G
ing old isn’t for sissies,” Bette Davis once proclaimed. But growing old is exactly what more and more people are doing these days. In fact, the number of Americans age 65 and older is projected to double from 35.6 million to 71.5 million by 2030. With this unprecedented graying of society comes extraordinary challenges for healthcare providers.

The problems are especially pronounced for the elderly population treated at San Francisco General Hospital Medical Center (SFGHMC). Often the amount of prior healthcare received by inpatients is limited, and their housing is marginal. Such conditions lead to a growing number of older patients with complex psychosocial situations and chronic health conditions.

To meet the challenges of this aging population, the SFGHMC opened the Acute Care for Elders (ACE) Unit last February. A physical space within the medical center, the unit enables older hospitalized adults to recover in an environment prepared with their special needs in mind.

“When older people are admitted to a hospital, the acute problems that brought them in usually get better. But there is often a functional decline associated with the hospital stay itself. Patients can get confused and disoriented, they’re more likely to fall and they may have difficulty with the basic activities of daily living,” explains Edgar Pierluissi, MD, Medical Director of the SFGHMC ACE Unit.

Fortunately, functional decline can be addressed early on and even prevented by modifying patient care. By grouping older adults together on one unit, Pierluissi says, it is easier and more effective to provide targeted specialized services and help prevent problems caused by hospital stays.

The ACE Unit at SF General aims for a homelike setting with uncluttered hallways, uncluttered rooms and a peaceful quiet zone for patients and visitors. Everything from low-glare flooring and lighting to a common dining area is designed to promote mobility and socialization, two cornerstones of recovery for the elderly patient.

Because older patients’ health concerns tend to be multidimensional, no one provider or discipline can address all the issues. To that end, an interdisciplinary approach drives the efforts of the ACE Unit. A team including an advanced practice nurse, social worker, nutritionist, an occupational and physical therapist, pharmacist and medical director collaborate to improve patients’ mobility, reduce their depression and maximize overall satisfaction. The team meets daily to review and plan care for all patients, including nursing care and rehabilitation.

“Together, we create a comprehensive, individualized, effective care plan. We emphasize nonpharmacologic intervention whenever possible,” says Pierluissi.

In dealing with issues of dementia and confusion, for example, he says caregivers can help just by listening and trying to orient patients.

Declining eyesight is another area of concern.

“As we come up in years, glare can prevent us from seeing things that are in our way,” explains Ana Sampera, Nursing Director for Medicine Services for the ACE Unit and Skilled Nursing Facility. “So we’ve installed new flooring that reduces glare and improves comfort. That’s gone a long way toward improving patient safety.”

She adds that simple activities such as taking the air and sun on the unit’s outdoor patio do wonders for mitigating depression, as does eating with others in a communal dining room. And she emphasizes that improving mobility is high on the priority list.

“For every day our patients spend in bed, it takes several more to get them back to their baselines,” she says. “If they’re mobile, it’s easier to send them home instead of to a nursing home.”

Key to the success of the ACE Unit is the expertise that the caregiving team brings to its work. All nurses on the unit

Continued on Page 2
have completed a special training to become geriatric resource nurses. They, in turn, serve as resources to other nurses in the hospital. Likewise, the social workers, nutritionists and therapists that work with patients all bring their expertise in working with older adults to the team.

Their efforts help patients make smooth transitions from hospital to home life. Caregivers involve the patients’ family members early in the process, helping them anticipate special needs and offering solutions to any problems they may foresee.

While the ACE Unit is relatively new, Pierluissi says it’s already made a remarkable difference in people’s lives.

“The unit has a huge impact on our patients’ functional ability,” he says. “We help them hear better, see better, walk better.”

Pierluissi cites the case of one patient in her eighties who came to the unit.

“She had dementia and a borderline ability to walk. For a variety of reasons, she had to stay in hospital for about 60 days,” he says. “With usual care, the chances were good that she would have lost her ability to ambulate independently. But with aggressive attention to her mobility with daily walking, she was able to return to her independent ability to get around.”

Funding for the ACE Unit has come from Wells Fargo Bank, the Hearts in San Francisco Project of the San Francisco General Hospital Foundation, the San Francisco International Airport Charity Golf Tournament, and the R.D. and Mary A. Hume Endowment. The funds were used to adapt the existing 5C Medical/Surgical Unit at San Francisco General Hospital into a premier geriatric-friendly ACE Unit, as well as to purchase wheelchairs, walkers, canes, pocket talkers for the hearing-impaired, and commodes with arms. Still to come are handrails and plans for an activity room.

Pierluissi is quick to point out that, “The ACE Unit is just the tip of the iceberg. This model of care will be adopted throughout the country as baby boomers age.

“Here, we’re able to see what works and what doesn’t,” he adds. “We can serve as a good model for best practices. Then we can generalize that information for other hospitals.

“By improving the quality of life for our patients, we’re reducing the length of their stays and the costs associated with their care. We’re returning them to their families and communities,” says Pierluissi. “With Acute Care for Elders our older patients can have a real say in how they lead their lives.”

SAVE THE DATE: Thursday, February 14, 2008
Thank you to the following sponsors who helped support the 8th Annual Staff Appreciation Luncheon on Friday, September 14, 2007

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A special thank you to the San Francisco General Hospital Foundation Board Members who helped support the luncheon.
Giving Opportunities—Make a Gift

There are a myriad of needs to be fulfilled at San Francisco General Hospital Medical Centers, and the San Francisco General Hospital Foundation provides you with many ways to help with those needs.

Outright Gifts
The most common way of giving to SFGH Foundation is to make an outright gift of cash, securities or personal property. Outright gifts offer the distinct advantage of being immediately available to assist SFGHMC programs. If you have a program you are passionate about, you can indicate your donation support that particular program. You can make a gift today by using our secure online giving form on our website: www.sfghf.net/giving/php. Or, you can contact the Foundation directly by calling (415) 206-4478.

2007 Special Giving Opportunity
If you are age 70½ or older, the Pension Protection Act of 2006 allows you to “roll over” up to $100,000 from your Individual Retirement Accounts (IRA) tax-free to the SFGH Foundation. Gifts must be completed by December 31, 2007.

Tributes
Tribute gifts honor a loved one, a friend or a special occasion; such as a wedding, birth, graduation, confirmation or anniversary. They can be made to honor someone for an outstanding achievement or award. Gifts may also be given as an expression of condolence or as a memorial.

Pledges
A pledge may allow you to give more generously over a period of time than would be possible through a single contribution. You may make a commitment to donate over a period of three to five years. Contact the Foundation to learn more.

Planned Gifts
You can support SFGHMC by arranging for a gift through a trust, a bequest, a charitable gift annuity or other planned giving options. Each type of planned gift offers a distinct set of advantages. Some plans provide income for life for a donor or loved one. Others result in an immediate tax deduction or a reduction in capital gains tax. To learn more about the various types of planned gifts contact the Foundation or your financial advisor.

Have fun!
Attend or sponsor the annual Heroes & Hearts Luncheon or the bi-annual Nurses Scholarship Dinner.

Local jewelry designer Gudrun Langner is offering her new line “Hearts” in selected fine jewelry stores and galleries. A portion of all proceeds will benefit SFGH Foundation. “Hearts” are available at:

Partita Custom Design Jewelry   SF Marina District
(415) 447-0795  partitacd@msn.com

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Noah Lowry autographs hats for outpatients (and new fans!) Edith and Jenny Ramírez. Photo by Thomas J. Gibbons.

SF Giants Give Back
On August 22nd, SF Giants pitcher Noah Lowry stopped by San Francisco General Hospital Medical Center to greet pediatric patients.

For more information on how you can help support pediatric programs at SFGHMC, please call 415-206-4478 or visit www.sfghf.net.
San Francisco General Hospital Foundation

Statements of Financial Position
For the Years Ended December 31, 2006 and 2005

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<tr>
<th>ASSETS</th>
<th>2006</th>
<th>2005</th>
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<td>Cash and cash equivalents, primarily interest bearing</td>
<td>$7,478,765</td>
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<td>Grants receivable (Note 2)</td>
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<td>Accounts receivable</td>
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<td>Investments (Note 3)</td>
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<td>Inventory of books</td>
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<td>Prepaid expenses</td>
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<td>Furniture and equipment net of accumulated depreciation (Note 4)</td>
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<td>Intangible assets net of accumulated depreciation (Note 10)</td>
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<td><strong>Total assets</strong></td>
<td><strong>$7,990,364</strong></td>
<td><strong>$8,573,783</strong></td>
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<th>LIABILITIES AND NET ASSETS</th>
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<th>2005</th>
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<tr>
<td>Accounts payable</td>
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<td>Funds held in custody for others (Note 8)</td>
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<td>Accrued employee benefits</td>
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<td><strong>Total liabilities</strong></td>
<td><strong>200,189</strong></td>
<td><strong>201,064</strong></td>
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Net assets:

Unrestricted

Undesignated net assets | 1,691,375 | 1,118,651 |
Board designated net assets | 1,100,000 | 1,100,000 |

Total unrestricted | 2,791,375 | 2,218,651 |
Temporarily restricted (Note 6) | 4,644,371 | 5,799,639 |
Permanently restricted | 354,429 | 354,429 |

Total net assets | 7,790,175 | 8,372,719 |

**Total liabilities and net assets** | **$7,990,364** | **$8,573,783**

Complete audited Financial Statements as of December 31, 2006 and 2005 are located on the Foundation's website, www.sfghf.net
Thank You

The San Francisco General Hospital Foundation gratefully acknowledges the generous support of our donors for their gifts for the period January 1, 2006 to December 31, 2006

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San Francisco General Hospital Receives International Baby-Friendly Certification

San Francisco General Hospital Medical Center (SFGHMC) has received the prestigious international title of “Baby-Friendly Birth Facility” from Baby-Friendly USA, a global initiative sponsored by the World Health Organization (WHO) and UNICEF. This certification recognizes hospitals and birthing centers that actively encourage breastfeeding as the primary source of infant nutrition.

“We are honored to have received this international recognition of our commitment to improving public health,” said Gene Marie O’Connell, CEO of SFGHMC. “I congratulate the Baby Friendly Task Force on their tireless work to ensure that The General is providing the very best education and care to our patients, who are among San Francisco’s most underserved populations.”

SFGHMC is the only hospital in San Francisco and one of only two public hospitals in the state of California to receive this certification. To achieve Baby Friendly status, SFGHMC had to meet a rigorous set of standards, as outlined in the Ten Steps to Successful Breastfeeding for Hospitals by UNICEF and WHO:

1. Maintain a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in”—allow mothers & infants to remain together 24 hours a day.
8. Encourage unrestricted breastfeeding.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Additionally, Baby Friendly hospitals subscribe to the WHO International Code of Marketing of Breastmilk Substitutes by offering education and information that promotes human milk rather than other infant food or drinks, and by declining free or subsidized supplies of breastmilk substitutes, nipples and other feeding devices.
San Francisco General Hospital Foundation
2789 25th Street, Suite 2028
San Francisco, CA 94110
www.sfghf.net

Of Note


On April 25, 2007, the General Medicine Clinic and Family Health Center diabetes education programs at San Francisco General Hospital Medical Center received formal recognition from the American Diabetes Association for meeting its National Standards for Diabetes Patient Education. The year-long effort was made possible by a SFGH Foundation Hearts grant and the leadership of Project Coordinator Ivonne Mclean and Diabetes CNS Amalia Fyles.

The Videoconferencing Medical Interpretation (VMI) Project was recently awarded two grants to roll out interpreter services throughout the hospital and begin testing linkages to Department of Public Health Community Health Centers: The California Endowment, $139,700 and the San Francisco Health Plan, $141,000. We are very grateful for the generous support.

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