



San Francisco General Hospital Foundation News

WINTER 2006 VOL. 7 NO. 3

SFGHMC: Caring for the Homeless Compassionately, Effectively, Efficiently

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

The San Francisco General Hospital Foundation 2006 newsletters have shared with you some of the outstanding health care services provided by San Francisco General Hospital Medical Center (SFGHMC). In our spring issue we highlighted the Positive Health Program that offers treatment to HIV-infected people; the summer issue highlighted volunteering and told the stories of some who volunteer at the hospital and of some who work at the Hospital and volunteer elsewhere; and in this our winter issue, we are highlighting the difficult stories of some of the less fortunate, the homeless, and the role the Hospital plays in helping them regain their health and their dignity. All of these articles together represent only a portion of the incredible stories that unfold everyday at SFGHMC, and over the next year we look forward to sharing with you more stories about what makes SFGHMC such an outstanding institution and a source of pride to us all.

In this issue are listed the many people who made donations or contributed in other ways to SFGHMC and the SFGH Foundation – they are incredibly important in helping make us what we are today –one of the best public hospitals in the United States. We thank you.

Judy Gugg

Judy
President

Katherine Ripley-Williams

Katherine Ripley-Williams
Executive Director



Clockwise from top left, Michelle Schneiderman, Medical Director, HUCM; Kathy O'Brien, EDCM Program Coordinator, Joe Roll, primary care doctor, EDCM; and Elyse Miller, Clinical Director, HUCM.

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 for the 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.”

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Caring for the Homeless

Continued from Page 1

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."

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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 fifties, 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."

Caring for the Homeless

Continued from Page 2

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.

HEROES & HEARTS

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.sfgfhf.net

Trauma Recovery Center

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 Barielles, 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
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(415) 437-3000

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Trauma Recovery Center: *Healing Mind & Spirit* dinner.



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



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 Krasno 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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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 team work 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.

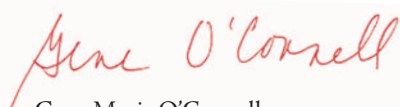
During this time, Mayor Gavin Newsom and his staff visited the Emergency department, asking how they can help. Dr. Alan Gelb, Medical Director of the ED quickly briefed the Mayor of the situation, informed the Mayor that medically, all was under control, and made arrangements so the Mayor could encourage 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



Thank You

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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In celebration of Christmas
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In celebration of Gay Pride Month
James K. DiCarlo

In celebration of Graciela Delucchi
Gloria Delucchi

In celebration of a great ER and Trauma Teams
Sasha M. Matulich

In celebration of Jason Coker
Jennifer Coker

In celebration of SFGH saving Phillip Robertson's
life
Christina G. Stafford

In celebration of the SFGH Emergency Room
Rosemary Mac Leod

In celebration of SFGH Nurses and Doctors
Marvin H. and Patty Bloom

In celebration of SFGH Staff
Robert L. Belot

In celebration of Shary Eiser Brown's birthday
Barbara Reid Brown

In celebration of Stephen F. Toole
Tami Y. Leak and Karen Bayart Leak

In celebration of your anniversary
Robert H. and Miriam S. Weil

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In honor of AIDS Patients
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In honor of Chris Backof
Rose Gilardi

In honor of Elizabeth Ann Bates
James Bates

In honor of Joan Bittner
Jay Shuster

In honor of Margaret Ford Brady
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In honor of my family
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Gene O'Connell and Joel Hurwitz

In honor of Parents, Grace and Hardee Thompson,
and Friend, Jesse Campbell
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In honor of the Police and Fire Department
Joanna Lee Coronell

In honor San Francisco General Hospital Doctors
G. Charles Steiner

In honor of San Francisco General Hospital Doctors
and Nurses
Dennis M. Carlin, Jr. and Patricia Kelly Carlin

In honor of San Francisco General Hospital Nurses
Vicky Urbano-Jaime

In honor of San Francisco General Hospital Medical
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Carole Jan Lee

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In honor of The Yanow Family
Daniel and Anne Yanow

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In memory of Frank and Nick Alcino
Christine Alcino

In memory of Geo and Maria Athanasopulos
Penelope Pappas

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San Francisco General Hospital Foundation

Statements of Financial Position

For the Years Ended December 31, 2005 and 2004

<u>ASSETS</u>		<u>2005</u>	<u>2004</u>
Assets			
Cash and cash equivalents, primarily interest bearing	\$	5,789,826	\$ 3,583,851
Grants receivable (Note 2)		1,604,866	2,470,907
Accounts receivable		69,289	283,807
Investments (Note 3)		5,771	279,448
Cash-designated for long-term investment		1,000,000	1,000,000
Inventory of books		61,531	8,761
Prepaid expenses		12,115	18,278
Furniture and equipment			
net of accumulated depreciation (Note 4)		8,960	14,780
Intangible assets			
net of accumulated depreciation (Note 10)		21,425	14,200
Total assets	\$	<u>8,573,783</u>	\$ <u>7,674,032</u>
<u>LIABILITIES AND NET ASSETS</u>			
Liabilities:			
Accounts payable	\$	46,627	\$ 57,773
Sales tax payable		2,350	98,457
Funds held in custody for others (Note 8)		134,199	122,615
Accrued employee benefits		17,888	2,737
Total liabilities		<u>201,064</u>	<u>281,582</u>
Net assets:			
Unrestricted			
Undesignated net assets		1,118,651	1,151,826
Board designated net assets		1,100,000	1,100,000
Total unrestricted		<u>2,218,651</u>	<u>2,251,826</u>
Temporarily restricted (Note 6)		5,799,639	4,786,195
Permanently restricted		354,429	354,429
Total net assets		<u>8,372,719</u>	<u>7,392,450</u>
Total liabilities and net assets	\$	<u>8,573,783</u>	\$ <u>7,674,032</u>

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

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Of Note

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.

Sue Currin, Chief Nursing Officer/ Director of Patient Services, was awarded the 2006 Municipal Fiscal Advisory Committee (MFAC) Public Managerial Excellence Award. The MFAC Public Managerial Excellence Awards are dedicated to recognizing outstanding leadership, creativity, and managerial excellence in San Francisco government.

San Francisco General Hospital Foundation

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