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

Facility Number:	12463		
Facility Name:	San Fra	ncisco General Hospital	
Address:	1001 P	otrero Avenue	
City:	San Fra	ncisco	
Hospital Owner/Lie	censee:	City and County of San Francisco	
Year of Re	porting:	2011	
Contact 1 e-mail A	ddress:		
Contact 2 e-mail A	ddress:		
Contact 3 e-mail Ad	ddress::		
Name of Su	ıbmitter:	Kathy Jung	
Submissio	on 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 Hospital	1001 Potrero Avenue	Replace	SPC5	01/01/2020	12/31/2019
02	M Wing	1001 Potrero Avenue	Replace	SPC5	01/01/2020	12/31/2019

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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: 01	Main Hospital	Retrofit/Replacement Yes-Submitted Project:	
Facility Project Sub Number Number Num	Scope		QA view_
12463 IS071795	0 PPR - SFGH PROGRAM REBUILD	09/27/2007 12/07/2009 09/27/2007 07/01/2015 OPEN N	lo
Building No: 02	M Wing	Retrofit/Replacement Yes-Submitted	7
		Project:	
Facility Project Sub Number Number Num	Scope	Date Plan Approved Proj. Start Proj. Completed Status CE	QA view_
	Scope  0 PPR - SFGH PROGRAM REBUILD	Date Plan Approved Proj. Start Proj. Completed Status CE in Date Date Re	

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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 Nu	ımber: 01	Building Name:	Main Hospit	al				
Type of Se	ervice Provided							
X Nursi	ng Inpa Bed	atient 330	Inpatient Days	66147	X	Surgical	X	Obstetrical Recovery
X Intens	siveCare Inpa Bed		Inpatient Days	8407	X	Anesthesia	X	Newborn/ WellBaby
X Pedia escer	•	atient 8	Inpatient Days	349	X	Clinical Lab	X	Emergency
X Psych Nursi		atient 106	Inpatient Days	21151	X	Radiological/ Imaging		Nuclear Medicine
X Obste	etrical Inpa Postprtum Bed	atient 23	Inpatient Days	4086	X	Pharmaceutical Dietetic	X	Rehabilitation Therapy
Intern Care	nediate Inpa Bed	atient 0	Inpatient Days	0	X X	Administration Support	X X	Renal Dialysis Outpatient
X Skille	d Nursing Inpa Bed		Inpatient Days		X	Services  Obstetrical		Surgery
		Total Be Building		539		Cesarean/Deliv		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: M Wing		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	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	X Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	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 Hospital		
Medical / Surgical (	Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 330 Bed	Inpatient 6614 Days 7	Inpatient Bed	0 Inpatient 0 Days	Inpatient 106 Bed	Inpatient 2115 Days 1
Perinatal (excluse I	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 23 Bed	Inpatient 4086 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 30 Bed	Inpatient 1079 Days 4
Pediatric		intensive Card Nursery	e Newborn	Intermediate Card	
Inpatient 8 Bed	Inpatient 349 Days	Inpatient 1 Bed	Inpatient 336 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center	ı	Int. Care / developm Disabled	ent
Inpatient 22 Bed	Inpatient 8071 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 8 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	539	551

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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	<b>Building Name:</b>	M Wing		
Medical / Surgical	(Include GYN)	Acute Respi	ratory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Pediatric		intensive Ca Nursery	re Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Intensive Care		Rehabilitation Center	n	Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		<b>Building Per</b>	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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

Building Number	Building Name	Building to be Removed
01	Main Hospital	
02	M Wing	
03	Service Building	

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### List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Building 25	

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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	Building Name:	M	ain Hospital					
Type of Service Provided									
			X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	Nursing		X	Anesthesia					
X	IntensiveCare				X	Obstetrical Recovery	Х	Renal Dialysis	
X	Pediatric/Adol		X	Clinical Lab			Х	Outpatient	
	escent		X	Radiological/ Imaging	X	Newborn/ WellBaby		Surgery	
X	Psychiatric Nursing	5	x ]	Pharmaceutical	X	Emergency		Central Plant	
X	Obstetrical		^						
	Ante/Postprtu	m [2	X	Dietetic		Nuclear Medicine	X	Support Services	
	Intermediate								
_	Care		X	Administration					
X	Skilled Nursin	g							

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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 Bu	lding Name: M Wi	ing		
Type of Servic	e Provided				
		S	urgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	Nursing	☐ A	nesthesia	_	
	IntensiveCare			Obstetrical Recovery	Renal Dialysis
	Pediatric/Adol escent	X c	Clinical Lab		Outpatient
			Radiological/ maging	Newborn/ WellBaby	Surgery
Ш	Psychiatric Nursing		harmaceutical	Emergency	Central Plant
	Obstetrical Ante/Postprtum			Nuclear	Support
	:		Dietetic	Medicine	Services
	Intermediate Care	X A	dministration		
	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 Numb	er: 01	Building Na	me: Main Hospital				
Configuration:	N/A						
Type of Ser	vice Provided						
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis
X	Pediatric/Adol escent	X	Clinical Lab		Recovery		
X	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery
X	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant
	Intermediate	X	Dietetic				22
X	Care Skilled Nursing	X	Administration		Nuclear Medicine	X	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:	02	Building Nar	me: M Wing		
Configuration :	N/A				
Type of Service	Provided				
Nu	ursing		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
Int	ensiveCare		Anesthesia	Obstetrical	Renal Dialysis
I I	ediatric/Adol cent	X	Clinical Lab	Recovery	
	sychiatric ursing		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	ostetrical nte/Postprtum		Pharmaceutical	Emergency	Central Plant
	ermediate		Dietetic		ooman min
	are cilled Nursing	X	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 Name:	Service Building		
Configuration N/A				
Type of Service Provided				
Nursing	Surg	gical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Anes	sthesia	Obstetrical	Renal Dialysis
Pediatric/Adol escent	Clini	ical Lab	Recovery	
Psychiatric Nursing	Rad Imag	liological/ ging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Pha	rmaceutical	<b>-</b>	Central Plant
Intermediate	Diet	etic	Emergency	Central Plant
Care		ninistration	Nuclear Medicine	Support Services
Skilled Nursing	LJ Adm	iiriistration		

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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 Number:	Buildir	ng Name: Se	rvice Building				
Type of Service Provided							
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
IntensiveCare	Inpatient Beds	0	Anesthesia				
Pediatric/Ado	l Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis		
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
Obstetrical Ante/Postprtu	Inpatient m Beds	0	Pharmaceutical	Emergency	Central Plant		
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services		
Skilled Nursin	g Inpatient Beds	0	Administration				
Total Beds the Building	is	0					

Report Status: **Data Last Update**: 01/20/2012 **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:	3 Build	ing Name: Serv	vice Building		
Medical / Surgical (Inc	lude 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	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	nent
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