
Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

12463

Facility Name:

San Francisco General Hospital

Address:

1001 Potrero Avenue

City:

San Francisco

Hospital Owner/Licensee:

City and County of San Francisco

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Kathy Jung

Submission Date:

10/30/2013 9:57:04 AM

For buildings For buildings which are planned for rebuild, retrofit or replacement this report shall identify; Whether the hospital owner intends to rebuild, retrofit or replace the building to SPC2, SPC3, SPC4 or SPC5 per [130061\(c\)\(1\)\(A\)](#). The deadline, as described in [Section 130060](#) or [130061.5](#),for rebuild, retrofit or replacement of the building that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per [Section 130061\(c\)\(1\)\(B\)](#)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-01069	Main Hospital	1001 Potrero Avenue	Replace	SPC2	01/01/2020	12/31/2019
BLD-01070	M Wing	1001 Potrero Avenue	Replace	SPC2	01/01/2020	12/31/2019

For each building which is planned for rebuild, retrofit or replacement, provide the project numbers, per [Section 130061\(c\)\(1\)\(C\)](#). The projected construction start date or dates and projected Completion date or dates per [Section 130061\(c\)\(1\)\(D\)](#) and the most recent project status and approvals per [Section 130061\(c\)\(1\)\(E\)](#).

Building No:		BLD-01069		Main Hospital		Retrofit/Replacement Project:		Yes-Submitted	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12463	IS071795-0	0	PPR - SFGH PROGRAM REBUILD	9/27/2007 12:00:00 AM		09/27/2007	07/01/2015	ACTI	No

Building No:		BLD-01070		M Wing		Retrofit/Replacement Project:		No	
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
12463	IS071795-0	0		9/27/2007 12:00:00 AM		09/07/2007	07/01/2005	ACTI	No
12463	IS071795-0	0		9/27/2007 12:00:00 AM		09/27/2007	07/01/2015	ACTI	No

Provide the number of inpatient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: **BLD-01070**Building Name: **M Wing****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Newborn/WellBaby
<input type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Administration	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input type="checkbox"/> Support Services	<input type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="0"/>	<input type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01069

Building Name: Main Hospital

Medical / Surgical (Include GYN)

Inpatient Bed 330 Inpatient Days 62327

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 106 Inpatient Days 19941

Perinatal (exclude Newborn / GYN)

Inpatient Bed 23 Inpatient Days 3777

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 30 Inpatient Days 7326

Pediatric

Inpatient Bed 8 Inpatient Days 354

intensive Care Newborn Nursery

Inpatient Bed 12 Inpatient Days 531

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 22 Inpatient Days 8430

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 8 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

539

Total Beds this Building Per Service

539

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: BLD-01070

Building Name: M Wing

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / development Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed / Replaced / Rebuilt
BLD-01069	Main Hospital	Replace
BLD-01070	M Wing	Replace
BLD-01071	Service Building	Remain

Report Year:

2013

12463

San Francisco General Hospital

San Francisco

Page:9 of 28

List ALL proposed new buildings to be constructd at this or another site.

Building Number	Building Name	New Site
N_1	Building 25	<input type="checkbox"/>

Report Year:

2013

12463

San Francisco General Hospital

San Francisco

Page:10 of 28

Report Status: **Data Last Update:** 10/30/2013

Submission Date: 10/30/2013

Print Date: 10/31/2013 1:50 PM

Report Year:

2013

12463

San Francisco General Hospital

San Francisco

Page:11 of 28

Report Status: **Data Last Update:** 10/30/2013

Submission Date: 10/30/2013

Print Date: 10/31/2013 1:50 PM

Report Year:

2013

12463

San Francisco General Hospital

San Francisco

Page:12 of 28

Report Status: **Data Last Update:** 10/30/2013

Submission Date: 10/30/2013

Print Date: 10/31/2013 1:50 PM

Report whether the general acute care services and beds will be relocated to a new, existing or retrofitted building and any corresponding building sites or project numbers for buildings with a Building Resolution of "Rebuild" or "Replace" per [Section 130061\(c\)\(2\)\(E\)](#)

Building Number:	BLD-01069	Building Name:	Main Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Nursing	N/A		
Building Number:	BLD-01069	Building Name:	Main Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Intensive Care	N/A		
Building Number:	BLD-01069	Building Name:	Main Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Pediatric Adolescent	N/A		
Building Number:	BLD-01069	Building Name:	Main Hospital
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?			
Psychiatric Nursing	N/A		

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical Ante
Postprtum

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Skilled Nursing

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Surgical

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Anesthesia

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Radiological/Imaging

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pharmaceutical

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Dietetic

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Support Services

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical
Cesarean/Deliv

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Obstetrical Recovery

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Newborn/Well Baby

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Emergency

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Rehabilitation
Therapy

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Renal Dialysis

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

OutpatientSurgery

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Medical/Surgical
(Include GYN)

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Perinatal (exclude
Newborn / GYN))

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Pediatric

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Coronary Care)

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Intensive Care
Newborn Nursery

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Acute Psychiatric

N/A

Building
Number:

BLD-01069

Building Name:

Main Hospital

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Skilled Nursing

N/A

Building
Number:

BLD-01070

Building Name:

M Wing

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

ClinicalLab

N/A

Building
Number:

BLD-01070

Building Name:

M Wing

Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?

Administration

N/A

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01069

Building Name:

Main Hospital

Type of Service Provided

<input checked="" type="checkbox"/> Nursing	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input checked="" type="checkbox"/> IntensiveCare	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Obstetrical Recovery	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Newborn/ WellBaby	<input checked="" type="checkbox"/> Outpatient Surgery
<input checked="" type="checkbox"/> Psychiatric Nursing	<input checked="" type="checkbox"/> Radiological/ Imaging	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input checked="" type="checkbox"/> Obstetrical Ante/Postprtum	<input checked="" type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input checked="" type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input checked="" type="checkbox"/> Dietetic		
<input checked="" type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

BLD-01070

Building Name:

M Wing

Type of Service Provided

<input type="checkbox"/> Nursing	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Pediatric/Adol escent	<input checked="" type="checkbox"/> Clinical Lab	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Psychiatric Nursing	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Central Plant
<input type="checkbox"/> Obstetrical Ante/Postprtum	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Intermediate Care	<input type="checkbox"/> Dietetic		
<input type="checkbox"/> Skilled Nursing	<input checked="" type="checkbox"/> Administration		

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-01069

Building Name:

Main Hospital

Configuration:

Rebuild (Per SB90 Definition for Rebuild) with new SPC5 and NPC4 or NPC5 building.

Type of Service Provided

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support
ServicesIntermediate
Care

Dietetic

Administration

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-01070

Building Name:

M Wing

Configuration:

N/A

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escent

Psychiatric
Nursing

Obstetrical
Ante/Postprtum

Intermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/Deliv

Obstetrical
Recovery

Newborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

BLD-01071

Building Name:

Service Building

Configuration:

Retrofit Conforming building to NPC 4 or NPC 5

Type of Service Provided

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Surgical | <input type="checkbox"/> Obstetrical
Cesarean/Deliv | <input type="checkbox"/> Rehabilitation
Therapy |
| <input type="checkbox"/> IntensiveCare | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Obstetrical
Recovery | <input type="checkbox"/> Renal Dialysis |
| <input type="checkbox"/> Pediatric/Adol
escent | <input type="checkbox"/> Clinical Lab | <input type="checkbox"/> Newborn/
WellBaby | <input type="checkbox"/> Outpatient
Surgery |
| <input type="checkbox"/> Psychiatric
Nursing | <input type="checkbox"/> Radiological/
Imaging | <input type="checkbox"/> Emergency | <input checked="" type="checkbox"/> Central Plant |
| <input type="checkbox"/> Obstetrical
Ante/Postprtum | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Support
Services |
| <input type="checkbox"/> Intermediate
Care | <input type="checkbox"/> Dietetic | | |
| <input type="checkbox"/> Skilled Nursing | <input type="checkbox"/> Administration | | |

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: **BLD-01071**Building Name: **Service Building****Type of Service Provided**

<input type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Anesthesia		
<input type="checkbox"/> Pediatric/Adol escent	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Clinical Lab	<input type="checkbox"/> Obstetrical Recovery	<input type="checkbox"/> Renal Dialysis
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Radiological/ Imaging	<input type="checkbox"/> Newborn/ WellBaby	<input type="checkbox"/> Outpatient Surgery
<input type="checkbox"/> Obstetrical Ante/Postprtum	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Central Plant
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Dietetic	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Support Services
<input type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="0"/>	<input type="checkbox"/> Administration		
Total Beds this Building		<input type="text" value="0"/>			

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

BLD-01071

Building Name:

Service Building

Medical / Surgical (Include GYN)Inpatient Bed Inpatient Days **Acute Respiratory Care**Inpatient Bed Inpatient Days **Acute Psychiatric**Inpatient Bed Inpatient Days **Perinatal (Exclude Newborn / GYN)**Inpatient Bed Inpatient Days **Burn**Inpatient Bed Inpatient Days **Skilled Nursing**Inpatient Bed Inpatient Days **Pediatric**Inpatient Bed Inpatient Days **Intensive Care Newborn Nursery**Inpatient Bed Inpatient Days **Intermediate Care**Inpatient Bed Inpatient Days **Intensive Care**Inpatient Bed Inpatient Days **Rehabilitation Center**Inpatient Bed Inpatient Days **Int. Care / Developmentally Disabled**Inpatient Bed Inpatient Days **Coronary Care**Inpatient Bed Inpatient Days **Chemical Dependency**Inpatient Bed Inpatient Days **Total Beds this Building Per Unit****Total Beds this Building Per Service**

Report Year:

2013

12463

San Francisco General Hospital

San Francisco

Page:28 of 28

Report Status: **Data Last Update:** 10/30/2013

Submission Date: 10/30/2013

Print Date: 10/31/2013 1:50 PM