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

Facility Number:	12463			
Facility Name:	San Fra	ancisco General Hosp	pital	
Address:	1001 P	otrero Avenue		
City:	San Fra	ancisco		
Hospital Owner/Lie	censee:	City and County o	of San Francisco	
Year of Re	porting:	2013		
Contact 1 e-mail A	ddress:			
Contact 2 e-mail A	ddress:			
Contact 3 e-mail Ad	ddress::			
Name of Su	bmitter:	Kathy Jung		
Submissio	on Date:		10/30/2013 9:57:04	1 AM

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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	SPC2	01/01/2020	12/31/2019
BLD- 01070	M Wing	1001 Potrero Avenue	Replace	SPC2	01/01/2020	12/31/2019

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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 No 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	9/27/2007 09/07/2007 07/01/2005 ACTI No 12:00:00 AM
12463 IS071795-0 0	9/27/2007 09/27/2007 07/01/2015 ACTI No 12:00:00 AM

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

Building Number: BI	_D-01069	Building Name:	Main Hospital	
Type of Service Prov	<u>/ided</u>	_		
X Nursing	Inpatient 330 Beds	Inpatient 62327 Days	X Surgical	X Obstetrical Recovery
X IntensiveCare	Inpatient 42 Beds	2 Inpatient Days 9071	X Anesthesia	X Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient 8 Beds	Inpatient Days 723	X Clinical Lab	X Emergency
X Psychiatric Nursing	Inpatient 106 Beds	6 Inpatient Days 19941	X Radiological/ Imaging	Nuclear Medicine
X Obstetrical Ante/Postprtum	Inpatient 23	B Inpatient Days 3574	X Pharmaceutical X Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient (Inpatient Days 0	X Administration	X Renal Dialysis
X Skilled Nursing	Inpatient 30	Inpatient Days 7326	X Support Services X Obstetrical	X Outpatient Surgery
	Total Buildi	Beds this 539	1 I I	Central Plant

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

Building Number: BL	.D-01070		Building Nar	me:	M Wi	ng	
Type of Service Prov	<u>ided</u>						_
Nursing	Inpatient Beds	0	Inpatient Days	0		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 B Buildin	eds this	0		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:	BLD-01069	Building Name: Main	n Hospital		
Medical / Surgical (Include GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 330 Bed	Inpatient 6232 Days 7	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 106 Bed	Inpatient 1994 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 7326 Days
Pediatric		intensive Care Ne 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	ment
Inpatient 22 Bed	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

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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:	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 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 / developr 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

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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 / Replaced / Rebuilt
BLD-01069	Main Hospital	Replace
BLD-01070	M Wing	Replace
BLD-01071	Service Building	Remain

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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 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 acute care services and beds will be relocated to a new, Existing or retrofitted building? Nursing N/A N/A
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Intensive Care N/A Main Hospital Main Hospital Main Hospital Main Hospital N/A
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pediatric Adolescent N/A

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Number:		lain Hospital cated to a new, Existing or retrofitted	building?	
Number:		fain Hospital cated to a new, Existing or retrofitted	building?	
Number:		fain Hospital cated to a new, Existing or retrofitted	building?	
Number:		fain Hospital cated to a new, Existing or retrofitted	building?	

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Building Number: Will general acut ClinicalLab		ng Name: Main Hospital ds will be relocated to a new, Existing or ret	rofitted building?]
Building Number: Will general acut Radiological/Ima	te care services and be	ng Name: Main Hospital ds will be relocated to a new, Existing or ret	rofitted building?	
Building Number: Will general acut Pharmaceutical		ng Name: Main Hospital ds will be relocated to a new, Existing or ret	rofitted building?	
Building Number: Will general acut		ng Name: Main Hospital ds will be relocated to a new, Existing or ret	rofitted building?	

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Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration N/A Main Hospital Main Hospital Main Hospital Main Hospital Number: N/A									
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Support Services N/A Building BLD-01069 Building Name: Main Hospital Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Cesarean/Deliv N/A									
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Obstetrical Recovery N/A									

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Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Newborn/Well Baby N/A									
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Emergency N/A Building BLD-01069 Building Name: Main Hospital Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Rehabilitation Therapy N/A									
Building Number: Will general acut Renal Dialysis		ng Name: Main Hospital ds will be relocated to a new, Existing or retrofitte	ed building?						

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Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? OutpatientSurgery N/A									
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Medical/Surgical (Include GYN)									
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Perinatal (exclude Newborn / GYN))									
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Pediatric N/A Main Hospital Main Hospital N/A									

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Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Intensive Care N/A N/A									
Coronary Care)	te care services and be	ng Name: Main Hospita ds will be relocated to a ne	ew, Existing or retrofitted	d building?					
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Intensive Care Newborn Nursery Main Hospital Main Hospital Newborn Number:									
Building Number: Will general acut Acute Psychiatric	te care services and be	ng Name: Main Hospita		d building?					

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Building Number: Will general acu Skilled Nursing	BLD-01069 Building Name: te care services and beds will be	Main Hospital relocated to a new, Existing or retro	fitted building?					
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? ClinicalLab N/A								
Building Number: Will general acute care services and beds will be relocated to a new, Existing or retrofitted building? Administration N/A								

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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-01069	Building Name:	M	ain Hospital							
Type of Service	Type of Service Provided X Surgical X Obstetrical X Rehabilitation										
				Surgical	X	Obstetrical Cesarean/Deliv	X	Therapy			
X	Nursing	D	<	Anesthesia	_			5 15 1			
X	IntensiveCare				X	Obstetrical Recovery	X	Renal Dialysis			
X	Pediatric/Adol escent		<u> </u>	Clinical Lab		Name of the same of	Х	Outpatient Surgery			
			<	Radiological/ Imaging	X	Newborn/ WellBaby		Surgery			
X	Psychiatric Nursing	[>	<	Pharmaceutical	X	Emergency		Central Plant			
X	Obstetrical Ante/Postprtur	n _	_			Nuclear	X	Support			
		· <u> </u>		Dietetic		Medicine		Services			
	Intermediate Care		<	Administration							
X	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:	BLD-01070	Building Name:	M Wing								
Type of Service Provided											
			Surgica	al		Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthe	esia							
	IntensiveCare	,	_			Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adolescent	ı	Clinical	l Lab	\Box	N		Outpatient			
			Radiolo		Ш	Newborn/ WellBaby		Surgery			
	Psychiatric Nursing		_	aceutical		Emergency		Central Plant			
	Obstetrical Ante/Postprtu	m _	_			Nuclear Medicine		Support			
		L	Dietetic	Dietetic		weatcine		Services			
	Intermediate Care	X	Adminis	stration							
	Skilled Nursin	g									

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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-01069 Building Name: Main Hospital									
Configuration:	Rebuild (Per SB90	Definition fo	r Rebuild) with new SPC	5 and N	IPC4 or NPC5 building.				
Type of Service	e Provided								
X No	ursing	X	Surgical	X	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy		
X In	tensiveCare	X	Anesthesia	X	Obstetrical	X	Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab		Recovery				
	sychiatric ursing	X	Radiological/ Imaging	X	Newborn/ WellBaby	X	Outpatient Surgery		
1/ 1	bstetrical nte/Postprtum	X	Pharmaceutical						
Ai	nte/F0stprtum			X	Emergency		Central Plant		
	termediate are	X	Dietetic		Nuclear Medicine	Х	Support		
X SI	killed Nursing	X	Administration				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: BLD-01070 Building Name: M Wing									
Configuration:	N/A								
Type of Servic	e Provided								
N	ursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
In	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
	ediatric/Adol scent	X	Clinical Lab		Recovery				
	sychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery		
	bstetrical nte/Postprtum		Pharmaceutical	П	Emergency		Central Plant		
	ntermediate care		Dietetic				2		
	killed 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: BLD-01071 Building Name: Service Building								
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5					
Type of Servi	ce Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant	
	Intermediate		Dietetic	_	Linergency		Contract	
	Care Skilled 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 Numb	per: BLD-01071	Building N	lame: Se	rvice Building			
Type of Serv	rice Provided						
Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intensiv	eCare Inpatient Beds	0		Anesthesia			
Pediatri escent	c/Adol Inpatient Beds	0		Clinical Lab	Obstetrical Recovery		Renal Dialysis
Psychia Nursing		0		Radiological/ Imaging	Newborn/ WellBaby		Outpatient Surgery
Obstetr Ante/Po	ical Inpatient ostprtum Beds	0		Pharmaceutical	Emergency	X	Central Plant
Interme Care	diate Inpatient Beds	0		Dietetic	Nuclear Medicine		Support Services
Skilled	Nursing Inpatient Beds	0		Administration			
Total B Building	l l	0					

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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:	BLD-01071 Build	ling Name: Serv	vice Building		
Medical / Surgical (Include GYN)		Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Perinatal (Exclude Newborn / GYN)		Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Pediatric		Intensive Care Newborn Nursery		Intermediate Care	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Intensive Care		Rehabilitation Center		Int. Care / Developmentally Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	0
Coronary Care		Chemical Dependency		Total Beds this Total Beds th Building Per Building Per	nis
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Unit Service	0

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