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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	12457	
Facility Name:	St. Francis Memorial Hospital	
Address:	900 Hyde Street	
City:	San Francisco	
Hospital Owner/Lice	ensee: Saint Francis Memorial Hospital	
Year of Rep	porting: 2011	
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Add	dress::	
Name of Sub	omitter: Robert Omens	
Submission	n Date: 1/29/2012 3:00:00 PM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Tower	900 Hyde Street	Retrofit	SPC2	01/01/2013	08/01/2013
02	1958 Building	900 Hyde Street	Retrofit	SPC2	01/01/2013	08/01/2013

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building) No: 02	1958 Building		Retrofit/ Project:	Replaceme	ent N	es-Submitte	d
Facility <u>Number</u>	Project Sub Number Num	Scope	Date Plan in	Approved F Date	Proj. Start I Date	Proj. Complete Date	ed Status	CEQA Review
12457	HS013325	0 1958 BLDG SPC 2 RETROFIT	12/19/2001	01/25/2005	03/07/2008	5 08/01/2013	OPEN	No

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ing Name: Main Tower		
Type of Service Prov	<u>vided</u>			
X Nursing	Inpatient Beds	225 Inpatient 23999 Days	Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	18 Inpatient Days 4689	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	Emergency
X Psychiatric Nursing	Inpatient Beds	35 Inpatient Days 6169	Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 278	Cesarean/Deliv	X Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: 1958 Building		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	10 Inpatient 3078 Days	X Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name:	Main Tower		
Medical / Surgical (Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 201 Bed	Inpatient 1810 Days 6	Inpatient Bed	0 Inpatient 0 Days	Inpatient 35 Bed	Inpatient 6169 Days
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	• Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
	Inpatient 2605 Days	Inpatient 2 Bed	Inpatient 5893 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 2084 Days	Inpatient Bed	0 Inpatient 0 Days	278	312

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: 1958	3 Building		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 10 Bed	Inpatient 3078 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	10	10

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number		Building to be Removed
01	Main Tower	
02	1958 Building	
03	Pierotti Pavilion	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 B	Building Name: Main Tower			
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	Anesthesia	_		
X	IntensiveCare		Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol escent	X Clinical Lab			Outpatient
		Radiological/ Imaging	Newborn/ WellBaby		Surgery
X	Psychiatric Nursing	X Pharmaceutical	Emergency	X	Central Plant
	Obstetrical Ante/Postprtum		X Nuclear		Support
	/tito/i ostpitam	Dietetic	Medicine		Services
	Intermediate Care	X Administration			
	Skilled Nursing				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02 Buildi	ng Name: 1958 Building						
Type of Service Provided								
, , , , , , , , , , , , , , , , , , ,		X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
X	Nursing	X Anesthesia			Daniel Dialogia			
	IntensiveCare		Obstetrical Recovery	Ш	Renal Dialysis			
	Pediatric/Adol escent	Clinical Lab	Newborn/	X	Outpatient Surgery			
	Psychiatric	Radiological/ Imaging	WellBaby					
Ш	Nursing	Pharmaceutical	X Emergency		Central Plant			
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine		Support Services			
	Intermediate Care	Administration						
	Skilled Nursing							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 01	Building Na	me: Main Tower					
Configuration :	Remove from GAC	service by	1/1/2030					
Type of Service Provided								
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent	Х	Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum	X	Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic					
	Care Skilled Nursing	X	Administration	X	Nuclear Medicine		Support Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 02	Building Na	me: 1958 Building				
Configuration:	Remove from GAC	Service by	1/1/2030				
Type of Service Provided							
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency		Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Nar	me: Pierotti Pavilion		
Configuration :	Retrofit Conforming	g building to	NPC 4 or NPC 5		
Type of Servic	e Provided				
N	lursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
In	ntensiveCare		Anesthesia	Obstetrical	Renal Dialysis
l I	ediatric/Adol scent		Clinical Lab	Recovery	
	sychiatric lursing	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
	ntermediate		Dietetic	,	2 2 3 3 4 3 3 3
	are killed Nursing		Administration	Nuclear Medicine	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Nun]								
Type of Service Provided									
Nursir	ng Inpatier Beds	nt 0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
Intens	iveCare Inpatier Beds	nt 0		Anesthesia					
Pedia escen	tric/Adol Inpatier t Beds	nt 0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psych Nursir		nt 0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obste Ante/F	trical Inpatier Postprtum Beds	nt 0		Pharmaceutical	Emergency	Central Plant			
Interm Care	nediate Inpatier Beds	nt 0		Dietetic	Nuclear Medicine	Support Services			
Skilled	d Nursing Inpatier Beds	ot 0		Administration					
Total I Buildir	Beds this	0							

Report Status: **Data Last Update**: 12/14/2011 **Submission Date**: 01/29/2012 **Print Date**: 1/30/2012 12:45 PM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	Build	ing Name: Piero	otti Pavilion			
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0	