



ENTERPRISE DEVELOPMENT PLAN

Questions & Answers

Proposed campus at Van Ness and Geary

Why is CPMC building a very large, very expensive new campus when you already have 4 hospitals spread throughout San Francisco?

When state lawmakers passed Senate Bill 1953 after the Northridge earthquake in 1994, all hospitals in California were required to upgrade their facilities so they could not only withstand but also remain open and functioning after a major earthquake.

We spent two years and several million dollars studying the feasibility of upgrading our existing campuses to meet the new standards, while keeping the hospitals open and serving patients. It quickly became evident that because of the building mix at our various campuses, this was going to be disruptive, costly and time-consuming, and would not allow us to make essential improvements, such as having private rooms for every patient. Even once it was completed, this retrofit would be good only until 2030, at which time new facilities would have to be built.

The only feasible alternative was to find a new site for a brand new, state-of-the-art facility that met the highest seismic safety standards while offering our patients and staff a world-class facility in which to get and give health care for generations to come.

In our citywide plan, we will develop new facilities at our Van Ness and Geary location and at the St. Luke's campus. The Davies campus has already been retrofitted and the Pacific campus will become an outpatient care site, with reduced impact on the surrounding neighborhood. We have not yet reached any final determination on what services will be offered at the California campus.

Why was the site at Van Ness and Geary chosen as the proposed site?

The Van Ness and Geary site meets all requirements:

- Central location
- Seismically appropriate (appropriate soil/load-bearing conditions)
- Close to physicians who provide the care
- Adequate size
- Available for purchase
- Good public transportation links to make it readily accessible
- Avoids discontinuing existing services during construction

In addition, other properties surrounding the site became available, allowing us to build physicians' medical offices close to the hospital.

What will the Van Ness and Geary campus mean in travel time for patients and visitors?

Because the new campus site is centrally located, travel time for the average patient will be no greater than it is today; in fact, in many cases it should be less. By locating many services in one building and coordinating scheduling, we will also be able to cut down on patients having to travel between different campuses for doctor's visits, as well as waiting time within our facilities.

Is it necessary to build such a large facility rather than retrofit and/or reconstruct the other hospitals?

- The Davies campus is the only facility where it was feasible to retrofit, and this is now complete.
- The California and Pacific campus buildings require more extensive, costly, and disruptive construction work for only a short-term gain and, even then, no gains in achieving modern hospital facility needs such as technology and private rooms.

Planners used sophisticated forecasting models to study the appropriate size for the new campuses at Van Ness and Geary and at St. Luke's, including how many beds would be needed at each location so that these new hospitals would be no bigger than necessary

Why do Women's and Children's services need to be at the Van Ness and Geary location? Why consolidate?

Treating more patients in one location improves the outcome for patients and makes the hospital more efficient, particularly for specialized medical care.

- Concentrating these highly specialized service lines at one facility leads to a greater diversity and availability of specialists, health providers, and resources.
- This creates synergies, with staff and teams from different areas of expertise working together to create better patient outcomes.
- Technology and co-location of services will enable less movement of patients within the hospital so that services will be delivered at the bedside.
- The hospital at Van Ness and Geary will become a regional Center of Excellence in providing highly specialized care. At 556 beds, this facility is sized appropriately to support whatever level of care is needed.

St. Luke's has an excellent history of providing birthing services to its community.

- This service will continue in the new hospital at St. Luke's, but with the added benefit of access to our specialized staff at the Van Ness and Geary campus for at-risk pregnancies.
- The intimate scale of birthing services at St. Luke's provides new mothers a desirable service South of Market.

Why not move existing services to a temporary location and retrofit existing facilities?

Hospitals have unique requirements under the state's regulatory body known as OSHPD Office of Statewide Health Planning and Development. It would be as costly to prepare temporary facilities as it would be to rebuild them.

How about the scenario favored by some to have two hospitals, one 250-bed facility at Van Ness and Geary and a 250-bed hospital at St. Luke's?

The scenario favored by some has several fatal flaws.

- The neighborhood and site of St. Luke's cannot sustain the impact of a 250-bed hospital.
- Having two smaller hospitals means neither would have enough patients to support the specialist clinical teams, physicians, and staff needed to provide the highest-quality care.
- Two 250-bed hospitals would dilute specialized service lines across two sites and negatively impact the quality of care for the sickest patients. It also increases costs.
- Most important, without the economic and clinical "engine" of a large-volume, specialized service hospital it will be impossible for CPMC to cover the cost of delivering a distributed, rational citywide system of care. This means rebuilding St. Luke's and supporting many other community-based health care programs.

Why build capacity to serve patients from beyond the City and County of San Francisco?

- To help attract the world-class experts for advanced complex or specialists care that we also need to serve San Franciscans.
- To improve outcomes for San Franciscans by allowing these specialists to practice on the basis of higher volumes of rare and advanced procedures.
- To help provide the extra income we need to allow us to serve under- and uninsured San Franciscans.
- To allow us to provide more health care jobs for San Franciscans.
- To bring more visitor income to the city.

Will access to the new campus (and its ED) be impeded by the already very dense traffic on Van Ness and Geary? Won't it just make this worse?

Any potential traffic impacts created by this project will be analyzed in the Environmental Impact Report that is being prepared now under the direction of the San Francisco Planning Department. The California Environmental Quality Act (CEQA) will guide any project impact exceeding acceptable traffic levels. Since our new acute-care hospital is at the intersection of several Muni bus lines as well as two new Muni Bus Rapid Transit stations, we are already developing a robust transit management plan that will benefit employees, visitors, and staff.

The carefully-designed facility takes traffic off the street from either direction (Geary and Post streets) onto an interior driveway, where patients will be off-loaded and where cars will access the garage.

What will be done to make sure the new campus is not intimidating and is “friendly” for members of San Francisco’s diverse cultural and ethnic population?

California Pacific has many years of experience making all of our facilities friendly and welcoming to all our patients regardless of ethnicity or language. Our new campus will build on that experience. In fact, one of the guiding principles in its design was “All decisions will reflect an awareness of diversity of culture, language, age and lifestyle.”

We employ full-time clinical interpreters for Cantonese, Mandarin, Korean, Japanese, Russian, and Spanish. If a patient or visitor speaks a language for which we do not have a translator, we use a phone service that provides us with the appropriate translator immediately, day or night. We also make sure that directories and way-finding signs are translated into Chinese and Spanish throughout our facilities.

Single-patient rooms will allow greater privacy and control over their own environment for all patients and their families. Some cultures encourage large families to spend long hours in the hospital with a patient, and the private rooms will more comfortably accommodate this need.

Our cafeterias serve culturally sensitive foods and we, of course, allow patients to bring specialized foods if we cannot meet their dietary needs (e.g. kosher).

There will be shared family serving stations where family and friends can access refrigerators, juice machines, ice, microwaves, and space for food preparation. This allows family and friends to be more involved in caregiving, and provides the opportunity for patients and visitors to feel more comfortable.

Our staff is also richly diverse, reflecting the city that we serve. Approximately 25 percent of our staff is Asian American and 10 percent is Latino so we are always conscious of the need to be culturally and ethnically sensitive in everything we do.

Other Campuses

Will there be a continuing role for the other four campuses?

CPMC's citywide plan, as developed over the past 10 years, is a comprehensive health care delivery system for the entire city and region.

- Existing campuses will be renovated and improved to become convenient primary care sites throughout the city and two neighborhood hospitals (the retrofitted and expanded Davies and the entirely rebuilt St. Luke's) with specialized services.
- Facilities will be integrated to guarantee the best comprehensive medical care available in the U.S. Planning for our California campus is still under consideration.

How will the campuses work together in an integrated manner?

Because the various campuses have a different focus, we will be able to offer our patients a system of care across our multicampus, citywide system.

- We already have many years of experience integrating services across three campuses (Pac, Cal and Davies) and in the past two years we have been integrating St. Luke's into our system.
- Building a new hospital at the Van Ness and Geary site will simply extend that integration across one more location.

St. Luke's Campus

Why was the current site chosen for the St. Luke's rebuild?

The Blue Ribbon Panel's vision for St. Luke's was for an outstanding community hospital focused in two areas—obstetrics and senior services.

- While they did not specify bed size, they recognized that the number of beds would be a result of need based on these services.
- A key principle for the panel was the requirement for the current hospital at St. Luke's to remain open while a new hospital was being built.
- To shut it down for a couple of years while a new facility was being constructed would have placed an enormous additional burden on S.F. General, which is already struggling to cope with demand.
- In addition, closing the hospital would inconvenience patients.
- Many physicians and staff would need to relocate during that time and it might be hard to get them to return to the newly built facility.

Keeping the hospital open during construction constrained the options as to where to site the new hospital. The panel chose a site that it determined would provide the most flexibility in creating a hospital that met the needs of the community, not just for today but for decades to come.

Timing

What is the timeline of hospital changes--closures, reconstruction schedules, openings?

To meet state-mandated retrofit and reconstruction deadlines, our goal is to begin construction as soon as the necessary permits and approvals are issued, projected to be June 2010.

Cost

How much will all of this cost? How will it all be paid for?

We currently estimate that the total cost of building new hospitals at the Van Ness at Geary site and at St. Luke's, as well as retrofitting our Davies campus and doing seismic upgrades to other facilities, to be in the region of \$2.5 billion. This will be paid for by CPMC, at no taxpayer expense.

Jobs

How will CPMC's plan affect employment in the city and region?

CPMC is currently the second-largest private employer in San Francisco, with 6,600 employees and 1,200 physicians on its medical staff.

- These are great jobs with an average non-physician salary of \$95,000/year. The new CPMC is expected to generate additional health care and support jobs throughout the city, especially in the new ambulatory care sites.

In addition, building the Van Ness and Geary and St. Luke's hospitals will create around 1,500 construction-related jobs, many of them well-paying union jobs, and inject a huge amount of cash into the community during this time of economic uncertainty.

Neighbors

Are the individual neighborhoods directly impacted by the changes involved in planning?

CPMC is proud of its track record of engaging neighbors in its planning. At the Davies Campus, hundreds of hours were dedicated to listening and problem solving so that the proposed new medical office building could meet neighbor needs. We have also begun an extensive series of conversations and meetings with the neighbors in and around the proposed new hospitals at Van Ness at Geary and St. Luke's. Understanding their specific concerns helps us better address them. [See sidebar for list of outreach meetings.]

VAN NESS AT GEARY OUTREACH

Lower Polk Neighbors
Japantown Task Force
Tenderloin Neighborhood
Development Corporation
Tenderloin Futures Collaborative
Daniel Burnham Court Homeowners
Association
Hamilton Square Baptist Church
First Unitarian Universalist Church
Japantown Merchants Association
Cathedral Hill Towers Homeowners
Association
Post International Homeowners
Association
Fillmore Merchants Association
District 5 Together
Cathedral Hill Neighborhood
Association
Sutterfield Homeowners Association
The Sequoias Homeowners Association
Van Ness/Eddy/Ellis Business Group
Middle Polk Neighborhood Association
Fillmore Jazz Community Benefit
District
Western Addition Citizens Advisory
Committee
Alliance for a Better District 6
Larkin Street Youth Services
D2gether

CALIFORNIA CAMPUS OUTREACH

Presidio Heights Association of
Neighbors
Jordan Park Improvement Association
Planning Association of the Richmond
Pacific Heights Residents Association

Laurel Heights Merchants

PACIFIC CAMPUS OUTREACH

Pacific Heights Residents Association
Fillmore Merchants Association
Japantown Merchants Association
Japantown Task Force
Fillmore Jazz Community Benefits
District
Western Addition Neighborhood
Association
Cow Hollow Neighborhood Association
Marina Merchants
Union Street Merchants
D2gether

DAVIES CAMPUS OUTREACH

Davies Campus Task Force
Duboce Triangle Neighborhood
Association
Buena Vista Neighborhood Association
Hayes Valley Neighborhood
Association
Castro Action + Planning Association
Merchants of Upper Market and Castro
Eureka Valley Promotion Association
Haight-Divisadero Merchants and
Neighbors
Noe Valley Merchants Association
Corbett Heights Neighborhood
Association
Noe Street Neighbors

ST. LUKE'S CAMPUS OUTREACH

Neighbor meetings
January and March 2008

Blue Ribbon Panel

Chair: Steven Shortell, PhD
Dean of the School of Public Health at the

University of California at Berkeley

Vice Chair: Rt. Rev. Marc Andrus
California Episcopal Diocese

Facilitators: Rev. John Golenski, EdD
President, Health Priorities Group

Co-Facilitator: Nancy Shemick, MPA
*Shemick and Associates Health Care
Consultants*

Confirmed Panelists: Michela Alioto-
Pier
*Supervisor, District Two, San Francisco
Board of Supervisors*

Damian Augustyn, M.D.
CPMC Chief of Medical Staff

Kenneth Barnes, M.D.
Savestlukes.org

Kevin Barnett, DrPH, MCP|
Senior Investigator Public Health Institute

Dan Bernal
*District Director for Congresswoman
Nancy Pelosi, Speaker of the House*

Ed Chow, M.D.
*Chinese Community Health Plan and SF
Health Commissioner*

Lawrence Cruz
*Board member, Bernal Heights
Neighborhood Community Center*

Catherine Dodd, Ph.D., R.N.
*Deputy Chief of Staff, Mayor Gavin
Newsom's Office*

Steve Falk
*President & CEO, San Francisco Chamber
of Commerce*

Cheryl Fama
*Executive Director, Peninsula Health Care
District*

Anna Eng
*Senior Organizer, Bay Area Organizing
Committee*

Jean Fraser
*Chief of San Mateo County Health System
Former CEO San Francisco Health Plan*

Roma Guy, MSW
*Former President of the Health
Commission, designee to the Blue Ribbon
Panel by Supervisor Tom Ammiano*

Louis J. Giraudou

Co-Founder and Principal, GESD Capital Partners

John Gressman
President & CEO, San Francisco Community Clinic Consortium

Sandra Hernandez, M.D.
President, San Francisco Foundation

Mitch Katz, M.D.
Director, Department of Public Health SF County

Edward Kersh, M.D.
St. Luke's Medical Staff Representative

Paul Kumar
Administrative Vice President, United Health Workers (SEIU)

David Lawrence, M.D.
Former CEO, Kaiser Permanente

Michael Lighty
Director of Public Policy, California Nurses Association

Gabriel Metcalf
Executive Director, San Francisco Planning and Urban Research Association

Anthony Miles
CPMC Board Member

Jacob Moody
Bayview Hunters Point Foundation

Bob Morales
Labor Leader, 350 Secretary General

Laura Norrell, M.D.
Medical Director, St. Luke's Women's Center, designee to the Blue Ribbon Panel by Supervisor Michela Alioto-Pier

Tim Paulson
Executive Director, San Francisco Labor Council

Anthony Wagner
Former VP, Kaiser Permanente; former Executive Administrator, SF DPH

Jim Wunderman
CEO, Bay Area Council

COMMUNITY OUTREACH TASK FORCE

Fr. John Hardin
St. Anthony's Foundation

Estela Garcia
Executive Director, Instituto Familiar de la Raza

Charlene Clemens
Director Division of Children, Youth, and Family, Family Service Agency of San Francisco

Olivia Fe
Executive Director, Latina Breast Cancer Agency

Karen Garrison
Director of Senior Services, Bernal Heights Neighborhood Center

Gillian Gillett
Co-Chair, San Jose/Guerrero Coalition to Save Our Streets

Rosario Anaya
Executive Director, Mission Language Vocational School

Maria Vicente-Pulletti
Social worker, member of St. Luke's Hospital Board of Trustees

Mai-Mai Quon Ho
Executive Director, Asian Perinatal Services

Jim Salinas
Senior Marketing Director, Local Carpenter Union

Suzanne Palmer
Development Director, Episcopal Community Services

Raye Richardson, M.D.
Marcus Books

Pat Coleman
Arthur H. Coleman Medical Center

Marilyn Metz, M.D.
Arthur H. Coleman Medical Center

Ana Perez
Executive Director, CARECEN

Anni Chung
Self Help for the Elderly

Rev. Dr. Joseph Bryant Jr.
Calvary Hill Community Church

Rev. Shad Riddick
Metropolitan Baptist Church

Don Frazier
Deputy Executive Director, Westside Community Service

CITYWIDE OUTREACH

San Francisco Structures/Chamber of Commerce

SPUR

CityBeat

San Francisco Construction & Business Trades Council

San Francisco Board of Supervisors

Planning Commission

San Francisco Mayor's Office

How has CPMC addressed neighborhood concerns? What are some of those mitigating measures?

We have already held, and will continue to hold, meetings in which we ask neighbors to identify their specific concerns so we can more accurately address them.

- In response to some of those concerns at the Van Ness and Geary site, we have already reduced the height of the building by 50 feet and the size by some 380,000 square feet.
- We have changed the location of both the loading dock area and the ambulance entrance to our Emergency Department to cause less disruption to neighbors and traffic.
- Additionally, the building has been set back on the Post Street side, reducing the mass and shading on nearby residential properties, and it has also undergone “greening”.

We recently held a very well attended meeting with our neighbors at St. Luke’s and are currently studying how we can address the key issues raised by neighbors, staff, and the community.

Citywide Planning

How do the CPMC plans fit in with the overall health care planning for the City and County of San Francisco?

CPMC plays a key role in delivering health care to all of San Francisco.

- Through our four campuses, we handle one-third of all the hospitalizations in the city, one-third of the ED visits, and one-half of all births.
- We take our role as part of the overall health care planning for San Francisco very seriously and have been working closely with Dr. Mitch Katz, the director of the Department of Public Health.
- Part of the reasoning of the Blue Ribbon Panel and CPMC in deciding to rebuild St. Luke’s was that, without it, S.F. General—the only other hospital South of Market—would be overwhelmed, which could have devastating consequences for the overall health of the community in that corner of the city.

Hospitals, the Department of Public Health, and other community organizations are already collaborating on ways to solve citywide health issues.

- There is dialogue to tackle issues such as mental health and health disparities in the most vulnerable populations.
- The Hospital Council is taking a leadership role in coordinating activities in areas such as African American breast health and prostate cancer.
- CPMC is working diligently with the Department of Public Health’s Anne Kronenberg (deputy health director) and other nonprofits on the Charity Care project.
- All hospitals are also working jointly to study how best to ensure that the needs of the community are met, and how we can complement our activities with those of the Department of Public Health and other nonprofit, nongovernment organizations.

No one particular entity can single-handedly solve all the health problems in the city, but together we can collaborate to address community health needs to find creative solutions to benefit San Franciscans.

Community Benefit

Does CPMC take any responsibility for providing health care to disenfranchised populations within San Francisco?

We are well aware that some communities still have inadequate health care services, which is why we have made strategic investments in several areas to positively impact the health of San Franciscans who can least afford care.

- Our Child Development Center serves close to 1,500 children yearly, regardless of their ability to pay.
- The Bayview Child Health Center was created to meet the needs of families in the Bayview-Hunters Point district.
- The African American Breast Health and Sister-to-Sister programs offer free mammograms, and if necessary, free treatment, for African American women and members of the LGBT community.

We are also partnering with the city in the Healthy SF program, to help provide much-needed services to poor and low-income communities, and in the Hep B Free campaign to try and make San Francisco the first city in the U.S. to test and vaccinate all Asian Pacific Islanders for hepatitis B.

In 2007, the latest year for which figures are available, we provided more than \$120 million in community benefit and charity care for the people of San Francisco.

Other Services

What are your future plans for Psychiatric and Skilled Nursing Facility (SNF) services?

There is no plan to eliminate or reduce inpatient psychiatric beds. Psychiatric services are at the Pacific campus, where they will remain.

Long-term care is critical to CPMC's mission. On average, CPMC has a need for about 100 SNF beds to support all four campuses. That need is not expected to change after the rebuilding of CPMC. Our plan is to secure the beds to meet our patients' needs with a four-pronged approach: keep 36 beds at Davies, secure beds with community providers with expertise and experience in this area, explore collaboration with community providers to create new capacity, and pilot transitional care models with community partners to effectively transition patients who don't need a SNF bed back to the community. Our approach is simple: (a) not deprive our patients of needed services to get well but (b) steward precious health care dollars to the right patient at the right time at the right place. For licensing and economic reasons, hospital systems simply are not building SNF beds into acute-care hospitals and are migrating toward partnerships with community providers.