Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:1 of 25

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

Facility Number:	12463	
Facility Name:	San Fran	ncisco General Hospital
Address:	1001 Pot	trero Avenue
City:	San Fran	ncisco
Hospital Owner/Lic	ensee:	City and County of San Francisco
Year of Rep	porting:	2012
Contact 1 e-mail Ad	ddress:	
Contact 2 e-mail Ad	ddress:	
Contact 3 e-mail Ad	dress::	
Name of Sub	omitter:	Kathy Jung
Submission	n Date:	1/8/2013 2:38:05 PM

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:2 of 25

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for rebuild, retrofit or replacement of the building 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
BLD- 01069	Main Hospital	1001 Potrero Avenue	Replace	SPC5	01/01/2020	12/31/2019
BLD- 01070	M Wing	1001 Potrero Avenue	Replace	SPC2	01/01/2020	12/31/2019

Report Year:

2012

12463

San Francisco General Hospital

San Francisco

Page:3 of 25

For each building which is planned for rebuild, retrofit 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: BLD-01069 Main Hospital	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12463 IS071795-0 0 PPR - SFGH PROGRAM REBUILD	9/27/2007 09/27/2007 07/01/2015 ACTI No 12:00:00 AM
Building No: BLD-01070 M Wing	Retrofit/Replacement Yes-Submitted Project:
Facility Project Sub Scope Number Num	Date Plan Approved Proj. Start Proj. Completed Status CEQA in Date Date Review
12463 IS071795-0 0 PPR - SFGH PROGRAM REBUILD	9/27/2007 09/07/2007 07/01/2005 ACTI No 12:00:00 AM
12463 IS071795-0 0 PPR - SFGH PROGRAM REBUILD	9/27/2007 09/27/2007 07/01/2015 ACTI No 12:00:00 AM

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:4 of 25

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

Building Number:	LD-01069	Buildi	ng Name:	Main H	lospital	
Type of Service Pro	<u>vided</u>	_				_
X Nursing	Inpatient Beds	330 Inpatient Days	66556	[X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient Beds	42 Inpatient	Days 8961		X Anesthesia	X Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	8 Inpatien	t Days 354		X Clinical Lab	X Emergency
X Psychiatric Nursing	Inpatient Beds	106 Inpatien	t Days 21521		X Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient Beds	23 Inpatien	t Days 3777	;	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatien	t Days 0	1 :	X Administration X Support	X Renal Dialysis X Outpatient
X Skilled Nursing	Inpatient Beds	30 Inpatien		. '	Services X Obstetrical	Surgery
		Total Beds this Building	539	<u>'</u>	Cesarean/Deliv	Central Plant

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:5 of 25

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

Building Number: BLD-01070 Building 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/ 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 Dialysi			
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Outpatient Services Surgery			
		Total Beds this Building	Cesarean/Deliv Central Plant			

Report Year:

2012

12463

San Francisco General Hospital

San Francisco

Page:6 of 25

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

Building Number:	BLD-01069	Building Name: Mair	n Hospital		
Medical / Surgical (Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 330 Bed	Inpatient 6655 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 106 Bed	Inpatient 2152 Days 1
Perinatal (excluse N	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 23 Bed	Inpatient 3777 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 30 Bed	Inpatient 9270 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 8 Bed	Inpatient 354 Days	Inpatient 12 Bed	Inpatient 531 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
	Inpatient 8430 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 8 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	539	539

Report Year:

2012

12463

San Francisco General Hospital

San Francisco

Page:7 of 25

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

Building Number:	BLD-01070	Building Name: M W	/ing		
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 0 Bed	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 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn 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

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:8 of 25

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

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01069	Main Hospital	Replace
BLD-01070	M Wing	Replace
BLD-01071	Service Building	Remain

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:9 of 25

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

Building Number	Building Name	New Site
N_1	Building 25	

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:10 of 25

Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per Section 130061(c) (2)(E)

Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Nursing N/A N/A
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Intensive Care N/A Main Hospital Main Hospital Main Hospital Main Hospital N/A
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Pediatric Adolescent N/A Main Hospital Main Hospital Main Hospital N/A
Building Number: Will general acutr care services and beds will be relocated to a new, Existing or retrofittrd building? Psychiatric Nursing N/A Main Hospital Main Hospital Main Hospital Main Hospital Normalian Main Hospital Main Hospital Normalian Main Hospital Normalian Main Hospital Normalian Main Hospital Normalian No

Report Year:	2012 12463 San Fran	ncisco General Hospital	San Francisco	Page:11 of 25
Building Number: Will general acu Obstetrical Ante Postprtum		Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Skilled Nursing	BLD-01069 Building Name: utr care services and beds will be recommended.	Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Surgical	BLD-01069 Building Name: utr care services and beds will be reached. N/A	Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Anesthesia	BLD-01069 Building Name: utr care services and beds will be recommended.	Main Hospital elocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 12463 San Fra	ncisco General Hospital	San Francisco	Page:12 of 25
Building Number: Will general acu ClinicalLab	BLD-01069 Building Name: utr care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Radiological/Ima		Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Pharmaceutical		Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Dietetic	BLD-01069 Building Name: atr care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 12463 San Fra	ncisco General Hospital	San Francisco	Page:13 of 25
Number:	BLD-01069 Building Name: are services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Number:	BLD-01069 Building Name: are services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Number:	BLD-01069 Building Name: are services and beds will be recommended.	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Number:		Main Hospital relocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 12463 San Fra	ncisco General Hospital	San Francisco	Page:14 of 25
Building Number: Will general acu Newborn/Well E		Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Emergency	BLD-01069 Building Name: utr care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Rehabilitation Therapy	BLD-01069 Building Name: utr care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Renal Dialysis	BLD-01069 Building Name: utr care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 12463 San Fra	ncisco General Hospital	San Francisco	Page:15 of 25
Building Number: Will general acu OutpatientSurge		Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Medical/Surgica (Include GYN)		Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Perinatal (exclud Newborn / GYN	de N/A	Main Hospital relocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Pediatric	BLD-01069 Building Name: tr care services and beds will be r	Main Hospital relocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 12463 San Fran	ncisco General Hospital	San Francisco	Page:16 of 25
Building Number: Will general acu Intensive Care	BLD-01069 Building Name: tr care services and beds will be re	Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Coronary Care)	BLD-01069 Building Name: tr care services and beds will be re	Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Intensive Care Newborn Nurse	N/A	Main Hospital elocated to a new, Existing or retrofittrd	building?	
Building Number: Will general acu Acute Psychiatri		Main Hospital elocated to a new, Existing or retrofittrd	building?	

Report Year:	2012 12463 San F	rancisco General Hospital	San Francisco	Page:17 of 25
Building Number:	BLD-01069 Building Nam	e: Main Hospital		
Will general acut	tr care services and beds will b	e relocated to a new, Existing or retrofittro	d building?	
Skilled Nursing	N/A			
Building Number:	BLD-01070 Building Nam	e: M Wing		
Will general acut	tr care services and beds will b	e relocated to a new, Existing or retrofittro	d building?	
ClinicalLab	N/A			
Building Number:	BLD-01070 Building Nam	e: M Wing		
Will general acut	tr care services and beds will b	e relocated to a new, Existing or retrofittro	d building?	
Administration	N/A			
			<u> </u>	

Report Year: 2012 12463 San Francisco General Hospital San Francisco

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)

Page:18 of 25

Building Number:	BLD-01069	Building Name:	Main Hospital				
Type of Service	e Provided						
		X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	X	Anesthesia				
X	IntensiveCare		_	X	Obstetrical Recovery	X	Renal Dialysis
X	Pediatric/Adol escent	<u> </u>	Clinical Lab	X	Newborn/	X	Outpatient Surgery
[_V]	Psychiatric	X	Radiological/ Imaging		WellBaby		
X	Nursing	X	Pharmaceutical	X	Emergency		Central Plant
X	Obstetrical Ante/Postprtum	,	7 - 100.000		Nuclear Medicine	X	Support Services
		<u> </u>	Dietetic		Wedienie		Gervices
	Intermediate Care	×	Administration				
X	Skilled Nursing						

Report Year:	2012	12463	San Francisco General Hospital		San Francisco	Page:19 of 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:	BLD-01070 Buildin	g Name: M Wing			
Type of Service	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy	
	Nursing	Anesthesia			
	IntensiveCare	<u> </u>	Obstetrical Recovery	Renal Dialysis	
	Pediatric/Adol escent	X Clinical Lab		Outpatient	
		Radiological/ Imaging	Newborn/ WellBaby	□ Surgery	
	Psychiatric Nursing	Pharmaceutical	Emergency	Central Plant	
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	Support Services	
	Intermediate Care	X Administration			
	Skilled Nursing				

Report Year: 2012 12463 San Francisco General Hospital San Francisco Page:20 of 25

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	Building Number: BLD-01069 Building Name: Main Hospital							
Configuration:	Rebuild (Per SB90	Definition fo	or Rebuild) with new \$	SPC5 and N	IPC4 or NPC5 building.			
Type of Service Provided								
X	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X	IntensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis	
	Pediatric/Adol escent	Х	Clinical Lab		Recovery			
	Psychiatric Nursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery	
1, , 1	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emergency		Central Plant	
	Intermediate Care	X	Dietetic		Niveleou Mediaire		Curner	
	Skilled Nursing	X	Administration		Nuclear Medicine	X	Support Services	

Report Year:	2012	12463	San Francisco General Hospital	San Francisco	Page:21 of 25
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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 Numbe	er: BLD-01070	Building Na	me: M Wing				
Configuration	: N/A						
Type of Serv	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent	X	Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	П	Emergency	П	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing	X	Administration		Nuclear Medicine		Support Services

Report Year:	2012	12463	San Francisco General Hospital	San Francisco	Page:22 of 25
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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: BLD-01071 Building Name: Service Building							
Configuration: N/A							
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	ediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic				
	care skilled Nursing		Administration		Nuclear Medicine		Support Services

Report Year:	2012 12463	San Francisco General Hospital	San Francisco	Page:23 of 25
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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: BLD-01071 Building Name: Service Building							
Type of Service Provided							
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Status: **Data Last Update:** 01/04/2013 **Submission Date:** 01/08/2013 **Print Date:** 1/9/2013 6:25 AM

Report Year:

2012

12463

San Francisco General Hospital

San Francisco

Page:24 of 25

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:	BLD-01071	Building Name:	Service Build	ding		
Medical / Surgical (I	Acute Re	espiratory Care		Acute Psychiatric		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpation Days	ent 0	Inpatient 0	Inpatient 0 Days
Perinatal (excluse N	Burn			Skilled Nursing		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpation	ent 0	Inpatient 0	Inpatient 0 Days
Pediatric	intensive Nursery	e Care Newborn		Intermediate Card		
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpation	ent 0	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilit Center	ation		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpation	ent 0	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemica Depende			Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient Days	0 Inpatient Bed	0 Inpatio	ent 0	0	0

Report Year: 2012 12463 San Francisco General Hospital

San Francisco

Page:25 of 25