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**San Francisco General Hospital Rebuild Planning:  
Utilization of Prior Space**

***A Fieldwork Summary Report by:***

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**San Francisco General Hospital Rebuild Planning: Utilization of Prior Space****SECTION I. ABSTRACT**

The following information was written by Chris Dunne and intended to provide an in-depth review of his fieldwork experience, which was a required component of the University of San Francisco's (USF) Master of Public Health (MPH) program. The experience was successfully completed in collaboration with the San Francisco Department of Public Health (SFDPH), specifically focused on a project at San Francisco General Hospital (SFGH), one of the many SFDPH entities that provide patient care and services to San Francisco. In the spring of 2016, a new hospital building will be constructed and allow for other patient-care units and services to utilize the vacated space. The main objective of this fieldwork was to assist with the appropriate determination and financially sound relocation of units into SFGH's Building 5 based on available space, service workflow, and the needs and considerations of the patients and staff. To avoid confusion, this fieldwork focused on this vacated hospital space of the old building (Building 5) only, and not any of the space in the newly constructed building (Building 25). The structure of this paper will begin with an introduction to the public health issue and background. After the project's scope and background of the public health issue have been addressed, a brief description of SFGH and its principal functions will be included. Following the organizational review, the results from this fieldwork will be shared. Lastly, there will be a brief discussion on how this fieldwork correlated with USF's MPH program's public health competencies, along with a reflection of the experience.

## **SECTION II. INTRODUCTION**

### **The Public Health Problem**

In 1989, a disastrous event took place in the San Francisco Bay Area; the Prieta Loma earthquake. This tragic event shook the lives of many, and was a historical example of how an unthinkable occurrence could happen without any warning or chance for preparation. Although there was no preventative measure that could entirely predict or protect the region from such a catastrophe, there are now architectural measures that would help support a building's structural integrity. This emergency preparedness is especially important for facilities such as hospitals and public safety departments that would be critically depended upon during any type of large-scale disaster. For this reason, San Francisco General Hospital had slated plans to construct a new hospital building set to open in the spring of 2016, which would provide care for their acute and inpatient services. In addition to the new building, there was also a need to seismically retrofit several other secondary buildings on the SFGH campus, which were primarily used for non-clinical services, but also contained a few outpatient services. Another one of the many benefits of this new construction was that it would allow for further advancement in care using modern technologies, as well as increase the amount of beds and space for the emergency department, medical/surgical units, and critical care units. This would be a significant improvement for the patients who received care at SFGH because it also translated to better access to services. Since the Affordable Care Act (ACA) was implemented in January of 2014, more than 30,000 formerly uninsured San Franciscans became Medi-Cal members and nearly another 30,000 gained health insurance through Covered California. Many of the patients at

SFGH are part of low-income populations, homeless, underserved, and need some type of assistance in regards to their physical or mental well-being. To summarize the importance of this project in relation to public health issues it was connected to, it would further improve the current conditions of the SFGH against natural disaster-type events while also improving the access to health services for their patients; who are the reason why SFGH continues to strive for improvement each and every day.

### **The Background / Scope of Problem**

In 1994, the California Senate Bill 1953 (SB 1953) included amendments to the Hospital Seismic Safety Act (Alquist Act) of 1973, which helped ensure that all California acute care hospitals would be able to remain functional shortly after a major earthquake. This act required all general acute care hospital buildings to meet explicit seismic safety standards by retrofitting existing buildings. In November of 2008, the voters of San Francisco approved Prop A, a bond worth \$887 million dollars, that would provide funding for the construction of a new acute care building for inpatient hospital services at SFGH. The relocation of these acute care services into the new building (Building 25) will allow for the consolidation and expansion of outpatient clinics and other ancillary departments into the vacated space (Building 5). This scenario presented an opportunity to develop recommendations on the most appropriate use of the vacated space and would be afforded by the amount of available funding and global SFDPH programmatic priorities.

Another reason why it was so important to the health of San Franciscans was the unique and diverse patient population that SFGH served. In 2013-2014, about 70% of

SFGH patients were uninsured or underinsured, and largely recipients of Medi-Cal, Medicare, or other locally subsidized health plans, such as Healthy San Francisco. Many of these vulnerable patients were low income earners, financial distressed, or homeless. A majority of the time, this subset of patients who received treatment here did not have alternative means to healthcare, and their lives would literally depend on the care received at SFGH. It was not uncommon for patients to avoid visiting a health provider altogether due to a lack of coverage and they would end up having to manage the health outcomes without treatment as best they could. This safety net hospital encourages the opposite to promote healthy living throughout San Francisco. While the need for health services has always been present, the number of patients in California that are looking for care is now higher than ever before with the ACA, and access to services is at the forefront of healthcare reform discussion. Along with this increased demand and large amount of residents living in San Francisco who receive care at SFGH, the ability to provide services in a timely manner has not always been a simple task. The opening of this new nine-floor hospital building on the main campus will help assuage some of these issues that were more common in the past for public hospitals.

### **SECTION III. AGENCY DESCRIPTION**

#### **Purpose**

San Francisco General Hospital's mission statement is, "to provide quality healthcare and trauma services with compassion and respect". SFGH is the safety net hospital of San Francisco and the city's only comprehensive Level-One Trauma Center. In 2014, SFGH had 598 beds and served approximately 106,000 patients per year,

while also providing 20 percent of the city's inpatient care. Like the city of San Francisco, the SFGH patient population consists of a large percentage of ethnic minorities.

### **Activities and Services Provided**

San Francisco General Hospital provides a vast array of health services. This extensive list includes acute care, ambulatory services such as primary care and specialty care, emergency services, an urgent care clinic, a skilled nursing facility, behavioral health services, psychiatric services, and diagnostic services such as radiology, with all of these different types of care including many more subspecialties and programs within each area. In addition to those services provided directly to the patient, SFGH is one of the nation's top academic medical centers, partnering with the University of California, San Francisco School of Medicine on clinical training and research.

## **SECTION IV. PROJECT**

### **Learning Objectives**

The relocation of acute care services into the new acute care hospital building (Building 25) will result in vacated space of approximately 140,000 square feet (SF) within the Existing Hospital (Building 5). This will also allow the phased seismic retrofit of Building 5 to be accomplished, if required per the recommended seismic study, without significantly impacting hospital operations. The primary fieldwork goal was to assist with the appropriate determination and financially sound re-location of hospital

units into San Francisco General Hospital's Building 5 based on available space, service workflow, and the needs and considerations of the patient population and staff.

The first objective was focused on the collection of data and information that was required to help inform evidence-based decisions be made by the planning committee. This type of information needed a confirmation of items such as the square footage by floor and unit, the number of rooms, specific equipment needs, desired proximity to other units to better utilize patient and work flow, and other required information for the building's change of use plan to be submitted to the Office of Statewide Health Planning and Development (OSHPD). This collection of data was for information that was both already in existence and not yet available. In addition to the actual gathering, there was also a need to meet with stakeholders and Subject Matter Experts (SME's) to ensure that all of the data relevant to their area was captured and accurate.

The second major objective was to create documentation, including reports, analyses, tables and matrices that detailed the available space and the units that will be moving into the building, including all of the relevant characteristics and data that were gathered throughout the fieldwork length of time. This was done using Microsoft Office programs, architectural rendering programs, along with other computer programs that would organize and arrange the information into a more useful, simpler, and informative representation which would assist the planning committee and project leads on the decisions that needed to be made. The last major objective was to attend and assist with a recurring meeting that the planning committee had attended. This had included the preparation of materials that were reviewed at each meeting, providing meeting minutes, notes, and the follow up action items that were required. Between the



committee meetings, there was also a need to schedule ad hoc smaller group meetings to ensure that work would still continue between the weeks.

## **Methods**

While the project objectives mentioned above provided an overview of some of the project tasks and work completed, there were many more nuanced steps and methods used in order to meet the project's needs. First off, there were several meetings with departmental leadership overseeing a few of the priority movements that were needed. Population Health Division (PHD) had the public health lab located in downtown San Francisco that would need to be moved to SFGH's main campus. In addition, there was the STD Clinic, TB Clinic, and Positive Health Program (HIV clinic) that would need from their previous locations as well. Since there were additional patient considerations that were needed in order to accommodate the provided services, such as privacy, special equipment, operational hours, ventilation, etc., a needs assessment was addressed in the form of a several discussions and the key information was noted. While these considerations were accounted for, there was also a need to consider any potential concerns that other patients may have towards some of these more sensitive clinics and the proximity to, for example, the children's and infant center. As a result to these possible opinions, the outcome was to co-locate certain services together, such as family, maternal, and child health centers within the same floors and zones.

Another form of analysis that assisted the planning group with considering size expansion and contraction was a review of the total number of patient visits over the last

two years, along with a survey that was sent out to the medical specialty directors to gain a better sense of specific operational needs. This information allowed the planning group to understand if there were any trends, such as increased or decreased demand in service.

Another one of the more time-consuming tasks part of the larger objectives was to review the Master Plan of 2008, a comprehensive project guideline and proposal drafted by an architectural consultancy that was responsible for a majority of the planning many years ago when the rebuild planning had started. The large document was very helpful in that it provided endless details and context to the change of space, but also troublesome at the same time since the information was compiled more than five years ago and a few factors had changed. Due to this there were some minor discrepancies as to which clinics would be moving and to where, and the square footage of the available space. The information was simply not available at that time of collection, but resulted with the need to verify information from that document and the current state since it still had a lot of valuable information that was still being referenced. These tasks also included working with San Francisco's Department of Public Works (DPW) to confirm and reassess much of architectural information. While DPW was working on the floor plans, another method used to verify the accuracy of information was by doing walkthroughs of each unit to confirm space, but also to include staff headcounts. This was needed since the new Building 25 was not going to be including any non-essential clerical space, meaning that many staff would still have a desk over in the old Building 5 to complete work non-related to patient care. This information helped inform the planning group as to how many staff would need office space and where they

were currently located. Throughout this process, key stakeholders and departmental managers and directors were involved to ensure that all perspectives were considered.

### **Findings / Results**

After completing this project focused on the planning and utilization of vacated space at SFGH, the main deliverable resulted with a final proposal of the locations within Building 5. While seemingly simple, this task required vast amount of information to be gathered, as well both quantitative and qualitative information and opinions that had ultimately helped make a majority of the decisions. There was an estimated 130,000 square foot available, which was less than the original estimation, which needed to be designed and planned for the accommodation of outpatient services and units both already located on and off campus at SFGH. Factors such as patient census and projected trends, expansion and contraction, patient considerations and respect for privacy, and dollar amounts all had to be considered in this equation. In addition, the workflow for patients and staff with co-location or close proximity to other units was also a driving factor. Next steps for this proposed movement will include the approval from SFDPH executive leadership for the plans, and also a submission of the vacancy plans and change of use to the governing body for hospital building compliance, the Office of Statewide Health Planning and Development (OSHPD).

### **Discussion / Limitations**

During this experience there were a few limitations that affected this fieldwork. Data was not always available and much of the information that was, had many minor

discrepancies that needed to be validated. Due to this, there was a lot of time spent on reconciling these differences, but was a necessary component which ensured that accurate and reliable information was shared. Another limitation to this process was the available time. Since this project was just one of the necessary steps to planning and completing the final hospital relocations, which will continue several years into the future, the end results would not be available at this time. While that is the case, the information provided throughout this paperwork will still be valuable to continue this project's momentum, and could also be used as a tool for other projects similar in scope. The information provided here could be used for future hospital planning within or outside of the San Francisco Department of Public Health. There are dozens of locations both owned and leased throughout San Francisco that is currently being utilized by SFDPH, but may need to move or be renovated due to influential factors such as aging buildings, necessary renovations, or economic reasons. These end-products from this project could also provide helpful best practices to future work. While the process was overall successful, there were learning moments that could be shared which would have time or cost-saving opportunities for future work.

## **Conclusion**

In summary, the results of this work will largely assist with addressing the public health concern for vulnerable populations, health access, and safe emergency preparedness against natural disaster. The proposed movements will still be vetted and minor changes may result in the future, but they were the most evidence-based decisions in the current state. This was primarily a starting point for the planning of

construction and renovations that will continue on for many years in the future, but was essential to moving forward with the necessary improvements. This project also gathered large amounts of information that was not previously available, which could also be useful for other future decisions that need similar information relating to the facilities, units, and locations on the SFGH campus.

## **SECTION V. PUBLIC HEALTH COMPETENCIES**

This particular fieldwork and the 300 hours that were completed satisfied many of the USF MPH program competencies. Data was collected throughout this project that required critical analysis and assessment of related public health literature. This primarily focused on an in-depth review of the “Master Plan” document, which was an extensively thorough document which notated the historical context of this project, the next-step planning, as well as future requirements and actions needed to fully complete the rebuild project at SFGH. Throughout the course of the fieldwork, there was a large need to practice articulating the relationship between health care delivery, financing, public health systems, and policy. Much of this was a driver for the discussions during the regular committee meetings, and factors such as cost and keeping a political balance were necessary in some of the decision-making. This type of experience also relied heavily upon the application of evidence-based principles to the process of program planning, development, budgeting, management, and evaluation in public health organizations and public policy. This latter criterion was essentially the core foundation of work this experience required. While this was the epitome, there was also the need for ethical, moral, and legal principles in making decisions throughout this

process. Fairness was required to ensure that all of the stakeholders and departments involved received an equitable review and appropriate location placement.

Another omnipresent competency was the need to demonstrate leadership abilities with coordinators and collaborators during this project. Many of the stakeholders or members of the planning committee were executives and leaders throughout the department, which meant a very high-functioning environment that required constant professionalism. Although this project was more closely tied to operational and administrative functions, there was always a need to keep the diverse patient population and community in mind. This included taking into consideration certain needs, such as a respect for privacy, opinions, and maintaining an appropriate environment for all patients who are treated at SFGH. While there were additional associations not mentioned above between the MPH competencies and fieldwork project, the last one deserving recognition was the strong connection between the similar mission and values of the University of San Francisco and San Francisco General Hospital. Both of these organizations have a deep tie to social justice and serving a diverse and sensitive population and culture.

## **SECTION VI. REFLECTION**

### **Quality of Fieldwork Experience**

The fieldwork experience with SFGH was exceptional. Throughout its course, the environment was very fast-paced and encouraging. The support from involved staff and project leads was continuously present, particularly during the times when additional considerations and guidance was needed the most. The goals and objectives

that were created at the beginning of this project did not need much modification, if any, which made the process very fluid. Although there were challenging times that required tenacity and careful focus there were no major setbacks or difficulties. The individuals that were part of the team were engaging and modeled quality. For someone who hopes to work in the healthcare environment, it was a monumental experience gained in only one short summer.

### **Lessons Learned and Professional Growth**

In conclusion, the lessons learned and personal growth achieved through this fieldwork was difficult to measure, as they were invaluable educational contributions. The fieldwork allowed for countless opportunities to experience high levels of professionalism practiced by peers, staff, management, and leadership that were involved with this project. Not only did this position allow for times to hone personal skills, but the chance to observe other professionals and their communicational, organizational, and leadership skills and thought-processes was highly informational. These circumstances allowed for shadowing, open-ended inquiries, and networking opportunities ideal for any career path, regardless of experience. These opened doors could end up leading down a life-changing pathway. While these are all broad lessons gained from the fieldwork, there were also some more explicit educational lessons learned as well.

Always keep an open-mind to new ideas, people, and opportunities. It can sometimes be hard to agree to or pursue an unfamiliar situation, but these moments can frequently be the most rewarding to one's own growth. Be the kind of person that

others want to work with and enjoy being around. Having a positive outlook can be a palpable characteristic that encourage others in their own work. Never stop striving for improvement; growth is an endless pursuit. During this experience, there was the opportunity to work with a large number of extraordinarily intelligent and educated people, and while there were many similar traits amongst them, this desire to continuously improve and learn seemed to stand out the most. This was singlehandedly the most noticeable attribute of these successful individuals and the biggest teaching learned from this experience.