In San Francisco, not a day goes by when the homeless are not out on the streets, begging for money, languishing on our sidewalks, sleeping in doorways. We avert our eyes and walk around them, often feeling sad and frustrated. “Why doesn’t somebody do something?” we ask.

Somebody is. At San Francisco General Hospital Medical Center (SFGHMC), numerous medical and social service providers are working in concert with Bay Area agencies to care for the homeless. In addition to improving the quality of life of so many people in need, they are actually helping to cut financial costs to the city and county—and its taxpayers.

By targeting resources directly to the people who use them, providers are ensuring that the homeless are cared for compassionately, effectively and efficiently. Many of the problems plaguing the homeless community—such as lack of housing, mental health issues and substance abuse—can be addressed by social workers, thereby allowing physicians to concentrate on providing quality medical care.

In terms of medical care, homelessness presents unique challenges. Because the vast majority of homeless people are uninsured, many come to the SFGHMC emergency room where they are guaranteed care—often care that can be provided at outpatient clinics at a fraction of the cost. Studies show homeless people also tend to wait longer to come in for service. By then, their cases have become more acute and therefore more expensive to treat. Providing nonurgent care to the homeless in emergency care settings may also divert resources from patients with more emergent needs.

SF General’s Emergency Department Case Management program (EDCM) is designed to reduce the strain on the emergency room while providing services that are truly needed by the homeless. The EDCM was established in 1995, after a pilot study determined that intensive case management services could meet the complex needs of frequent users.

“What we found was that these people, with their complex problems, were more 11 times more likely than the general population to be using emergency and acute services,” says Kathy O’Brien, EDCM program coordinator.

The program targets people who have used the SFGHMC emergency room five or more times in a calendar year. “By linking our clients to social work case managers, we can provide better care for them,” O’Brien adds. “We start by working on quality of life issues. As clients develop trust in us, they begin to stabilize. From there, we’re able to help them find access to housing and medical resources.”

Nearly all (93 percent) of EDCM patients need housing when they first come to the program. Joe Roll, primary care doctor, EDCM, says that case management makes a world of difference in his work.

“We have to get people housed before we can deal with their cardiac conditions or diabetes, HIV and asthma. But physicians aren’t set up to do that,” he says. “Without a place to stay, our patients can’t or don’t keep up with their medications. If they have prescription drugs on them when they’re on the street, they become targets of violence.”
In addition to overusing the emergency department, the homeless population also tends to overuse the inpatient medical system. Studies have shown that about 13 percent of patients at SFGHMC account for 40 percent of the costs of running the medical center.

Shifting patients’ use of the SFGHMC acute care system to outpatient services is the goal of the High User Case Management program (HUCM). Patients in the program are usually medically frail, and the acuity of their diseases is high.

“No one is denying that our patients are very sick,” says Elyse Miller, the program’s clinical director. “But this program can assist them with their continuity of care. With outpatient care, people have better odds of being medically stable and gaining a better sense of their health and well-being.”

The program has a case load of about 50 patients, all of whom have primary care providers at SFGHMC.

“Here we have patients with a significant amount of trauma, psychological issues and substance abuse, in addition to major medical needs. The problems are too broad for one person to manage,” Miller explains. “A team approach is much more effective.”

That approach involves the collaboration of the HUCM’s social workers with a multitude of city agencies designed to assist the homeless in finding housing and appropriate treatment for their particular needs.

“Our line staff does a tremendous amount of work. There’s a certain spirit of the team to help people who have dropped through the safety net,” explains Miller. “In turn, the patients we work with are incredibly appreciative. They want to be healthy and have a sense of stability. With this program, we can extend the best services to improve the quality of life, while helping the hospital to lower costs.”

Case History #1

After graduating from SFGH’s Emergency Department Case Management (EDCM) program, a client who literally sold the clothes off her back for crack cocaine was recently named Woman of the Year by her church.

Lily (not her real name) often used the medical emergency department for her basic needs. In her late forties, Lily would show up agitated, paranoid and often wearing nothing but a blanket.

“Every time she would come in, we’d tell her about our services. But she’d tell us no, she wasn’t interested,” says Kathy O’Brien, EDCM program coordinator. “We persisted, though. We told her about entitlements, money that could be made available to her for housing and food. That piqued her interest.”

An EDCM case management team worked with Lily, helping her progress step by step. Her case manager assisted Lily in finding housing. After several years, she grew more comfortable with team, and became more forthcoming, especially about her drug abuse. After spending time in residential treatment and drug rehab, she became reconnected with her church.

“It had been a source of shame for Lily that she fell out with them,” says O’Brien. “Now she’s been drug-free for about five years. She’s taken some reading courses. There were snags along the way, but she turned her life around.”

Recently Lily’s church named her Woman of the Year.

“Lily used to sell the clothes off her back for crack,” says O’Brien. “Now she’s clean and sober, and serving as a role model for others. She talks to others about the role of faith in her recovery. She’s full of pride and confidence, as well she should be.”

Case History #2

When Harry first came to San Francisco General complaining of leg pain, he looked like someone to avoid. He had a scar on his head held together by staples, he was almost incoherent, and he couldn’t track a conversation. He also reeked of alcohol. Just in his mid-forties, Harry looked like he might not make it. But an EDCM case manager approached Harry, offering services and hope.

“The case manager was able to make contact with Harry,” says Kathy O’Brien, EDCM program coordinator. “But at first I didn’t know how much we could do.”

With help, Harry began to believe in possibilities. He realized he had a choice: he could remain drunk, sick and homeless, or he could climb out of the pit that had become his life.

His first step was joining a substance abuse group run by the EDCM team. After about a year, Harry began going to 12-step meetings. He was able to keep his sobriety longer, and even took on a leadership role in his EDCM group, encouraging his peers to stay sober, too.

“Step by step, Harry made great progress,” says O’Brien. “We were able to help him find appropriate medical care and housing. Then he was able to get into vocational rehabilitation, and then got a job. And he reconciled with his family.”

As he got better, Harry discovered he had a creative streak, too. He would find disposable cameras and take pictures of people who mattered most to him. When he found work, he was able to buy cameras and continued photographing.

“He’d take pictures all the time—of staff, of clients, of people who were important to him,” says O’Brien. “We realized we had become his important family.”

A year after he graduated the EDCM program, O’Brien ran into Harry. He was still sober, had his apartment and family, and was still working.

“It was such a pleasure to see him,” says O’Brien. “Harry still believes in possibilities. The case manager was the one who held the optimism at first. And Harry persevered.”
A two-year randomized clinical trial comparing Emergency Department Case Management to Usual Care found that EDCM produced statistically significant reductions in psychosocial problems and Emergency Department use and cost. In the EDCM group, homelessness was 28 percent lower, problem drinking was 28 percent lower, and lack of health insurance was 26 percent lower. And Emergency Department financial costs were 44 percent lower among EDCM patients.

Efforts to find housing, medical and social services for San Francisco’s homeless could not be more timely. A recent study by UCSF researchers revealed that the median age of homeless people is increasing every year, and that they are staying homeless longer than ever before.

“These conditions have major implications for SF General. As people age, their need for healthcare increases,” explains SFGHMC physician Margot Kushel, an assistant professor of medicine at UCSF, and the study’s second author. “Our study shows that the homeless population’s use of the hospital will only increase unless we intervene.”

Kushel is working with the San Francisco Department of Public Health on several projects to address homelessness, including the creation of a 60-bed medical respite services facility that will house and care for homeless people after they’ve been hospitalized.

“We want to release people from the hospital to a safe place,” she says. “Soon they’ll be able to go to a facility where they can receive quality follow-up care and priority consideration for housing services.”

In addition to her work in San Francisco, Kushel has been involved at the state and national level, helping SFGHMC take a leadership role on the issue of homelessness.

“We’re not the only city or the only hospital that’s confronting these issues,” she says. “We’re a public hospital with a strong academic bent. The academic component enables us to step back and think about the best ways to confront problems. The medical center is where we carry out our plans.”

As SFGHMC demonstrates, cost savings and quality of life are not two separate issues. And, as Elyse Miller says, ongoing efforts to improve healthcare for the homeless benefits all people.

“A lot of us work here because we believe everyone should receive premium care,” she says. “Anytime you can control disease and enable people to care for themselves, it benefits everyone. It makes our society a better place to live.”

The SFGH Foundation is thrilled to announce a $1 million gift from the Avon Foundation. This gift will support patient care programs at the Avon Comprehensive Breast Center, located at San Francisco General Hospital Medical Center including the patient navigator program, expansion of a breast cancer risk program, enhancements to our community outreach efforts, and the institution of a cancer survivor’s program.

SFGHMC is grateful for the Avon Foundation’s continued support, which has been critical in addressing the needs of tens of thousands of women who depend on the SFGHMC safety net for their healthcare.

WANTED: A Few Good Men and Women

The San Francisco General Hospital Foundation is once again sponsoring its Heroes & Hearts Luncheon in Union Square on February 14, 2007. This event is an opportunity to honor those within the community who have demonstrated exceptional and inspirational behavior. Our goal is to salute these special individuals by telling the city their stories.

Do you have a co worker or colleague who has given above and beyond to the citizens of this great city? Have they implemented an idea or program that makes San Francisco a better place to live? Have they saved a life, wiped a tear or provided a needed hug. Did they help restart a life, make a difference to a family in stress? Have they made the workplace a better place to be? Please help us identify the police officer, the firefighter/paramedic, SFGH employee and the community member that has made a difference.

Guidelines for nominations:

- A Nominee must reside and /or work in the city of San Francisco
- A Nominee must have rendered noteworthy service to an individual or the community as a whole (e.g. has demonstrated exceptional or inspirational behavior either through direct action such as saving a life, or through a creative idea that has extraordinary benefits)
- Nominations can not be considered for posthumous awards
- All nominations must be received by Monday, December 11, 2006

For additional information, please contact: Katherine Moe at: Katherine.Moe@sfdph.org or 415-206-4478

To review past recipients or download nomination forms: www.sfghf.net
Trauma Recovery Center: Healing Mind & Spirit dinner fundraiser took place Saturday, September 16 at the Google headquarters in Mountain View, CA. The evening featured a reception with music by Sara Bareilles, wine tasting by CRUSHPAD, silent auction, a special VIP behind-the-scenes tour of Google, and a cooking demonstration by Google Executive Chef Nate Keller. Ray Taliaferro, KGO Radio, served as the Emcee, and Assemblyman Mark Leno was on hand to lend his support. Healing Mind & Spirit was a tremendous success, raising both funds and awareness for the great work happening at the Trauma Recovery Center (TRC).

The Trauma Recovery Center at San Francisco General Hospital/University of California, San Francisco, is an award winning, nationally recognized program which provides services to members of our community who have suffered from trauma, violence and loss. The Trauma Recovery Center promotes emotional healing by providing respectful, compassionate mental health services. Healing Mind & Spirit Dinner Fundraiser will help raise awareness and funds for the vital services the Trauma Recovery Center provides.

For more information on how you can help: Trauma Recovery Center 2727 Mariposa Street, Ste. 100 San Francisco, CA 94110 (415) 437-3000

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The Trauma Recovery Center would like to give a SPECIAL THANKS to the following for their support

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Google Executive Chef Nate Keller gives a cooking demonstration to guests.

Trauma Recovery Center: Healing Mind & Spirit dinner.

Assemblyman Mark Leno, Robert L. Okin, MD, and Emcee Ray Taliaferro, KGO Radio.

Dr. and Mrs. Harry Roth.

Nikki Elkin and TRC guests eagerly await dinner, along with Leena Krasiso and Khalil Habeeb, Finance Director, Psychiatry.
Staff Appreciation Luncheon

Thank you to all who attended and supported the 7th Annual Staff Appreciation Luncheon, Friday, September 29, 2006.

Special Thanks

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Gene O’Connell, CEO, helps serve sandwiches to the staff.

A lack of sun didn’t deter attendance!

Hospital employees enjoying the free massages provided by Traveling Massage.

Enjoying friends and co-workers at the Luncheon.

Gene O’Connell, CEO, helps serve sandwiches to the staff.

Anson Moon, Senior Health Program Planner, SFGHMC and Sue Carlisle, UCSF Associate Dean, keep the food flowing to the hundreds of employees who participated in the luncheon.
A Year of Accomplishments at SFGHMC

It gives me great pleasure to have this opportunity to update you on what has been happening at San Francisco General Hospital Medical Center (SFGHMC). As you well know, SFGHMC is the only trauma center — Level 1 — in San Francisco. Its role within the City’s emergency services system cannot be overstated. This was evident most recently when eight people were transported to SFGHMC after being struck by a motor vehicle. I must say that I was very proud of the magnificent teamwork demonstrated by everyone in the hospital—the doctors, the nurses, the radiologists, the respiratory therapists, the social workers and support staff—all working in coordination. Moreover, this was in the middle of providing care for three other trauma patients already in the ED.

During this time, Mayor Gavin Newsom and his staff visited the Emergency department, asking how they can help. Dr. Alan Gelb, Medical Director of the ED quickly briefed the Mayor of the situation, informed the Mayor that medically, all was under control, and made arrangements so the Mayor could encourage patients and their family. Staff demonstrated our readiness to handle situations such as this. I thank them all for shining so brightly.

Members of the Hospital’s Executive Staff Committee recently participated in a half-day retreat to develop hospital goals for the upcoming year. As part of the process, we reviewed our accomplishments of this year. As I reviewed the list of accomplishments, now six pages long, there are several items that I would like to highlight as examples of the work we do:

- We served over 103,000 individuals (49% are uninsured), and documented 153,000 inpatient days and 511,000 outpatient visits.
- We promoted patient safety by implementing all the 2005 and 2006 Joint Commission on Accreditation of Healthcare Organization (JCAHO) National Patient Safety Goals.
- We demonstrated organizational and staff competency by being recognized by the American Medical Association Hospital Recognition Program for “Innovative Approaches to Patient-Centered Communication.”
- We improved our facility by equipping and refurbishing Trauma Room #3 and digital chest services, by retrofitting the pneumatic tube system, and by transitioning the Bio-Medical Department to a new computerized work-order management system.
- We improved access to services by opening a ninth operating suite and by implementing innovations such as the Gastrointestinal Department E-Consult program, which reduced wait time for a non-urgent new patient appointment in the GI Clinic by 73%.
- We met regulatory standards by successfully receiving a three-year accreditation from the Joint Commission on Accreditation of Hospitals for our acute and outpatient services, Bridge-to-Wellness, and long-term care programs; and a two-year accreditation the Clinical Laboratory. We passed post-licensing surveys for the San Francisco Behavioral Health Center (SFBHC) Mental Health Rehabilitation Center and Adult Residential Facility; and received Level I Trauma Center verification for adults and pediatrics. We maintained our Medicare deemed status after undergoing an intensive Medicare Validation Survey; and completed the long-term care Licensing and Certification Survey with very few minor deficiencies.
- We improved staff recruitment and retention in our most critical areas of pharmacy, radiology and nursing.
- We continued our planning for the Helipad and for the replacement hospital building. We are waiting for the Environmental Impact Report by the City’s Department of Planning, and as for the replacement hospital project, the Board of Supervisors approved $12.1 million in initial start-up funding for pre-design services.

As we continue to work toward our mission “to deliver humanistic, cost-effective, and culturally competent health services as an integral part of the Department of Public Health for the City and County of San Francisco,” I would like to take this opportunity to thank the staff of SFGH for their hard work. I would also like to thank you for taking an interest in this hospital. Our days are so much easier knowing that we are supported in the community.

Deepest Regards,

Gene Marie O’Connell
Executive Administrator
The San Francisco General Hospital Foundation gratefully acknowledges the generous support of our donors for their gifts for the period January 1, 2005 to December 31, 2005

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Patricia Raposo
Sandra J. Read
Wayne A. and Debby Rechnitz
Stephen W. Reiss
Seitz Linda Relker
Edward C. Remedio
Amy Reynolds and David Shore
Florence Rial
Elizabeth Richard
Connie Kay Richardson
Elleen Richey
Gloria Rigazio
Kathleen Riley
Tedd Rinnella
Carolyn A. Roberts
Christina Roberts
Kenneth G. Robin
Marion T. Robus
Carlos R. Rodriguez
Susan T. Roff
Maria Romero
Susan and Steven Rosen
Leonna Rosenbaum
Robert M. Rosner and Julie Linn Goldman
Barbara Rothkeug
Davith A. Rowan, MD
Linda J. Rudolph
Mr. and Mrs. John Rufo
Eveline Runze-Mullenkens
Maurene D. Rylance
Asha Saeveda
Alexander and Marina Sadowski
Rice Music Distribution
Richard Saiz
Janet L. Saks
Brenda Salgado
Guido Salomone, Jr.
Bela Salvold
Marie F. and Daniel L. Sampior
Valerie Samson
Mr. Walter Samuel
Marilyn Samuels
Consuelo F. Santos
Jerome and Mary Sapiro
Baltram Sarin
David Sarne, MD
Jacquelin and John L. Sarraille
Colleen M. Sasso
Maria Rowena F. Satorre
Beatrice Sauer
Keith Sawyer
Laura E. Schaeffer
Irene Schafffin
Rod and Patricia Schaubrock
Elaine Scheppler
Robert H. Serrer
Lillian Schule
Edward Schiffer
Leon and Beulah Schiller
Nan D. Schloberg
Christo M. Schoenbrtodt
David Schroeder
John J. and Jeanne M. Schroeder
Connie Schreper
Carol Schulte and Kenneth Reggie
Karen Schultz
Maeude Schulte
Kathleen P. Schumock
Edmond Scola
Dena L. Scrivner
Laura Sedlack
Aristotle E. Semana
Rodolfo D. Seneres
Fred Seronick
Laura M. Shainer
Naveen Sharma
Danar Sharp
Robert A. Shattuck
Ardon and Gladys Shgosian
Marcus and Louise Shimoff
Nancy L. Shoklin
Sights and Scents
Jill K. Silverman and William N. Guerrier
Joseph S. Silvestri
Ms. Anne Simons
Jagdish Singhal
Yronne J. and Paul Sipe
Arturo Sison
Gloria B. Smith
Jeanne Smith
Kurt J. and Carmen R. Smith
Mathew and Elizabeth H. Smith
Weber J. Smith
David E. Smith, MD and Millicent E. Buxton-Smith
Lorraine H. Smookler, MD
Donald Snyder, MD and Joyce Snyder
Myrna Loth Snyder, MD
H.W. Soedner
Gloria Solls
Ernest and Betty Solon
Amy Somers
Narong B. and Nom B. Sorplang
Marilyn Sperber
Lisa Spiegel
Dorothy Wiesel Spiegelman
Lupe Speonger
Gloria Stachniewicz
Christina G. Stafford
Donna M. and Sarah M. Stalet
Louise M. Statzer
Steel Gallery
David and Phyllis Kemper Stein
Tillie Stein
Jody Steinauer, MD
G. Charles Stein
Philip H. and Cherie Stephens
Cadi and Brian Stephenson
Donald E. Stevens
William Stewart
Inge Margarethe Stoltenberg
Steven Stone
Elizabeth H. Storey
Dolores A. Strange
Hope W. Streeter
Strip-N-Fix
Mirra Suahref
Cela Sullivan
Margaret Sullivan
Sunrise
Susan Sunshine
Marumi Suyuya
Walter Swan, Jr.
Maria Elizabeth Sultamuk
Anneliese Taape and Tilaiaje F. Taape, Jr.
Jennifer Lynn Tagatz
Choch Vo Tai
Elise Talley
Jessica Tate-Middleton
Aaron C. Tan
Betty Ruth Tansey
Jason K. Taylor
Telosa Software, Inc.
Christopher Temple
Elois F. Tengco
Efrain and Ines A. Tenorio
Guadalete Tenorio
Brad and Ellen Tham
Janet L. Tham
Thidwic Books
Elizabeth B. Thomas
Cheryl Thompson
Cesar A. Tinio
Alama Tolentino
Adelaide Tong
Clara Tong
Michelle M. and Doris M. Tong
Oscar R. Torres
M. Christine Torrington
Isabel C. Toscano
Salomon and Lilly Toy
Lindi Trac
Kathleen Trafton
Nancy Tran
TransLink Corp.
Zach J. and Keiko Trenholmen
Alice E. Trepp
Dorothy A. Trulsen
Cleo Trumbo
Johanna Tischneretzky and Hildburg Conrad
Wai Fong and Ho Kwan Wong Tie
Himeo Tsumori, MD and Louise T. Lue
Penny Ugawa
Michael J. Ulisch
Gifts in Memory

In memory of Herb Caen
Charlotte Locker

In memory of Sharon Calzolai
Gloria Swift Johnson

In memory of Ruby Fung Chan
H.C. Fung

In memory of Berry Clanton
Vera Lee Clanton

In memory of Walter and Mary Cole
Barbara F. Cole and Thomas J. Cole

In memory of Matthew Collins
Leonino Malahed and Yvonne L. Malahed

In memory of Multiple - See gift comment
Patricia M. Dentl and Walter M. Dentl

In memory of Jeffrey Matthew CroTTY
Harry Roth, MD and Ann Roth

In memory of Louise and Ben Cunningham
E. Brodie and Jane R. Cunningham

In memory of Dr. F. Curry
Lorraine H. Smolder

In memory of Michael Madick, DDS
James and Joan Padder

In memory of Sandy Doka
Gail Einfajian and William D. May

In memory of Stacey Doskas
Steven Lee

In memory of Huyen Duong
Tuyen Thanh Hoang

In memory of Jesse W. Eaker
Mary E. Hildebrand

In memory of Dee Dee Epp
Gerald Forrest

In memory of Kenneth Finis
June R. Finis

In memory of Betty M. Foley
Nancy L. Foley

In memory of Bruce Garen
Paul Ryan Kenney

In memory of Mr. & Mrs. Ping Gee
George and Lillie Louie

In memory of Mario D. Giampaidi
Josephine E. Giampaidi

In memory of Jean Gori
Henry M. Miller

In memory of Teresa Thran and Liz Gragnani
Al Gragnani and Diane Gragnani

In memory of W.M. Graziani
Louise Graziani and Suzanne Sundholm

In memory of Deborah Dean Grier
Gracie Ann Lee

In memory of Raymond Heppler
Della J. Bailey

In memory of Arturo H. Hernandez
Carmen H. Hernandez

In memory of Yvonne Hill
Lloyd A. Hill

In memory of Ms. Jong-Bong Hong
Ai Kyung Chung

In memory of William R. Hoskins
William Hoskins

In memory of Leo P. Hurley
Marcella Hurley

In memory of Frank Hernandez, II
Margarita Cruz

In memory of Zachary Kabala
John W. Kabala and Mary C. Kabala

In memory of Dan Lee
Jay Shuster and Joan M. Bittner

In memory of Robert E. Lee
Noretha Y. Jones

In memory of Rose Fong Lee
Barry Jan and Eva Jan

In memory of Dr. Robert J Lull
Midori L. Allen
Fabio Desouza Almeida and Cynthia A. Almeida

Janyce Cade
R Blumhaedt

John Francis Brown, MD
Richard L. Caplin, MD

Hommer H. Cheng and Suzanne S. Cheng

David Chiu and Helen S. Lew

Edward A. Chow, MD and Loretta L. Chow

Gerald A. de Wit and Sharon A. de Wit

Diana L. Dean

Stephen E. Follansbee

Tanya G. Mulligan

Gregory L. Fung and Peggy Fung

Marc A. Garland

Stephen K. Gerard

Marc A. Garland

Gregory L. Fung and Peggy Fung

Tanya G. Mulligan

Michael Humphreys, MD and Sheila Humphreys

Agnes B. Knowles

Edwin M. Leidholdt

Iain Trevena

John Metter and Darlene Metter

Hideyo Minagi, MD and Kathleen Minagi

Kathleen Murphy

Rick T. Matoboe

Puneet Chandak

Stephen K. Gerard

Marc A. Garland

Gregory L. Fung and Peggy Fung

Tanya G. Mulligan

Michael Humphreys, MD and Sheila Humphreys

Agnes B. Knowles

Edwin M. Leidholdt

Iain Trevena
I’d like to join the San Francisco General Hospital Foundation in keeping our city healthy.

Please count me in for a gift of:

- $35
- $50
- $100
- $250
- $500
- $1000
- Other ___________

Your gift is fully tax-deductible.

I’d like to enclose a check made payable to SFGH FOUNDATION.

I’d like to charge my gift to my credit card:

- Visa
- Mastercard

Exp. Date / 

Cardholder’s name ______________

Address ______________, City ______________, State ______________, Zip ______________

Phone ______, Email ______________

Signature ______________

Please make my gift:

- in honor of ______________
- to celebrate ______________
- in memory of ______________

Please send me more information about the SFGH Foundation and its programs.

I am particularly interested in ______________
San Francisco General Hospital Foundation

Statements of Financial Position
For the Years Ended December 31, 2005 and 2004

**ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents, primarily interest bearing</td>
<td>$5,789,826</td>
<td>$3,583,851</td>
</tr>
<tr>
<td>Grants receivable (Note 2)</td>
<td>1,604,866</td>
<td>2,470,907</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>69,289</td>
<td>283,807</td>
</tr>
<tr>
<td>Investments (Note 3)</td>
<td>5,771</td>
<td>279,448</td>
</tr>
<tr>
<td>Cash-designated for long-term investment</td>
<td>1,000,000</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Inventory of books</td>
<td>61,531</td>
<td>8,761</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>12,115</td>
<td>18,278</td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>net of accumulated depreciation (Note 4)</td>
<td>8,960</td>
<td>14,780</td>
</tr>
<tr>
<td>Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>net of accumulated depreciation (Note 10)</td>
<td>21,425</td>
<td>14,200</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$8,573,783</strong></td>
<td><strong>$7,674,032</strong></td>
</tr>
</tbody>
</table>

**LIABILITIES AND NET ASSETS**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>$46,627</td>
<td>$57,773</td>
</tr>
<tr>
<td>Sales tax payable/e</td>
<td>2,350</td>
<td>98,457</td>
</tr>
<tr>
<td>Funds held in custody for others (Note 8)</td>
<td>134,199</td>
<td>122,615</td>
</tr>
<tr>
<td>Accrued employee benefits</td>
<td>17,888</td>
<td>2,737</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>201,064</strong></td>
<td><strong>281,582</strong></td>
</tr>
</tbody>
</table>

Net assets:

Unrestricted

Undesignated net assets | 1,118,651 | 1,151,826 |
Board designated net assets | 1,100,000 | 1,100,000 |

Total unrestricted | 2,218,651 | 2,251,826 |
Temporarily restricted (Note 6) | 5,799,639 | 4,786,195 |
Permanently restricted | 354,429   | 354,429   |

Total net assets | **8,372,719** | **7,392,420** |

**Total liabilities and net assets** | **$8,573,783** | **$7,674,032** |

Complete audited Financial Statements as of December 31, 2005 and 2004 are located on the Foundation’s website, www.sfghf.net
San Francisco General Hospital Foundation is dedicated to improving the care and comfort of patients at the San Francisco General Hospital.

San Francisco General Hospital Foundation is proud to announce the appointment of three new members to our Board of Directors: Brandt J. Hooker, Extraordinary Investors, Ltd.; Laura A. Robertson, MD, Assistant Clinical Professor, Pediatric Cardiology, UCSF; and Beth S. Veniar, CPA.

San Francisco General Hospital Foundation is pleased to announce the hiring of Betsy Teeter to the position of Bookkeeper.

San Francisco General Hospital Foundation is dedicated to improving the care and comfort of patients at the San Francisco General Hospital.