



SAN FRANCISCO GENERAL HOSPITAL FOUNDATION

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FOUNDATION NEWS

Managing Complex Care for San Francisco's Most Vulnerable

“What we’re doing is a win-win situation for everyone. We’re providing wraparound care and improving the health of our most vulnerable population.”

There was a time when a certain “Mr. E.” was almost too well-known by San Francisco General Hospital providers. The 54-year-old had been admitted to the hospital 7 times in 12 months with complications caused by diabetes, congestive heart failure, and a multitude of health and life conditions that sapped him of his strength and motivation. “I don’t want to die,” he told his doctor, but he knew he couldn’t turn his life around alone.

Mr. E’s physician at The General knew exactly who could help and referred Mr. E. to the Adult General Medicine Clinic’s Complex Care Management (CCM) program. Established in 2012, the CCM program provides compassionate and effective support for patients frequently admitted to The General.

Now Mr. E. has curtailed his use of alcohol and cigarettes. He takes his medications regularly. He is more stable and committed to continue working toward improving his health. And he is spending far less time in the hospital.

The CCM program is part of The General’s agenda of strengthening its focus on the quality of patient care while reducing unnecessary healthcare spending in the San Francisco community. The program puts The General at the forefront of innovative care models for complex, vulnerable patients who account for a majority of healthcare costs nationwide.

The San Francisco Chronicle recently published an article highlighting the process of identifying chronic users in the healthcare system—sometimes called “hotspotting”—and working with them to solve the underlying health and lifestyle challenges that make them such frequent patients. This approach is gaining traction across the country.

“When we first started, fewer than 3 percent of patients treated through The General’s Adult Medicine Clinic accounted for 35 percent of admissions to the hospital,” explains Elizabeth Davis, M.D., Physician Lead for the program. “Patients who participate

in the CCM program had been spending about 11 days a year in the hospital. Now that number is closer to four.” And with an average day in the hospital costing nearly \$2,600, the CCM program has the potential to save The General hundreds of thousands of dollars per year by preventing admissions.

Like Mr. E., most of the patients in the CCM program have multiple chronic diseases. Many also have mental health and substance abuse issues. All of them are on multiple medications, some averaging more than 10 medications a day. They are often disabled and unable to function well enough to work or take care of their own daily living activities.

“When we first meet our patients, they’ve been in the hospital a lot, their health is poor and primary care alone isn’t meeting their needs,” Davis explains. “It’s not that their provider has been doing anything wrong. It’s just that our patients need considerable support and coaching to able to manage their complicated medical conditions.”



Fern Ebeling, RN discusses care options with a patient participating in the Complex Care Management program.

As one program participant put it, “When somebody cares about you or helps you along the way and asks, ‘How are you feeling? Anything you need?’, it really inspires you to do better.”

“Ours is a coaching framework, not a fixing framework,” says Davis. “We set care plans not just for the patients, but with them. We make sure that this is what they want to be doing, that

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Managing Complex Care

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they receive a plan that can really work for them, and that they leave here with the skills to manage their own health.”

Fern Ebeling is the program’s nurse manager. “We try to connect to what’s really relevant for the people we work with,” she says. “Many of our patients are diabetic. Because diabetes is a genetic disease, many of them have seen the long-term consequences—blindness, kidney damage, nerve damage—inflicted on their own families. They want to do whatever they can to keep it from happening to them.”

In order to be successful with any patient, establishing trust from the get-go is key.



An open dialogue between patient and staff helps achieve an optimal care regimen.

“Of course we want to foster independence and new skills; but none of that can happen until our patients trust us. So first we focus on small wins,” Ebeling explains. “Often our patients have problems dealing with their pharmacies. We can call the pharmacy and get them medications immediately. They think we have magic.”

In another instance, health coach Lisa Tang recently worked with a patient who’d had a partial amputation of her foot. The woman was having difficulty just getting to the hospital entrance.

“Lisa was able to coordinate getting taxi vouchers for her, and getting the taxi to come to the right entrance,” Ebeling explains.

The program begins after a home visit by the nurse and health coach. They conduct a comprehensive assessment, beginning by asking what the patient’s concerns are about his or her health.

“When we talk with patients in their homes, we come to understand what they understand,” says Ebeling. “Can they read? Do they need help with the activities of daily living? Lots of cues in their environment give us the big picture of their level of understanding and coping with the illness.”

Using this new information about a patient’s personal challenges to managing their health, the nurse develops a care plan based

on the patient’s goals, the care management team’s goals and the provider’s goals. Each participant is paired with a health coach, who proactively reaches out to the patient as often as an individual’s needs dictate. The CCM team meets regularly to assess the patients’ progress and adjust their plans as needed.



As patients stabilize, they move to less intensive levels of care. Patients graduate when they meet all of their goals, which is generally after 12 to 18 months of being in the program.

An advisory board, comprised of patients who are active in the program, gives the care management team invaluable insight about what’s working, how best to communicate with patients and more.

“They give us feedback on our educational materials and tools for monitoring health,” says Davis. “Recently they helped us develop a brochure that our patients could genuinely understand.

The program’s success, she continues, is the result of integrated resources and services across multiple settings. “Our team connects so many areas of health care and community resources —primary care, specialty care, physical therapy, pharmacy, psychiatry, social work, housing and transportation... the list goes on,” says Davis. “This interprofessionalism is our strength, as is the cultural competency we offer our patients.”

“What we’re doing is a win-win situation for everyone. We’re providing wraparound care and improving the health of our most vulnerable population,” she continues.

Those efforts have a ripple effect, not only on the patients receiving direct care, but on the entire community. That’s why the CCM program has a list of stakeholders and supporters that is a veritable “Who’s Who” of the city and state’s major healthcare organizations.

The CCM program also positions The General to continue to be successful as the country adjusts to the adoption of the Affordable Care Act. In this era of health care reform, explains Davis, financing of medical care is shifting from paying for visits to paying for quality care.

“Across the country, there has been a movement toward accountable health care,” she says. “Before, hospitals had been getting reimbursed for any admissions, so there was little incentive to change. Now the emphasis is where it should be—on quality.

“Model programs like ours have the potential for a ‘triple win’: improving patient care, saving money and creating new roles and even jobs for nurses, medical assistants, community health workers, social workers, and other health professionals. Based on our successful experience, we think these models of care will flourish in the future.”❤️

Rooms That Rock

This past November, Rooms That Rock 4 Chemo (RTR4C) redesigned a total of nine rooms within the chemotherapy unit at The General. RTR4C’s mission is to remodel chemotherapy rooms to make them more uplifting for patients. With the help of 90+ volunteers, six designers and professional carpenters and painters, the group transformed five infusion rooms, a waiting room, hallway and nurses’ break room. These changes created a haven of peace and comfort for the patients and their families receiving care at The General.

One of the rooms was created in honor Nicholas “Nikky” Somerfield. In 2003, Nikky was just six years old when he and his father were struck by a car while crossing the street. They were brought to The General, where tragically, Nikky passed away. His father survived, receiving treatment at The General for five days. A dedication ceremony for the renovated space was held in Nikky’s honor to help transform a tragedy into something positive and healing for the community.

The transformed chemotherapy unit hosts 10,000 visits in the infusion center annually. This includes chemotherapy treatments, as well as antibiotics and other treatments.

Thank you Rooms That Rock 4 Chemo! ♥
www.roomsthatrock4chemo.us



Sue Currin, CEO of The General celebrates at the Dedication Ceremony for the renovated chemotherapy unit.



A volunteer from RTR4C paints cheerful designs to brighten up the walls of a chemotherapy room.

Reach Out and Read

Early literacy is a key to later success in school and work, but there are many barriers encountered by the families served at The General’s Children’s Health Center. Studies show that fewer than half of all parents read to their children. Children growing up in poverty, like those served by The General, are even less likely to be read to and encounter more challenges in their school years. The Reach Out and Read (ROAR) program helps combat these challenges by providing donated books to pediatric patients ages 6 months to 5 years. The books give children something positive to associate with visits to the clinic, and they empower parents to make an important investment in their children’s future success. Most importantly, the books are important tools helping providers to assess development, teach key literacy milestones, and role model interactive reading during visits.



“The grant provided to the ROAR program at The General is part of Target’s ongoing efforts to build strong, safe and healthy communities across the country. These efforts include Target’s long history of giving 5 percent of its profit to communities, which today equals more than \$4 million every week. As part of this commitment, Target is on track to give \$1 billion for education by the end of 2015 to help kids learn, schools teach and parents and caring adults engage.”

— Tiffani Mah, Store Team Leader, Target

The Children’s Health Center at The General sees approximately 12,000 primary care, 15,000 Urgent Care, and 4,000 specialty care visits each year. The families served are predominantly underserved with about 75% of the patients living below 200% of the federal poverty line. They also reflect the diversity of San Francisco speaking many different languages (e.g. Spanish, Cantonese, Mandarin, Korean, Arabic, Tagalog) and representing many different cultural backgrounds.

How You Can Help

The Children’s Health Center welcomes the donation of new or gently used children’s books, and seeks a variety of titles, subjects and languages. If you are interested in making a donation, please contact Katie Moe at kmoe@sfgfhf.net or 415.206.5928. ♥

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Hearts Gifts

New 2014 Hearts in San Francisco tote bags and limited edition Ghirardelli Chocolate Bar Collection now available at our online store sfghf.net/store.



Each set includes
4 full sized chocolate bars



Congratulations to the 2013 Hearts Grants Recipients

Through the Hearts Grants Program, San Francisco General Hospital Foundation provides seed money for innovative hospital projects and initiatives that would otherwise go unfunded at San Francisco General Hospital and Trauma Center. Unrestricted support for our annual events (Heroes & Hearts and Hearts After Dark) as well as our annual fund (Hearts Circle) underwrite the Hearts Grants Program.

Since 2004, the Foundation has awarded 136 grants, totaling \$3,737,405. The Foundation also oversees funding that the hospital is able to leverage through the Hearts Grants process. With the additional hospital support, the Hearts Grants Program has awarded 273 grants totaling \$7,154,623. For more information on any of the funded projects below, please contact Kelley Long at 415.206.5803 or klong@sfgfhf.net.



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- ♥ Allergenic Mattress and Pillow Cover 2013 Reserve Supply Project
- ♥ Ambulatory Integration Team Interns for System Improvement
- ♥ Anatomic Models for Patient Education
- ♥ Bay Area Perinatal AIDS Center
- ♥ Cancer Care Program
- ♥ Care for Limited English Proficiency (LEP) Patients
- ♥ Conmed Argon Beam Coagulator Project
- ♥ Critical Care Nursing Education Simulation Training Project
- ♥ Culturally and Linguistically Appropriate Services in Mental Health Initiative
- ♥ Day/Dining Room Furniture Renovation to Improve Patient/Visitor Experience
- ♥ Discharge Lounge Enhancement
- ♥ Dorothy Washington Scholarship Fund
- ♥ Educational Tools for Clinicians to Empower HIV-Infected Families to Foster Healthy Relationships
- ♥ Embedding Lean at SFGH
- ♥ Epidural Positioning Device
- ♥ Family Health Center Chair Replacement Project
- ♥ Family Health Center Newsletter Project
- ♥ Fiberoptic Laryngoscope – C-MAC by STORZ
- ♥ Financial Fitness Clinic
- ♥ Fundamental Resident Needs Project
- ♥ GMC Improvement Plan
- ♥ Healing Through the Labyrinth
- ♥ Improvements to the 6A Pediatric Procedure Room
- ♥ Improving Patient Experience with Point of Care INR Monitors
- ♥ IS Project Management Professional Training
- ♥ Improving Access to Patient Images Real Time in the Operating Room
- ♥ My PICS (Physicians Involved in Care and Support)
- ♥ Neonatal ICU Transcutaneous CO2 Monitors
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- ♥ Substance Abuse Recovery Project
- ♥ Supporting Service Excellence by Updating Patient Screening Rooms and Examination Rooms in the 4M Ophthalmology Clinic
- ♥ Tele-Otolaryngology Initiative
- ♥ Traumatic Brain Injury Education Translation
- ♥ Use of Trauma SIMMan for procedural training for EM and Surgery residents
- ♥ Valuing Patient Confidentiality in Radiology Scheduling
- ♥ Ward 86 HIV/AIDS Division Waiting Room Improvement Project
- ♥ Waterless Breastmilk Warmer
- ♥ Women's Options Center
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