Level I Trauma Center is defined as a specialized hospital facility that has an adequate depth of personnel, resources, services, equipment and supplies to provide care for the injured patient throughout all

phases of the patient's care from resuscitation through discharge. This continuum of care includes the Emergency Department, Radiology/Imaging Services, Laboratory and Blood Bank, Operating Room, Intensive Care Nursing, Medical-Surgical Nursing, Physical Therapy, Social Services and psychological support for the patient and family. This level of comprehensive care is immediately available 24 hours/day every day of the year.

As San Francisco's only Trauma Center, SFGH provides resuscitation, diagnosis, treatment and rehabilitation for complex injuries affecting all areas of the human body. Over 3,300 adults and children are treated each year for injuries requiring activation of a multi-disciplinary team of surgeons, nurses, technicians and therapists.

SFGH is the home for the **Poison Control Center** in northern California, where information about poisonings and treatment is provided around the clock to healthcare providers and the general public over a telephone network.

### **Diagnostic Services & Ancillary Services**

- Clinical Laboratories
- Food and Nutrition
- Infection Control
- Nursing
- Pastoral Care
- Rehabilitation
- Respiratory Therapy
- Pharmaceutical
- Medical/Psychiatric Social
- Radiology
- Interpreter
- Material Management
- Messengers
- Medical Staff Office
- Parking
- Patient/Visitor Center
- Utilization Management
- Admitting
- Biomedical Engineering
- Business
- Education and Training
- Environmental
- Facilities Management
- Human Resources
- Health and Safety
- Hospital Administration
- Health Information System
- Information System
- Quality Management
- Risk Management
- Security
- Telecommunications
- Volunteers

### **Academics and Research**

Through its long-standing affiliation with the **University of California, San Francisco (UCSF)**, SFGH serves as a major teaching hospital for Medicine, Nursing, Pharmacy and Dentistry. All of the physicians at SFGH are UCSF faculty. Approximately 1,500 UCSF physicians, specialty nurses, health care professionals and other professionals work side-by-side with 3,500 City employees at SFGH. The City and County of San Francisco pays UCSF for the patient care services through an affiliation agreement. Each year, over 350 third or fourth year medical students, 800 residents and 60 clinical fellows are trained at SFGH. Thirty-two percent of all the UCSF interns training in 17 academic departments and 35% of all UCSF medical students' clinical training are conducted at SFGH.

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

The hospital is also home to more than 20 research centers and major laboratories. Over 160 principal investi-

gators conduct research through programs based at the hospital campus.

Research work and studies in the following areas are currently being carried out at the SFGH:

**Trauma related research:**

- Rapid response improvement
- Emergency Department management
- Violence prevention
- Surgical techniques and wound care
- Brain spinal cord injury management
- Bone regeneration



**Bioterrorism and Mass Casualty:**

- Development of treatment for botulism toxin
- Decontamination methods for exposures
- Drug and antibody delivery systems
- Predictive models of needed resources

**AIDS related research:**

- Treatment to the homeless
- Adherence to treatment
- Outcomes in the urban poor
- Treatment and prevention of drug resistant HIV
- Immunology of AIDS
- Drug trials
- Management of illness to preserve productivity
- Reducing sexual risk behavior
- Post exposure prophylaxis (needle stick, prenatal, sexual, etc.)

**Cancer related research:**

- Treatment of mesothelioma
- Medical marijuana use
- Breast cancer treatment and preventions
- Ovarian cancer drug delivery system
- Prevention of basal cell carcinomas

**Cardiovascular related research:**

- Heart attack prevention and treatment
- Stroke prevention and treatment
- Vascular malformations and aneurysms prevention and treatment

**Pulmonary related research:**

- Asthma-treatment, prevention, and genetics
- Interstitial lung disease-management and causes
- Chronic lung disease-pathology and preventions
- TB-prevention, control, and treatment
- Pneumonia-genetic risk factors, treatment

**Health Disparities:**

- Racial and ethnic disparities in adults, children and newborns
- Genetic differences
- Health care delivery systems, literacy and cultural effects
- Comparisons of the SFGH system to other systems



## Utilization Statistics

The following summary describes the hospital activity during Fiscal Year 2007-2008.

### Inpatient Services

- The number of acute patient days for Fiscal Year 2007-2008 was 113,095, of which 25% were related to acute psychiatry.
- There were 16,031 acute admissions, of which 14% were related to acute psychiatry.
- There were a total of 47,600 skilled nursing days; 78% were at the SFBHC.

	Licensed Beds	Discharges	Patient Days
Acute	403	13,772	84,842
Acute Psychiatric	106	2,272	28,381
Skilled Nursing	30	331	10,698
SFBHC	156	198	36,920

### Surgery:

- 6,872 surgical procedures were performed in 10 operating rooms, of which 48% were emergent.
- 1,118,100 surgical minutes were performed.

### Obstetric/Gynecology:

- 1,263 babies were born at SFGH.
- Over 1,900 women received prenatal care, of which 25% were high-risk cases.

### Outpatient/Emergency Services

- 96,372 individuals were seen.
- Total of 529,098 visits, of which 25% were primary care, 29% were specialty care, 11% were emergency care, 4% were urgent care visits, 20% were diagnostic and 11% were for other services.
- Of the 51,000 Emergency Department visits, 18% resulted in an admission.
- Of the 7,200 Psychiatry Emergency encounters, 25% resulted in an admission.
- 29% of all ambulance traffic in San Francisco was received by SFGH.

### Trauma Center

- 3,317 adults and children are treated for injuries requiring activation of the trauma team.

## Employees

SFGH has approximately 2,700 City and County of San Francisco (CCSF) fulltime equivalent employees and approximately 1,300 University of California, San Francisco (UCSF) full-time equivalent employees including physicians and house staff.

SFGH is formally affiliated with UCSF by contract to provide medical care, medical students and residents for teaching and research. There are over 500 active (over 50% time) and over 550 courtesy (under 50% time) members of the Medical Staff and approximately 950 interns, residents and fellows each year. Additionally, SFGH employs advanced practice nurses, nurse practitioners and physician assistants to provide care in the inpatient and clinic settings, as part of the overall healthcare delivery team.



Photo: Molly Duggan Associates, LLC

## RESOURCES & CREDITS

### **Department of Public Health Health Commission**

James M. Illig, President  
Sonia Melara, M.S.W., Vice President  
Edward A. Chow, M.D.  
Margine Sako  
David J. Sanchez, Jr., Ph.D.  
Steven Tierney, Ed.D.  
Catherine M. Waters, R.N., Ph.D.

### **Department of Public Health**

Mitch Katz, M.D., Director, Public Health  
Anne Kronenberg, Deputy Director, Public Health  
Gregg Sass, Chief Financial Officer, Public Health

### **SFGH Executive Staff**

Gene Marie O'Connell, Chief Executive Officer  
Sue Carlisle, M.D., UCSF Associate Dean, SFGH  
Jeffery Critchfield, M.D., Chief of Medical Staff  
Susan Currin, Chief Operating Officer  
Doug Eckman, Operations Manager  
Kathy Eng, Director, Health at Home  
Delvecchio Finley, Associate Administrator, Support Services  
Valerie Inouye, Chief Financial Officer, CHN  
Kathy Jung, Associate Administrator, Facilities and SFGH Rebuild  
Sharon Kotabe, Associate Administrator, Pharmaceutical Services  
Sharon Kwong, Director, Medical Social Work  
Elaine Lee, Director, Human Resources  
John Luce, M.D., Chief Medical Officer  
Anson Moon, Planner  
Kathy Murphy, Deputy City Attorney  
Iman Nazeeri-Simmons, Associate Administrator, Quality Management  
Marti Paschal, Director, Administrative Operations  
Roland Pickens, Associate Administrator, Diagnostics & Specialty Care  
Pat Skala, Director, Information Systems  
Cathryn Thurow, Director, Dean's Office  
Sharon McCole Wicher, Director of Nursing, Psychiatry

### **San Francisco General Hospital Foundation**

Katherine Ripley Williams, Executive Director



Artist Marianne Fay is a Bay Area artist born and raised in San Francisco. She characterizes her art as “expressionist” because she has a tendency to record the human experience and its emotional impact.

The Heart she created for the San Francisco General Hospital Foundation Hearts in San Francisco Project is a very personal example of her work. In 1987, her brother Jim was stabbed in the heart by a man with psychiatric troubles. His life was saved by the immediate care he received at SFGH’s Trauma Center. Her Heart sculpture reflects his experience with the Trauma Center. Inscribed are the words “my brother, my heart” with an image of hands holding his heart. She said of her participation in the project, “I am hoping that by participating in this project I will be able to show my gratitude towards this amazing hospital, and to give back something of value as a small repayment for the gift of my brother’s life.”