



SAN FRANCISCO PLANNING DEPARTMENT

Executive Summary Institutional Master Plan

HEARING DATE: JULY 22 2010

Date: July 22, 2010
Case No.: **2008.1409I**
Project: **SAINT FRANCIS MEMORIAL HOSPITAL**
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BACKGROUND ON INSTITUTIONAL MASTER PLANS

Planning Code Section 304.5 requires post-secondary educational institutions and medical institutions to file an Institutional Master Plan (IMP) every 10 years detailing current facilities and operations, and outlining development plans and other information. The purpose of the IMP is to provide this information to the Planning Commission and the public and receive comments at a public hearing. This enables the institution to modify its master plan before seeking entitlements. Any significant proposed changes (including alterations to existing structures, demolitions, or new construction) described in the IMP would require separate review and approval by the Board of Supervisors, Planning Commission and/or Department staff, as applicable. In December 2007, the Board of Supervisors amended Planning Code Section 304.5 (through Ordinance 279-07) to require that IMPs for medical institutions be reviewed by a health planner overseen by the Department of Public Health. The health planner's role is to comment on the institution's long-range development goals and their relationship to citywide health care needs. The result of the health planner review is summarized below.

HEALTH PLANNER REVIEW OF ST. FRANCIS'S INSTITUTIONAL MASTER PLAN

Saint Francis Memorial Hospital (St. Francis) has completed the health planner review of their Institutional Master Plan (Attachment A) as required by Planning Code Section 304.5. The Health Department hired the Lewin Group to review the St. Francis IMP.

The final health planner report was reviewed by the San Francisco Health Commission at their meeting on March 3, 2009. The Commissioners requested that Saint Francis use traditional Chinese characters in its signage, and refer to that language as Chinese, not Mandarin as appears in the "Proposed Development" section on page 55 of the Institutional Master Plan. In all other ways, however, the Commissioners agree with the findings of the health planner and believe that the proposed changes seem likely to improve access and services, as well as sustained operations at Saint Francis Memorial Hospital.

INFORMATION IN ST. FRANCIS'S 2008 INSTITUTIONAL MASTER PLAN

Saint Francis Memorial Hospital is located at 900 Hyde Street, adjacent to the Nob Hill neighborhood. The hospital has been in continuous operation since 1922 and offers a comprehensive mix of acute care services in 322 licensed inpatient beds, including 267 general acute care beds, 35 psychiatric beds and 20 rehabilitation beds. St. Francis closed a 34-bed long term care unit.

In addition to the services located at 900 Hyde Street, St. Francis operates a number of outpatient centers located throughout the Bay Area including:

- Health Center at AT&T Park.
- Center for Sports Medicine – Walnut Creek
- Center for Sports Medicine – Corte Madera
- Franciscan Treatment Room – Occupational Medicine

St. Francis draws patients from nearly every part of the City, as well as communities outside San Francisco's city limits. St. Francis operates the region's only major burn center which receives patients from throughout the region. St. Francis is also a regional referral center for sports medicine, and spine and joint replacement services. More than 31% of all patients seeking inpatient services at St. Francis originate from two zip codes encompassing the Nob Hill, Hayes Valley and Tenderloin neighborhoods. Patients originating from localities beyond the city limits accounted for approximately 27.3% of all discharges.

About 500 physicians are affiliated with St. Francis, 32% of whom spend 50% or more of their time at the hospital. St. Francis employs 1,100 non-physician employees, of which 488 are health care professionals. Of that number 38.9% are full-time 32.7% are part-time and the remainder work on a per-diem basis. Approximately 46% of the non-physician employees are San Francisco residents.

In fiscal year 2006-2007 St. Francis had 6,798 inpatient admissions and 88,315 outpatient visits. Over the past 23 years, inpatient admissions have declined by 14% while outpatient visits have increased two percent. Only 58% of St. Francis's patients are San Francisco residents. The high percentage of patients from outside the city limits is partially due to the care of severely burned patients transferred to St. Francis after being triaged at other emergency departments, and partially to the specialty sports medicines surgeries.

St. Francis has six functioning surgical suites and performed a total of 3,780 inpatient and outpatient surgeries in fiscal year 2006-2007. A wide variety of surgeries are performed including hand surgery, orthopedic surgery, plastic and reconstructive surgery, eye surgery, ear, nose and throat surgery, neurosurgery, and vascular and thoracic surgery. St. Francis has two diagnostic critical care units which provide intensive nursing care, continuous monitoring, and life support.

SAINT FRANCIS DEVELOPMENT NEEDS

Hospital Retrofit. St. Francis consists of three buildings that fall under SB 1953, the State law that requires seismic upgrades to hospitals in the State. The 12-story Hospital Tower and the six-story East Wing contain acute care hospital facilities. The third building is the two-story Pieroti Pavilion outpatient clinic. Despite steady or decreasing inpatient discharges and increasing outpatient visits, St. Francis must comply with SB 1953 and seismically upgrade and/or replace its acute care facilities. The State has given St. Francis until 2013 to complete the upgrade of the East Wing. The basement and first floors have been completed.

Renovation of Surgery Suites. Renovation of East Wing Surgery Suites will be undertaken to provide more spacious operating rooms along with supporting space. Currently only six of the twelve operating

suites are in use because the other six are too small for many surgeries. The twelve suites would be reconfigured into nine large operating rooms that meet contemporary standards.

Signage. St. Francis proposes to implement a Master Signage Program because they feel current signage is not effective in directing patients and visitors to their destinations. Patients requiring urgent or emergency medical attention require clear signage and direction to the Emergency Department or the urgent care departments. This issue could prove especially critical in the event of major earthquake. The scope of work for this project includes creating a unified design scheme, installing signage in visible locations, and having text in English, Spanish, Russian and Chinese. Conditional Use authorization from the Planning Commission will be required before implementation of the signage program.

Ten Year Plan. The purpose of the retrofit is to allow St. Francis to be in compliance with SB 1953 until 2030. However, the cost of meeting the requirements in place as of 2030 with retrofit projects alone would not be a financially practical solution. As a result, St. Francis will explore options for the construction of a new acute care inpatient hospital to be completed in time for the 2030 deadline. Currently there is no development plan in place after completion of the 5 years improvements discussed above.

IMP SUMMARY

St. Francis's IMP has been reviewed by the Planning Department for completeness in accordance with Planning Code Section 304.5. The Planning Department believes that IMP contains all required information, including:

- The nature of the institution;
- Its history of growth;
- Physical changes in the neighborhood which can be identified as having occurred as a result of such growth;
- The services provided and service population;
- Employment characteristics;
- The institution's affirmative action program;
- All owned or leased properties throughout the City and County of San Francisco;
- The present physical plant of the institution; including:
 - The location and bulk of buildings
 - Land uses on adjacent properties
 - Traffic circulation patterns, and
 - Parking in and around the institution.

The IMP addresses the development plans for St. Francis over the next 5 years, including such aspects as:

- Seismic Upgrade of the East Wing;
- Renovation of East Wing Surgery Suites;
- Master Signage Program;
- Evaluation of Location Options for Replacement Acute Care Inpatient Facility.

ENVIRONMENTAL REVIEW

Institutional Master Plans are non-action items, and as such, do not require CEQA review. The Projects associated with the Master Plan are currently undergoing environmental review through an EIR (Case No. 2005.0555E).

IMP HEARING NOTIFICATION

TYPE	REQUIRED PERIOD	REQUIRED NOTICE DATE	ACTUAL NOTICE DATE	ACTUAL PERIOD
Classified News Ad	20 days	July 2, 2010	June 30, 2010	22 days
Posted Notice	20 days	July 2, 2010	July 2, 2010	20 days
Mailed Notice	20 days	July 2, 2010	July 2, 2010	20 days

REQUIRED COMMISSION ACTION

No formal Planning Commission action is required, and the Commission’s acceptance of the IMP by closing the public hearing does not indicate approval of any project. It merely acknowledges that the IMP contains the required items and that there has been a public hearing.

The Planning Department finds the document to be a complete IMP relative to the Planning Code Requirements outlined in Section 304.5(c), in which the specific required contents of the report are outlined.

The Planning Department’s finding simply indicates that the submitted IMP adequately addresses all of the required relevant items outlined in the Planning Code, and does not constitute approval or support of the proposed projects.

By holding a public hearing in order to receive public testimony, the Planning Commission has fulfilled the requirements of Planning Code Section 304.5. This hearing is for receipt of and public comment on St. Francis Memorial Hospital’s IMP. Pursuant to Planning Code Sec. 304.5(d), “the public hearing conducted by the Planning Commission on any institutional master plan, or revisions thereto, shall be for the receipt of public testimony only”. Additionally, pursuant to Planning Code Section 304.5(h), “no hearing shall be held...by the Commission on any such application for a new conditional use until three months shall have elapsed after the date on which the public hearing is closed and the IMP, is accepted.”

The IMP is the Project Sponsor’s current proposal for future development; it is their best estimate as to their desired size, location, and program of their facilities. The Planning Commission can express concerns about certain aspects of the plan in hopes that the Project Sponsor will respond to those concerns during the entitlement process. All projects outlined in this IMP will be analyzed in depth when they are submitted to the City for review, and numerous public hearings will be required for the projects outlined in this IMP.

BASIS FOR RECOMMENDATION

Staff believes that this IMP meets the requirements of Planning Code Sec. 304.5.

RECOMMENDATION: No action required. This is an informational item only.

Attachments:

- A. Saint Francis Memorial Hospital Institutional Master Plan
- B. Lewin Group Report
- C. Transmittal Letter from Health Commission

Attachment Checklist

- | | | |
|-------------------------------------|---------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | St. Francis Institutional Master Plan | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Lewin Group Report | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Health Commission Transmittal Letter | <input type="checkbox"/> |

Exhibits above marked with an "X" are included in this packet

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Planner's Initials

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HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING—WITH REAL-WORLD PERSPECTIVE.

St. Francis Memorial Hospital Institutional Master Plan Review

Prepared for: The San Francisco Department of Public Health

Submitted by: The Lewin Group

Date: April 2, 2009

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INTRODUCTION

This report by The Lewin Group has been prepared for the San Francisco Department of Public Health (SFDPH) to meet the requirements of an Institutional Master Plan review per Section 304.5 of the City and County of San Francisco Municipal Code Planning Code. The following report analyzes changes to inpatient services proposed by Saint Francis Memorial Hospital (SFMH) within the context of citywide health needs.

EXECUTIVE SUMMARY

SFMH is proposing three major changes to the Hyde Street campus;

- Renovate the east wing to meet SB 1953 seismic compliance standards,
- Implement a master signage program that will improve way-finding and provide information in English, Spanish, Russian and Chinese text, and
- Renovate and upgrade the existing surgical suites to maximize capacity, improve efficiency and minimize damage to mobile medical technology.

Based on a review of the IMP details, an assessment of city-wide healthcare needs, interviews with community groups, and discussions with SFMH stakeholders, the changes being proposed by SFMH will not diminish capacity or alter the current service mix. Since SB 1953 is a State-wide mandate, we view the east wing renovation as a proactive measure to ensure the long term viability of the inpatient units. The master signage program is not only improving the patient experience, but is also addressing a dialect/ethnicity, Russian, that does not yet represent a significant number of persons accessing care at SFMH. Lastly, since only six operating rooms are currently in-use at SFMH, surgical capacity will actually increase when dormant operating rooms and in-use rooms are renovated and reconfigured into nine multi-purpose surgical suites.

OVERVIEW OF THE ORGANIZATION

Saint Francis Memorial Hospital (SFMH) is located at 900 Hyde Street, adjacent to San Francisco's Nob Hill neighborhood. The hospital has been in continuous operation since 1911 and offers a comprehensive mix of acute care services in 322 licensed inpatient beds, including 267 general acute care beds, 35 psychiatric beds and 20 rehabilitation beds. In 2008, SFMH closed its 34-bed long term care unit.

In addition to services located at 900 Hyde Street, SFMH operates a number of outpatient centers located throughout the Bay Area, including:

- Health Center at SBC Park
- Center for Sports Medicine - Walnut Creek
- Center for Sports Medicine - Corte Madera
- Franciscan Treatment Room - Occupational Medicine

In 1993, SFMH became a member of Catholic Healthcare West (CHW). Headquartered in San Francisco, CHW operates 42 acute care facilities as well as numerous satellite facilities throughout California, Arizona and Nevada. St. Mary's Medical Center is the only other CHW hospital located in San Francisco

Utilization and Financial Performance

SFMH draws patients from nearly every corner of the city, as well as from localities located outside of the San Francisco city limits. As operator of the region's only major burn center, The Bothin Burn Center, it is not out of the ordinary to have a large patient catchment area. SFMH is also a regional referral center for sports medicine, spine and joint replacement services. Table and Figure I describe the SFMH service area, defined as those zip codes which account for more than 70% of total inpatient admissions.

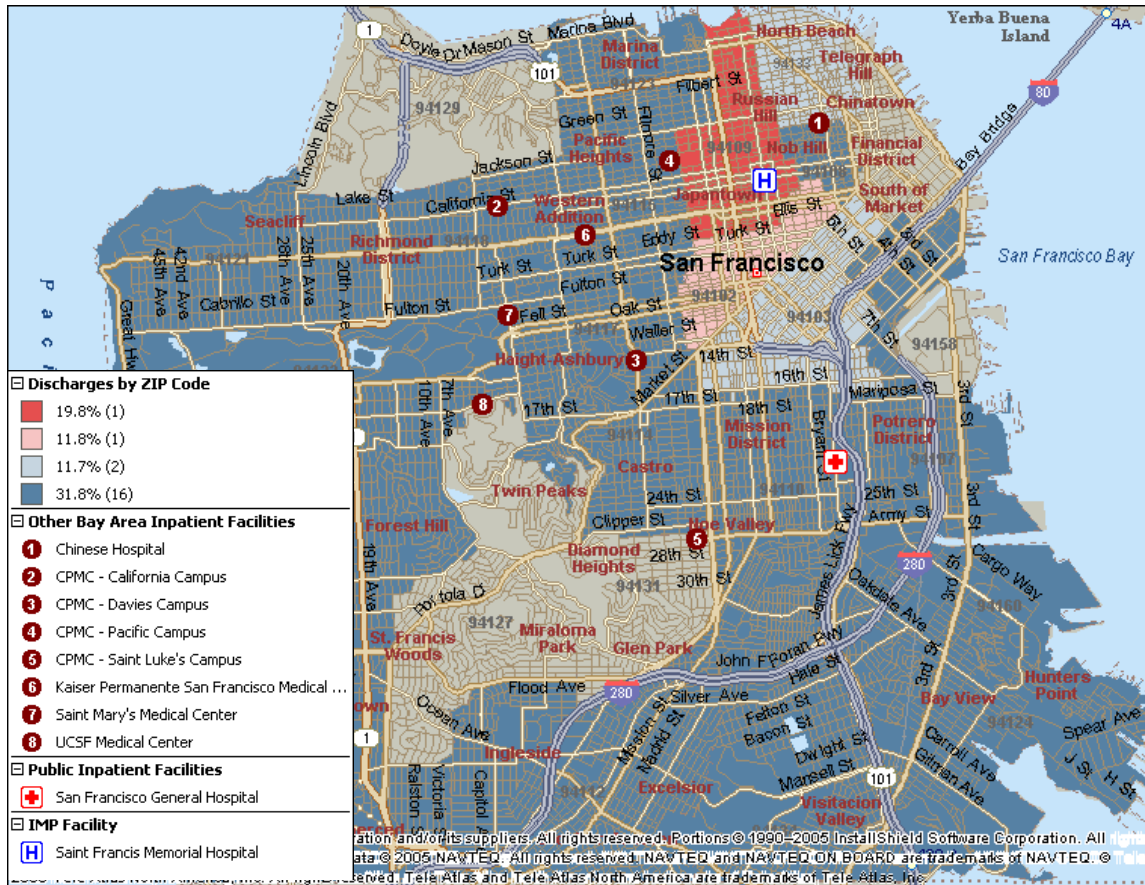
Table I - 2007 SFMH Discharges by Neighborhood

<u>Zip Code</u>	<u>Neighborhood</u>	<u>Discharges</u>	<u>Percent of Total Discharges</u>	<u>Cumulative Percentage</u>
94109	Nob Hill	1,268	19.8%	19.8%
94102	Hayes Valley/Tenderloin	756	11.8%	31.6%
94103	SOMA	387	6.0%	37.6%
94133	North Beach/Telegraph Hill	364	5.7%	43.3%
94108	Chinatown	175	2.7%	46.0%
94107	Potero Hill	168	2.6%	48.6%
94112	Ingelside-Excelsior	153	2.4%	51.0%
94110	Mission District	136	2.1%	53.2%
94115	Western Addition	135	2.1%	55.3%
94118	Inner Richmond	126	2.0%	57.2%
94121	Outer Richmond	118	1.8%	59.1%
94122	Inner Sunset	112	1.7%	60.8%
94117	Haight-Ashbury/Cole Valley	108	1.7%	62.5%
94134	Visitacion Valley	98	1.5%	64.0%
94124	Bayview	92	1.4%	65.5%
94123	Marina District	90	1.4%	66.9%
94116	Outer Sunset	84	1.3%	68.2%
94132	Lake Merced	73	1.1%	69.3%
94114	Castro, Noe Valley	67	1.0%	70.4%
94160	Bayview	57	0.9%	71.2%
	Sub-Total	4,567	71.2%	
	Unidentified	90	1.4%	72.7%
	Other California	1,597	24.9%	97.6%
	Outside California	156	2.4%	100.0%
	Total	6,410		

Source: Office of Statewide Health Planning and Development 2007

More than 31% of all patients seeking inpatient treatment at SFMH originate from two zip codes proximal to the main campus, encompassing the Nob Hill, Hayes Valley and Tenderloin neighborhoods. Patients originating from localities beyond the city limits accounted for approximately 27.3% of all discharges.

Figure I: SFMH Patient Origin Map



Source: Office of Statewide Health Planning and Development 2007

Performance Trends

SFMH has posted negative operating and total margins for the past two years, while bad debt and charity care costs continue to increase. Only outpatient visits have demonstrated a notable increase, driven in part by greater utilization of the emergency department by Bay Area residents. Table II provides a snapshot of key performance indicators.

Table II - SFMH Key Performance Indicators

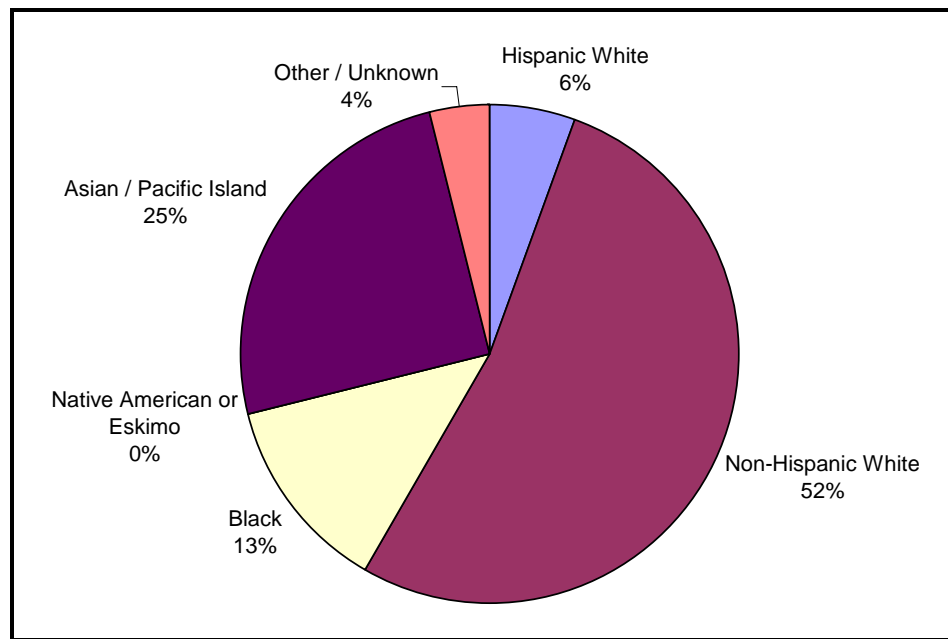
	FY 2005	FY 2006	FY 2007
Discharges	6,945	6,722	6,774
Outpatient Visits	195,742	192,775	205,384
Outpatient Surgeries	2,229	2,288	2,280
Licensed Bed Occupancy Rate	35.0%	34.5%	32.1%
Staffed Bed Occupancy Rate	52.2%	51.4%	62.9%
Operating Margin	2.5%	-6.7%	-8.1%
Total Margin	9.2%	-1.4%	-0.9%
Bad Debt	\$2,684,460	\$3,424,940	\$3,193,124
Charity Care	\$2,274,751	\$4,214,627	\$4,459,102

Source: Office of Statewide Health Planning and Development 2007. The Lewin Group 2007 Inpatient Staffed Bed Survey.

Ethnic Profile

Non-Hispanic whites account for 52% of patients admitted to SFMH in 2007. Based on 2000 Census data, the population of San Francisco was approximately 44% non-Hispanic white, 8% black and 14% Hispanic. When compared to Chart I below, this data suggests that a somewhat higher percentage of blacks and non-Hispanic whites are being seen at SFMH, however a broad range of variables contribute to how and where specific populations choose to access healthcare services.

Chart I: 2007 SFMH Inpatient Profile



Source: Office of Statewide Health Planning and Development 2007

Community Benefit Planning

Consistent with their non-profit status and faith-based mission, SFMH has contributed considerable levels of community financial and operational support. In 2008, SFMH provided over \$4M in traditional charity care and \$20M in Community Benefit Dollars, numbers only exceeded by two San Francisco non-profits, which each have 2-3 times the number of beds.¹ While SFMH distributes its community benefit over numerous initiatives, there were a few highlights in 2008. SFMH participated in making the new Healthy San Francisco program a success by partnering with The Glide Foundation to enroll 600 individuals into the program and providing Glide with \$950,800 to put toward services and materials. SFMH has also worked with other community partners to ensure the community could offer proper services to needy populations such as the homeless, the elderly and the inebriated and provided \$80,000 in grant money to community organizations. SFMH has also been a leader in providing culturally competent care through efforts to eliminate health disparities and, as discussed in this report, its Master Signage Program.²

PROPOSED CHANGES TO THE FACILITY

In 2001, in response to SB 1953, all of California's acute care hospitals were assigned seismic ratings in a report prepared for the Office of Statewide Health Planning and Development by the California Acute Care Hospitals. The ratings were as follows:

- 1) SPC-1: the building poses significant risk of collapse in a strong earthquake
- 2) SPC-2: the building does not significantly jeopardize life in a significant earthquake, but must be repairable or functional following a strong earthquake
- 3) SPC-3: the building may experience structural damage that does not significantly jeopardize life and may be used to 2030 and beyond

Buildings rated SPC-1 and SPC-2 had to be brought into compliance by 2008 in order to operate until 2030, at which point they will again be evaluated. Many hospitals received an extension on the 2008 deadline to 2013.

SFMH consists of three buildings that fall under the SB 1953. The 12-story Hospital Tower and the six-story East Wing contain acute care hospital facilities. The third building is the two-story Pierotti Pavilion outpatient clinic, which is interconnected to the acute care facilities. These buildings are rated:

- 1) East Wing: SPC-1
- 2) Hospital Tower: SPC-1 or SPC-2³
- 3) Pierotti Pavilion: SPC-3

¹ Hospital Council of Northern & Central California. "Non-Profit Community Hospitals Community Benefit Report"

² Saint Francis Memorial Hospital. "Serving Our Community Since 1905". 2008

³ The final performance rating for the Hospital Tower has not been completed but the building will be given either a SPC-1 or SPC-2

Despite steady or decreasing inpatient discharges and increasing outpatient visits, SFMH must comply with SB 1953 and seismically upgrade and/or replace its acute care facilities. The State gave SFMH an extension from 2008 to 2013 to complete the seismic upgrade of the East Wing. The hospital has begun the program to upgrade the East Wing and has completed the seismic upgrade of the basement and the first floor. The IMP lays out the following three development needs to be completed by 2013:

- 1) Complete seismic upgrade of the East Wing by 2013 in order to continue operation of inpatient services until 2030 in compliance with SB 1953
- 2) Remodel the East Wing surgery suite to meet current space standards
- 3) Install a new, uniform signage program to facilitate patient and visitor mobility around the campus

In addition to these plans, SFMH must relocate its acute care services by 2030 to be in compliance with SB 1953 and must therefore also finalize its ten year plan for construction of a replacement acute care hospital and to evaluate the adaptive reuse of the existing facilities.

Table III - Summary of Changes Proposed in IMP by SFMH

	Purpose	Scope of Work	Project Schedule
Five Year Plan			
Seismic Upgrade of the East Wing	Undertaken in compliance with SB 1953	<ul style="list-style-type: none"> -Installation of structural reinforcements within the existing building envelope -Reconfiguration of the interior space -Relocation and replacement of some existing building utilities 	<ul style="list-style-type: none"> -Retrofit of second through sixth floors to be undertaken in phases -Seismic upgrade work began in April, 2005 and is projected to be completed in 2010
Renovation of East Wing Surgery Suites	Undertaken to provide more spacious operating rooms with supporting space	<ul style="list-style-type: none"> -Twelve IP/OP surgical suites (six in use) in the East Wing will be reconfigured into 9 large IP operating rooms. -Space will be available for equipment storage and cart staging 	<ul style="list-style-type: none"> -Expected completion unknown
Implement Master Signage Program	Undertaken because current signage is not effective in directing patient and visitors to their destinations	<ul style="list-style-type: none"> -Unified design scheme -Installed in visible locations -Have text in English, Spanish, Russian and Mandarin 	<ul style="list-style-type: none"> -Master signage program will be implemented immediately after obtaining a conditional use authorization from the Planning Commission
Ten Year Plan			
Ten Year Plan	SFMH must evaluate possible locations for a replacement acute care inpatient facility	<ul style="list-style-type: none"> - No development plans following the projects in the Five Year Plan -Will evaluate the adaptive reuse of the existing hospital facilities 	<ul style="list-style-type: none"> -Must be completed by 2030

Source: Saint Francis Memorial Hospital Institutional Master Plan 2008. After a preliminary review, the Master signage program will be altered to provide text in traditional Chinese, not Mandarin, as originally stated.

Retrofit

The seismic upgrade of the East Wing is being undertaken in compliance with SB 1953 which requires this upgrade in order for the East Wing to continue providing acute care services until 2030. In addition to the seismic upgrades of the basement and the first floor, which have already been completed, SFMH will install structural reinforcements within the existing building envelope and reconfigure the interior space. The construction will also result in the relocation and replacement of some existing building utilities. In an effort to reduce disruption of acute care services the retrofit of the second through sixth floors is to be undertaken in phases and is expected to be completed in 2010.

Operating Rooms

Renovation of East Wing Surgery Suites will be undertaken to provide more spacious operating rooms along with supporting space. Currently only six of the twelve operating suites in the East Wing are in use because the other six are too small for many operations.⁴ The scope of work includes reconfiguring the twelve IP/OP surgical suites into 9 large IP/OP operating rooms that meet operating room standards. The reconfiguration will also provide room for equipment storage, stationary medical technology and cart staging. This work is expected to be completed in 2013. See Table IV for the utilization of surgical services throughout the city.

Table IV - 2007 Surgical Capacity and Utilization in Bay Area Non-Public Hospitals

	Inpatient Surgeries	Outpatient Surgeries	Total Surgeries	Outpatient Percentage	Surgical Suites	Annual Procedures Per Suite
<i>Catholic Healthcare West</i>						
St. Francis Memorial Hospital*	1,590	2,280	3,870	58.9%	6	645
St. Mary's Medical Center	2,123	4,461	6,584	67.8%	14	470
<i>California Pacific Medical Center</i>						
CA East	-	4,265	4,265	100.0%	5	853
CA West	3,200	5,922	9,122	64.9%	13	702
Davies	1,605	2,930	4,535	64.6%	7	648
Pacific	5,225	751	5,976	12.6%	11	543
St. Lukes Hospital	893	2,008	2,901	69.2%	9	322
Chinese Hospital	572	1,914	2,486	77.0%	2	1,243
Kaiser Foundation	4,413	10,065	14,478	69.5%	12	1,207
<i>UCSF</i>						
Main	10,812	9,337	20,149	46.3%	31	650
Mt. Zion	2,197	3,644	5,841	62.4%	9	649
<i>Total</i>	32,630	47,577	80,207	59.3%	119	674

Source: Office of Statewide Health Planning and Development 2007

⁴ While SFMH's 2008 IMP described 12 surgical suites, 6 in use, the Office of Statewide Health Planning and Development reported 8 surgical suites at SFMH in 2007

Hospitals with a large percentage of outpatient cases can typically perform more cases per room, as complexity tends to be lower. Since SFMH cases are almost evenly distributed and given the number of high complexity cases driven by the burn center, their slightly below average cases per room ratio appears reasonable.

Signage

SFMH plans to implement a Master Signage Program because “current signage is not effective in directing patients and visitors to their destinations. Patients requiring urgent or emergency medical attention require clear signage and direction to the Emergency Department or the urgent care departments.” This issue could prove especially harmful in the wake of a major earthquake. The scope of work for this project includes creating a unified design scheme, installing signage in visible locations, and having text in English, Spanish, Russian and traditional Chinese. The Master Signage Program will be implemented immediately after obtaining a conditional use authorization from the Planning Commission.

Ten Year Plan

The purpose of the retrofit is to allow SFMH to be in compliance until 2030. However, the cost of meeting the requirements in place as of 2030 would not be a financially practical solution. As a result, SFMH will explore options for the construction of a new acute care inpatient hospital to be completed in time for the 2030 deadline. Currently, there is no development plan in place after completion of the five year plan discussed above.

IMPACT OF CHANGES ON NEIGHBORHOOD AND ENVIRONMENT

In the IMP SFMH addressed the several neighborhood and environmental issues that could potentially impact the community surrounding its hospital during the projects outlined in the five year plan (Table V).

Table V - Environmental Considerations

Area of Potential Impact by 5 Year Plan	Comment
<i>Land Use</i>	This project would have no environmental effects because there will be no expansion of services that would impact traffic, land use or visual quality of the current hospital campus
<i>Aesthetics</i>	The Master Signage Program will improve their visual quality. Other projects will have no effect on aesthetics.
<i>Transportation & Parking</i>	The projects will not increase volume and the Master Signage Program will improve signage quality, benefiting traffic flow.
<i>Hazardous Materials</i>	SFMH complies with federal, state and local regulations regarding the transportation, use, storage, and disposal of hazardous materials regardless.
<i>Historic & Cultural Resources</i>	The SFMH campus contains no designated historic landmarks and the interior projects will not raise any historic or cultural resource issues.

COMMUNITY NEED FOR AFFECTED SERVICES

The primary goal of the IMP review is to determine how planned changes to San Francisco inpatient provider facilities may impact the availability of healthcare services, impede access to services or significantly alter the way services are currently being delivered. In order to provide an accurate assessment, we have employed both quantitative and qualitative steps to inform the recommendation.

Market Summary

There are eight private inpatient providers currently operating in the City of San Francisco (Figure II). In addition, San Francisco General Hospital is a 598-bed public hospital operated by the Department of Public Health. The city also has two facilities primarily dedicated to inpatient psychiatric care and rehabilitation services.⁵

Figure II: San Francisco Inpatient Providers



Source: Office of Statewide Health Planning and Development 2007

Demand for Inpatient Services and Long-Term Outlook

The 2007 Lewin Group report titled “Market Assessment and Benchmarking Project “analyzed the City’s population dynamics and healthcare delivery system characteristics. The most significant findings were concentrated around population dynamics and the long-term need for additional inpatient capacity.

The report found that the population is aging and diversifying. The aging of the population is attributed to the confluence of an increase in “baby boomers” and a decrease in the number of

⁵ Office of Statewide Health Planning and Development: Jewish Home and Langley Porter Psychiatric Institute

residents less than 35 years of age. The report also projects that while the African-American population is expected to decline significantly, an increasing proportion of Hispanic and Asian-American's will create a more diverse community. These two shifts will require the healthcare providers to develop or improve coordinated chronic care and disease management programs in a culturally competent way.

Regarding the long-term outlook for inpatient bed availability, it was determined that given the eventual increase in demand for inpatient services, San Francisco could see a significant bed shortage between 2010 and 2030.

While bed shortages are projected to occur over the long-term, Bay Area hospitals have continued to maximize existing capacity and are managing to sustain a decade long trend of transitioning services to the outpatient setting. Inpatient utilization in the Bay Area did not increase between 2005 and 2007, as evidenced by a real decline in number of admissions as well as a decrease in population adjusted utilization. Given the long term outlook, hospital operators will likely continue to implement programs aimed at reducing inpatient utilization until additional capacity is realized. Table VI illustrates Bay Area inpatient utilization trends between 2005 and 2007.

Table VI - Bay Area Inpatient Utilization Trends

Age Cohort	2005		2007		% Change 2005-2007
	Estimated Population	% of Total	Estimated Population	% of Total	
0-14	103,593	13.0%	108,771	13.5%	5.0%
15-44	383,860	48.3%	375,575	46.7%	-2.2%
45-64	197,517	24.8%	208,581	25.9%	5.6%
65+	110,322	13.9%	111,625	13.9%	1.2%
Total Population	795,292		804,552		1.2%
Acute Care Discharges	72,481		71,365		-1.5%
Utilization Rate Per 1,000 Pop.	91.1		88.7		-2.7%

Source: Office of Statewide Health Planning and Development 2007

Total utilization per 1,000 population declined by 2.7% between 2005 and 2007. However, the population age 45 to 64 increased by 5.6% during the same period. While it is true that Americans are accessing inpatient care at a higher rate as they reach middle age, the availability of beds in the Bay Area appears sufficient for servicing this population over the next five to ten years. These updated projections vary slightly from the 2007 report titled "Market Assessment and Benchmarking Project" which estimated a bed need by 2010.

Table VII provides a comparison of licensed and staffed bed occupancy rates at Bay Area inpatient facilities. Staffed bed estimates are based on a survey conducted by The Lewin Group in 2007. As noted, the SFMH construction program will not reduce the total number of available inpatient beds.

Table VII - 2007 Bay Area Hospital Occupancy Estimates

Hospital	Licensed Beds	Staffed Beds	Licensed Bed Occupancy	Staffed Bed Occupancy
St. Francis Memorial Hospital	356	182	32.1%	62.9%
St. Mary's Medical Center	403	322	29.7%	37.1%
Chinese Hospital	54	52	65.5%	68.0%
CPMC (ex. St. Lukes)	1,024	642	44.7%	71.4%
St. Lukes Hospital	229	199	56.6%	65.1%
Kaiser Foundation	247	247	74.9%	74.9%
UCSF (Including Mt. Zion)	706	574	70.6%	86.9%
San Francisco General Hospital	598	363	64.6%	106.4%

Source: Office of Statewide Health Planning and Development 2007. The Lewin Group, 2007

In 2007, 62.9% of SFMH staffed acute care beds were occupied. Given that St. Luke's and St. Mary's also show some bed availability, the temporary disruption in service during the East Wing renovation can be managed by the other area hospitals if necessary.

Occupancy rates appear lower when calculated using licensed bed totals, however many of the unstaffed licensed beds have been converted to serve other purposes, such as waiting areas, supply storage and diagnostic testing areas. Other licensed beds are located in buildings that are no longer compliant with inpatient safety standards, and therefore would be costly, if not impossible to recommission

Community Perspective

Organizations Represented

The Lewin Group conducted interviews with stakeholders at each of the organizations profiled in Table IV to gain their perspectives on the changes proposed in the SFMH IMP. Each organization was provided with an overview of the proposed changes and an outline of the interview questions. The overview is provided as in APPENDIX A.

Table IV: Community Stakeholder Interviews

<p>African-American Health Leadership Group Perry Lang - Director of Wellness and Public Advocacy, Black Coalition on AIDS Jimmy Loyce – Executive Director, Black Coalition on AIDS</p>
<p>Asian and Pacific Islander Health Parity Coalition Wylie Liu – Community Health Programs Manager, Sutter Health Doreen Der-McLeod – Executive Director, Cameron House</p>
<p>Chicano/Latino/Indigena Social Justice and Health Equity Planning Group Ana Perez – Executive Director, CARECEN Estela Garcia – Executive Director, IFR Alberto Rendon- Prevention Coordinator, Instituto Familiar de la Raza</p>
<p>Saint Francis Memorial Hospital Lloyd Yandell – SFMH’s director of project management Abbie Yant - Director Mission, Advocacy and Community Health Services</p>
<p>SF Labor Council Tim Paulson – Executive Director (<i>Did Not Respond</i>)</p>
<p>Service Employees International Union (SEIU) Kathy Ochoa - Director, Strategic Initiatives (<i>Did Not Respond</i>)</p>

Feedback Summary - Community Stakeholders

None of the community stakeholders interviewed expressed any concerns regarding the changes proposed in the SFMH IMP. There is general consensus that:

- 1) The retrofit is mandated, therefore bringing the existing facility into SB 1953 compliance is not only necessary, but is a proactive step in ensuring that the facility would be able to manage patients if a catastrophic event were to occur. Since SFMH is not reducing bed capacity, and short term service disruption can be managed by other hospitals, there is no opposition to this initiative.
- 2) Improved signage can only be viewed as an improvement. And while no organization noted instances where their constituents had issues regarding way-finding at the hospital, all applauded the effort to be more culturally sensitive.
- 3) There were some questions regarding why the organization would be eliminating surgical theaters. However, once we provided some context around how newer, larger, more flexible theaters would be capable of handling the same, if not increased caseloads, all interviewees were satisfied with this component of the project.

Representatives of each group did provide suggestions for all providers that would further strengthen their ability to provide outreach services. Among the suggestions were:

- a. Consider building additional common areas that can be used by community groups and non-for-profit agencies to provide healthcare services, education and other outreach programs.
- b. Strengthen ties to community groups and patient advocates to improve communication and create greater continuity for patients.
- c. Build awareness of new or growing concerns that are becoming more prevalent in the Bay Area, such as:
 - i. Metabolic Syndrome
 - ii. Post Traumatic Stress Disorder
 - iii. Poor air quality and its link to increased risk of causing Asthma

SFMH was complimented for its website content, especially as it relates to providing information on conditions and diseases that are less common, where information is not yet widely available. It was also noted that due to the hospital's proximity to the Tenderloin neighborhood, SFMH is faced with a difficult patient mix. Since the area is one of the City's poorest, with a high concentration of single room occupancy (SRO) residences, the SFMH emergency room becomes a defacto clinic for that population. There was unanimous agreement that SFMH is a vital link in providing healthcare services to this population.

Based on the interviews conducted by The Lewin Group, there is general community support for the projects proposed in the SFMH IMP.

Feedback Summary - St. Francis Memorial Hospital

During our conversation with Lloyd Yandell, Director of Project Management at SFMH, it was determined that the original IMP incorrectly stated that the outpatient surgical theaters would be moved to a medical office building at 1199 Bush Street. SFMH promptly issued a revised IMP that does not suggest moving outpatient surgery out of the main hospital. Also, OSHPD is reporting that SFMH has eight (8) operating rooms. Based on our conversation and the data presented in the IMP, SFMH actually has 12 total operating rooms, of which six (6) are functioning at the present time. We have decided to reflect the count provided by SFMH in our data analysis and SFMH has notified OSHPD of the discrepancy.

We also gained additional insight regarding the rationale for renovation of the surgical suites. Due to the age and inflexibility of the existing suites, the organization is presently incurring more than \$1.0 million in repair and maintenance costs that are a direct result of having to move equipment between surgical suites. The new suites will be large enough to install stationary equipment, such as C-arms, in each suite, minimizing the potential for damage. When complete, the new suites will easily accommodate existing and projected surgical volume.

Based on our discussion and the receipt of a revised IMP, none of the proposed changes to the organization will create or exacerbate any patient access issues. To the contrary, the proposed changes are likely to improve way-finding for non-English speaking patients, provide greater flexibility in providing surgical services and ensure SB 1953 structural compliance through 2029.

POTENTIAL IMPACT OF IMP

The SFMH IMP does not propose to alter inpatient or surgical capacity, therefore there will be no impact on the community from an access or capacity perspective, save for a temporary disruption in service during the construction period.

In the broader context, the most significant impact on the community may be driven by the renovation of the surgical theaters. SFMH has posted negative operating and negative total margins in 2006 and 2007⁶. It will be challenging for an organization faced with this level of financial difficulty to maintain their current commitment to funding charitable endeavors. However, surgical procedures tend to be considerably more profitable than other services provided by a full-service acute care hospital. Ideally, the new surgical suites will attract new surgeons to the hospital by;

- Allowing SFMH greater flexibility in scheduling, especially during peak or preferred hours, and
- Improving operating room technology and creating a more attractive environment for physicians and their patients.

Capturing additional revenue is vital to the long-term success of SFMH and to the viability of the community-based programs supported by the organization. Since the inpatient renovation and the Master Signage Program will not likely provide immediate or substantial return on investment, the plans to upgrade the surgical theaters are necessary and important in light of the organization's ability to fulfill its mission and tax exempt status obligations.

CONCLUSION

While the plans outlined in the SFMH IMP will not mitigate the long term potential for a bed shortage in the City of San Francisco, the proposed improvements will ensure sustainability of the existing facility and will improve accessibility for minority populations. The Lewin Group recommends that the council approve the SFMH IMP based on the merits of the project, the potential for improved financial performance and the positive feedback provided by community group representatives interviewed during this assessment.

⁶ Audited financial statements for 2008 were not yet available when this report was being compiled.

APPENDIX A ^{1, 2}

1. The original interview guide included in Appendix A stated that the master signage program would include “Mandarin” in addition to English, Spanish and Russian. However, upon review and comment, SFMH has decided to use Traditional Chinese signage instead of Mandarin.

2. Kathy Ochoa, Director, Strategic Initiatives, SEIU, was not initially designated as an interviewee and was subsequently contacted after representatives of the San Francisco Labor Council could not be reached for comment.

Interview Guide for SFMH Community Stakeholders

St. Francis Memorial Hospital Institutional Master Plan

Thank you very much for agreeing to participate in this discussion concerning the changes to St. Francis Memorial Hospital’s (SFMH) Institutional Master Plan (IMP). This important assessment sponsored by the San Francisco Department of Public Health includes an effort to receive the community’s feedback on:

- the health needs of SFMH’s community
- the impact the changes proposed in the IMP will have on these community health needs

Introduction

You were identified to us as leaders in San Francisco’s health care community. We understand your organization is focused on...

African-American Health Leadership Group

Perry Lang - Director of Wellness and Public Advocacy, Black Coalition on AIDS

Jimmy Loyce – Executive Director, Black Coalition on AIDS

...providing leadership, education and advocacy services primarily to African-Americans living in the City of San Francisco. Specifically, you are both leaders in The Black Coalition on AIDS, Inc. (BCA).

Asian and Pacific Islander Health Parity Coalition

Wylie Liu – Community Health Programs Manager, Sutter Health

Doreen Der-McLeod – Executive Director, Cameron House

...advocating for and providing community-based, culturally competent care for the Asian and Pacific Islander populations in San Francisco.

Chicano/Latino/Indigena Social Justice and Health Equity Planning Group

Ana Perez – Executive Director, CARECEN

Estela Garcia – Executive Director, IFR

Alberto Rendon- Prevention Coordinator, Instituto Familiar de la Raza

...advocating for and providing community-based, culturally competent care for the Latino and immigrant populations in San Francisco.

SF Labor Council

Tim Paulson – Executive Director

... serving as the advocate for the issues, including healthcare, facing the San Francisco labor community.

Stakeholder's Perspective on St. Francis Memorial Hospital

- 1) What is your relationship with St. Francis Memorial Hospital?
- 2) Are there specific health needs for the SFMH's local community?
- 3) What role does SFMH play in addressing the health care needs of San Francisco residents?
- 4) What are its strengths/weaknesses?
- 5) Are you familiar with the changes to SFMH's Institutional Master Plan? (If no, provide brief summary from chart below)
- 6) How do you believe SFMH role in the community will be affected by these changes?
- 7) Do you have any recommendations on community needs that can be addressed during these changes?

Stakeholder's Perspective on Community Health Needs

- 8) What would you say are the key health care needs of people living in San Francisco today?
- 9) How have these changed over time?
- 10) What are the greatest challenges your organization faces with respect to the delivery of health services to your target population or other San Franciscans?

Saint Francis Memorial Hospital Proposed Changes in Institutional Master Plan

	Purpose	Scope of Work	Project Schedule
Five Year Plan			
Seismic Upgrade of the East Wing	Undertaken in compliance with SB 1953 ⁱ	<ul style="list-style-type: none"> -Installation of structural reinforcements within the existing building envelope -Reconfiguration of the interior space -Relocation and replacement of some existing building utilities 	<ul style="list-style-type: none"> -Retrofit of second through sixth floors to be undertaken in phases -Seismic upgrade work began in April, 2005 and is projected to be completed in 2010
Renovation of East Wing Surgery Suites	Undertaken to provide larger operating rooms that can support a broader range of procedures as well as increased support space.	<ul style="list-style-type: none"> -Twelve inpatient/outpatient surgical suites (six in use) in the East Wing will be reconfigured into 9 large inpatient operating rooms. Outpatient surgery will be relocated to a medical office building. -Space will be available for equipment storage and cart staging 	<ul style="list-style-type: none"> -Interior reconfiguration and renovation of surgery suites will follow the relocation of the outpatient surgery suite to 1199 Bush Street. -Expected to be completed in 2013
Implement Master Signage Program	Undertaken because current signage is not effective in directing patient and visitors to their destinations	<ul style="list-style-type: none"> -Unified design scheme -Installed in visible locations -Have text in English, Spanish, Russian and Mandarin -Graphics showing the exact locations, dimensions and design of each proposed sign are in Appendix 	<ul style="list-style-type: none"> -Master signage program will be implemented immediately after obtaining a conditional use authorization from the Planning Commission
Ten Year Plan			
Ten Year Plan	SFMH must evaluate possible locations for a replacement acute care inpatient facility	<ul style="list-style-type: none"> - No development plans following the projects in the Five Year Plan -Will evaluate the adaptive reuse of the existing hospital facilities 	<ul style="list-style-type: none"> -Must be completed by 2030

ⁱ SB 1953 is Seismic-safety legislation SB 1953 (Chapter 740, Statutes of 1994) was passed by the California Legislature in 1994 following the Northridge earthquake (which occurred on January 17, 1994.) SB 1953 requires hospitals to comply with three seismic safety deadlines ensuring that by 2030, all hospital buildings in the state will be operational following a major earthquake.



Saint Francis Memorial Hospital

INSTITUTIONAL MASTER PLAN

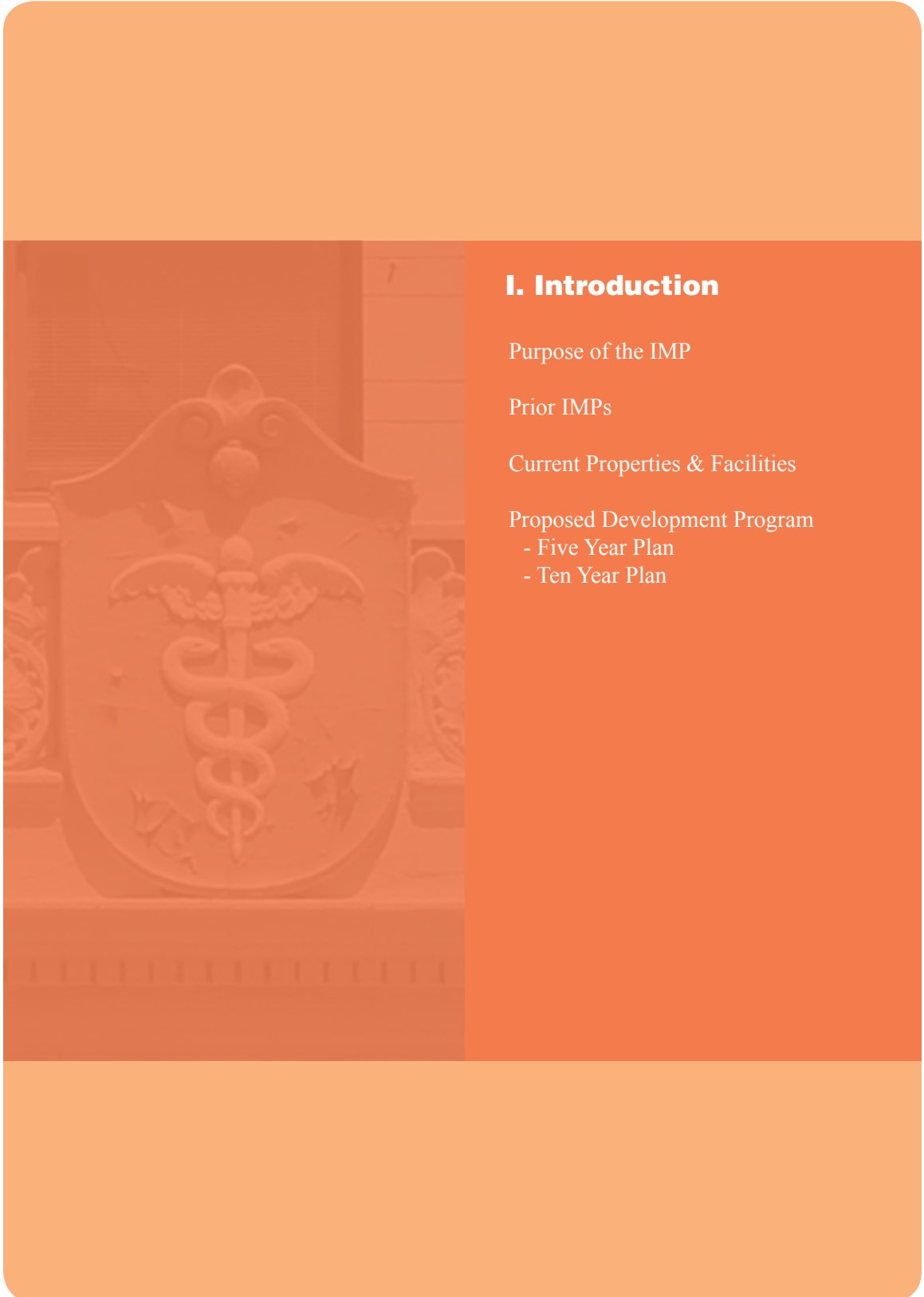
AUGUST, 2008



Saint Francis Memorial Hospital

CHW





I. Introduction

Purpose of the IMP

Prior IMPs

Current Properties & Facilities

Proposed Development Program

- Five Year Plan

- Ten Year Plan

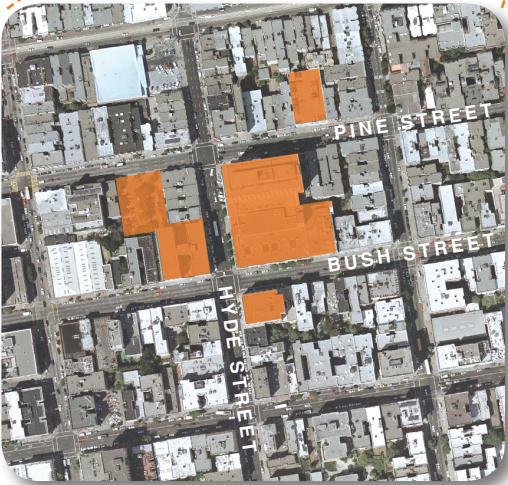
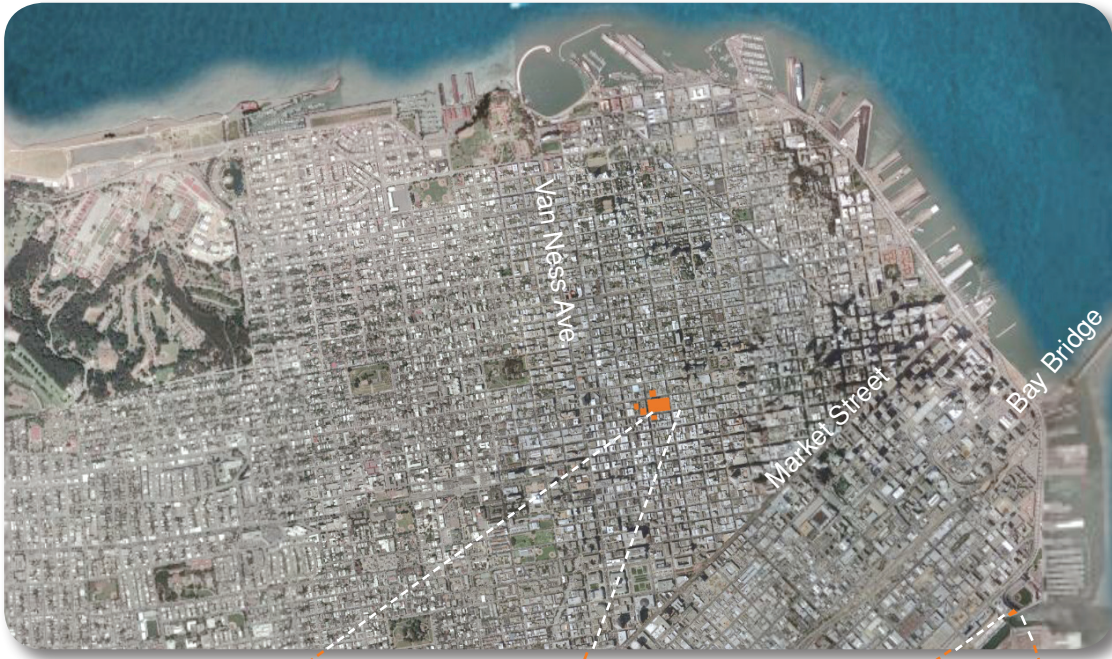


I. INTRODUCTION

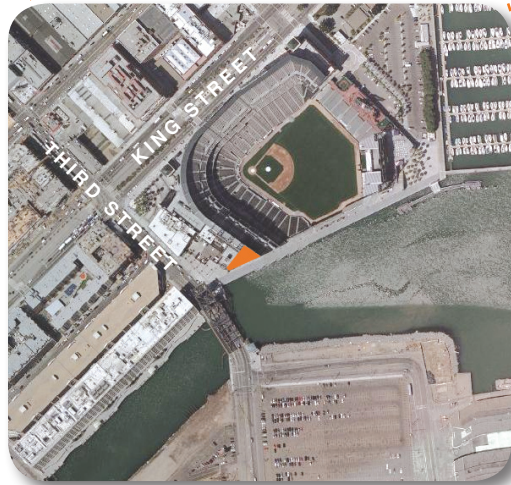
Saint Francis Memorial Hospital (“SFMH”) submits this Institutional Master Plan (“IMP”) to update its 1985 IMP currently on file with the Planning Department. This IMP provides an overview of the services, patients, employees, and facilities of SFMH and presents SFMH’s Five Year and Ten Year Plans. Potential environmental impacts and General Plan consistency of these plans are discussed as well.

Senate Bill 1953 (“SB 1953”) mandates that all acute-care hospitals be retrofitted or replaced to meet current seismic safety standards, in order to ensure that hospital buildings can withstand a major earthquake and remain operational after the earthquake. Pursuant to SB 1953, the State Architect’s Office has determined that SFMH must complete seismic upgrades to the East Wing of the Hospital by 2013, in order to continue providing acute care services until 2030. SFMH has already completed seismic upgrades of the basement and ground floor of the East Wing and will continue to renovate the upper floors of the East Wing, floor by floor.

The main campus of SFMH is located on the western slope of Nob Hill in San Francisco. In addition, SFMH has an outpatient clinic at AT&T Park that specializes in sports medicine.



Nob Hill Campus



Health Center at AT&T Park

image source: Google™

Purpose of the IMP

Section 304.5(b) of the San Francisco Planning Code requires medical institutions to prepare and file with the Planning Department an IMP. An IMP is an informational document, the primary purpose of which is to inform City officials and the public of an institution's future plans. The Planning Commission takes no action on an IMP. San Francisco Planning Code § 304.5(d).

More specifically, the purposes of an IMP are as follows:

- 1 “To provide notice and information to the Planning Commission, community and neighborhood organizations, other public and private agencies and the general public as to the plans of each affected institution at an early stage, and to give an opportunity for early and meaningful involvement of these groups in such plans prior to substantial investment in property acquisition or building design by the institution;”
- 2 “To enable the institution to make modifications to its master plan in response to comments made in public hearings prior to its more detailed planning and prior to any request for authorization by the City of new development proposed in the Master Plan;” and
- 3 “To provide the Planning Commission, community and neighborhood organizations, other public and private agencies, the general public, and other institutions with information that may help guide their decisions with regard to use of, and investment in, land in the vicinity of the institution, provision of public services, and particularly the planning of similar institutions in order to insure that costly duplication of facilities does not occur.” San Francisco Planning Code § 304.5(a).

Prior IMPs

SFMH submitted its first IMP in 1974, followed by updates in 1975, 1976, 1979, 1981 and 1985. Those IMPs included various proposals to add or expand facilities.

1985 IMP Properties and Facilities

The 1985 IMP identified the following Saint Francis properties and facilities:

Medical Center Facilities

- 1** Hospital Tower at 900 Hyde
- 2** East Wing at 1150 Bush Street
- 3** The one-story Pierotti Pavilion, which is connected to the Hospital Tower and East Wing
- 4** Medical Office Building at 909 Hyde
- 5** 1199 Bush, a surface parking lot
- 6** The two-story Parking Garage at 1234 Pine Street

- 7** A surface parking lot, located on the south side of Pine Street between Hyde and Larkin Streets

Residential Properties

- 8** Four apartment buildings on the west side of Hyde Street between Bush and Pine Streets
- 9** Apartment building at 1355 Pine Street
- 10** Apartment Building at 1171 Bush Street



image source: Google™ Earth

1985 IMP Development Program

The 1985 IMP described the following development projects:

- 1** Addition of four levels to the Pierotti Pavilion. Only a one-level addition was completed in 1986.
- 2** Addition of two levels to the 1234 Pine Street Garage. This project was completed in 1988.
- 3** Construction of a new six story medical office building at 1199 Bush Street, replacing the former parking lot. This project was completed in 1990.

Since 1985, in addition to the completion of the above projects, SFMH has sold all of its residential properties, which included 1171 Bush, 1355 Pine, and the row of buildings on Hyde Street between 909 Hyde and the southwest corner of Pine. Also, SFMH opened a satellite location in San Francisco, the Health Center at AT&T Park, specializing in sports medicine.

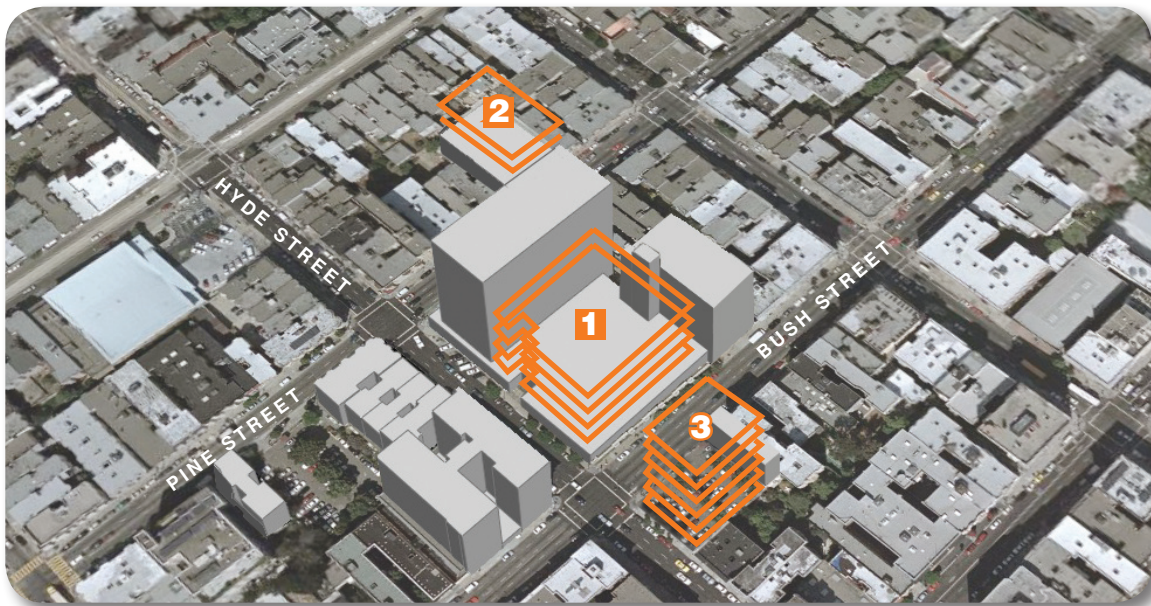


image source: Google™ Earth

Current Properties & Facilities

The following describes current properties and facilities:

- 1** Hospital Tower at 900 Hyde.
- 2** The two-story Pierotti Pavilion, which is connected to the Hospital Tower.
- 3** East Wing at 1150 Bush Street which houses the Emergency Department, the Surgical Center and the Bothin Burn Center.
- 4** Medical Office Building 1199 Bush.
- 5** Medical Office Building at 909 Hyde.
- 6** Pine Street parking lot, located between Hyde and Larkin.
- 7** The four story 1234 Pine Street Parking Garage.



image source: Google™ Earth

Proposed Development Program

This IMP sets forth SFMH's Five Year Plan that will meet SFMH's immediate needs, and the Ten Year Plan will focus on evaluation of various alternatives for construction of a replacement acute-care inpatient facility.

Five Year Plan

- Seismic Upgrade of the East Wing
- Renovate of East Wing Surgery Suites
- Implement Master Signage Program

Ten Year Plan

SFMH currently has no development plans following the projects in the Five Year Plan. However, SFMH will evaluate possible locations for a replacement acute care inpatient facility, which must be completed by 2030.

Five Year Plan

Seismic Upgrade of East Wing

To implement the requirements of SB 1953, the Office of the State Architect has mandated that SFMH complete the seismic upgrade of the East Wing by 2013. Seismic retrofit of the basement and first floor has already been completed. Additional seismic retrofit work on the second through sixth floors will be undertaken, floor by floor, and completed by 2013. The seismic retrofit work will allow SFMH to maintain its acute care services and beds in the East Wing and the Hospital Tower until 2030.

Remodel of East Wing Surgery Suite.

SFMH will remodel the East Wing surgery suites to meet current space needs. The operating rooms will be reconfigured into nine (9) more spacious operating rooms and supporting spaces that meet current hospital standards, thereby increasing the number of available surgical suites from six to nine.

Master Signage Program. SFMH plans to replace its existing signs with new signage that has a unified design scheme. The new signs will help patients and visitors more easily locate the Emergency Department, parking, and various medical departments and services. Key signage will be multi-lingual to serve SFMH's limited or non-English speaking patients and visitors.

Ten Year Plan

Currently, SFMH has no development plan after completion of the projects identified in the Five Year Plan. However, SFMH will explore options for the construction of a new acute care inpatient hospital that must be completed by 2030, pursuant to SB 1953. Because it would be cost-prohibitive to retrofit its existing acute care facilities (Hospital Tower and East Wing) to a level that would allow operation beyond 2030, SFMH intends to explore the following possible locations for its new acute care facilities:

1. The Pine Street parking lot;
2. The 909 Hyde Street building;
3. The Pierotti Pavilion site;
4. A combination of the above sites; and
5. Off-campus locations.

SFMH must carefully study all available options for the replacement of its acute care facility, in light of economic, Planning Code, and other considerations, to determine the most viable option to continue providing quality medical care to its patients. In addition, SFMH will study the temporary relocation of existing services to other locations while the new acute care hospital is being constructed, as well as the future uses of the East Wing and the Hospital Tower.





II. Institutional Overview

History of the Medical Center

Services & Utilization

Patient Characteristics

Medical Staffzz

Employee Characteristics

II. INSTITUTIONAL OVERVIEW

SFMH is a fully accredited community-based non-profit hospital with 356 licensed beds. SFMH is the home of the Bothin Burn Center, which is one of the few critical care burn centers in the Bay Area ¹. SFMH is also well known for its Center for Sports Medicine, its Total Joint Center, and its San Francisco Spine Center. The SFMH Emergency Department serves the visitors, tourists, workers, and residents of downtown San Francisco.

SFMH is an affiliated member of Catholic Healthcare West (“CHW”), a network of 42 hospitals and medical centers throughout California, Arizona, and Nevada. SFMH’s fiduciary board makes financial and strategic decisions for SFMH and operates the medical center independently from all other CHW medical centers or hospitals.

¹ Most trauma centers in the Bay Area can stabilize burn victims and treat minor burns. Only a few hospitals in northern California, however, can treat severely burned patients who require acute care. These include the SFMH Bothin Burn Center in San Francisco, the Santa Clara Valley Medical Center in San Jose, the UC Davis Medical Center in Davis, and Shriners’ Hospital for Children, Northern California in Sacramento. In recent years, several other burn centers in the Bay Area have closed.



Original Hospital



Sabin Mansion



909 Hyde Street

History of the Medical Center

Founding of the Hospital and Nursing School 1905 to 1910

SFMH was founded in August 1905 by five San Francisco physicians. The original state-of-the-art hospital was located in the Mission District and featured a fifth-floor operating theater with a glass roof. It was destroyed by the fire following the 1906 earthquake. After occupying temporary locations for several weeks, SFMH moved to the Sabin Mansion in Pacific Heights and remained there for the next five years.

In 1905, SFMH opened a nursing school which was attached to the original hospital facility. After the earthquake, the nursing school and dormitory were relocated to the Sabin Mansion as well, and the nursing school graduated its first class in 1908.

Establishment of Medical Center Campus 1911 to 1957

On July 8, 1911, SFMH opened an 100-bed hospital at 900 Hyde Street at the northeast corner of Hyde and Bush Street, where the East Wing and the Pierotti Pavilion are currently located. In 1916, a one-story addition was added to the hospital, and an obstetrics wing was added in 1921.

The nursing school was moved to 900 Hyde Street in 1911. In 1923, SFMH purchased the site across the street, at the southeast corner of Hyde and Bush (where the current 1199 Bush Street medical office building is located) to use as the nursing school and dormitory.



Hospital Tower



Pierotti Pavilion



1199 Bush Street

The medical office building at 909 Hyde Street was built in 1918, and a second wing was added in 1925. It has two basement garage levels at the northwest corner of Hyde and Bush Streets.

Modernizing the Medical Center

1955 to 2000

In 1958, SFMH constructed a new hospital wing, commonly referred to as the “East Wing.” In 1968, SFMH constructed the 12-story Hospital Tower, commonly referred to as the “Hospital Tower,” which is now the main hospital building. In 1978, SFMH demolished the remainder of the original hospital building and constructed the one-story with basement outpatient clinic, commonly referred to as the “Pierotti Pavilion” that was expanded by adding a second story in 1986.

The nursing school at 1199 Bush Street site was closed in 1972 and demolished; the vacant site was used as a parking lot until its development for a medical office building, which was completed in 1990.

Purchase and Sale of Residential Properties

In the 1970's, SFMH expanded its property holdings around the campus with the intent of creating an expanded medical center campus consisting of contiguous parcels and interconnected buildings. Between 1973 and 1975, SFMH purchased the four residential properties on the west side of Hyde Street, north of the 909 Hyde Street medical office building. In 1980 and 1982, SFMH purchased the 1355 Pine Street apartment building and the 1171 Pine Street building, respectively.

After the Planning Commission adopted policies to discourage demolition of sound housing and to preserve existing housing stock, SFMH abandoned its plans to create an expanded medical center with contiguous buildings and divested itself of those residential properties in the 1990's.

Off-Street Parking Facilities

SFMH's first off-street parking facility was the 80 attended space garage in the basement levels of the 909 Hyde Street building. To meet the growing parking demand of the medical center, SFMH acquired the surface parking lot on Pine Street between Hyde and Larkin Streets in 1955, which now serves as the physicians' parking lot, and the 1234 Pine Street parking garage in 1983. In 1990, SFMH added two stories to the Pine Street garage and completed construction of the 1199 Bush Street medical office building with underground parking levels.

- | | |
|------------------------------------------|-----------------------------------------|
| 1 1234 Pine Street Parking Garage | 3 Parking Below 909 Hyde Street |
| 2 Pine Street Parking Lot | 4 Parking Below 1199 Bush Street |

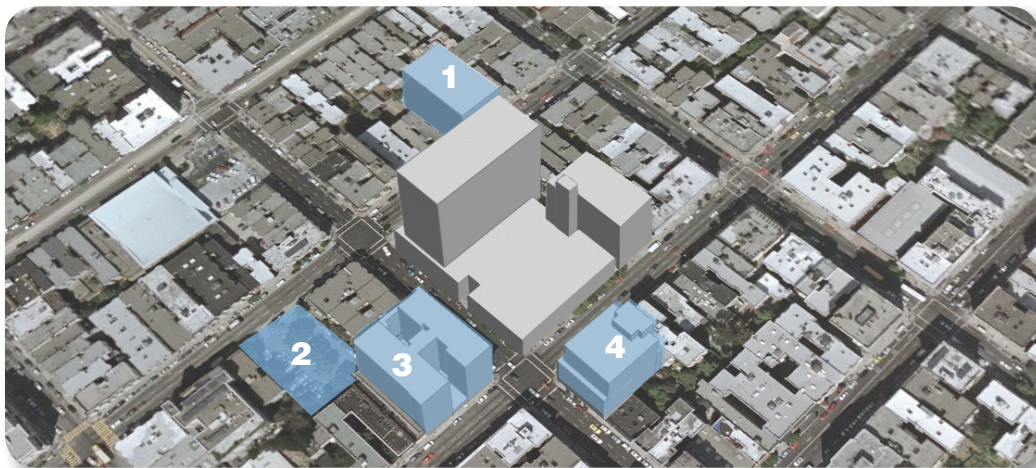


image source: Google™ Earth

Meeting the Immediate Mandate of SB 1953

2001 to Present

SB 1953 mandated that all existing inpatient acute care facilities be seismically upgraded to meet current Building Code requirements governing such facilities. In 2001, the California Acute Care Hospitals prepared a “Structural Performance and Non-structural Performance Report” for all the state’s acute-care hospitals to the Office of Statewide Health Planning and Development. The Hospital buildings were rated as SPC-1, SPC-2 and SPC-3. Buildings rated SPC-1 are those that will pose significant risk of collapse in a strong earthquake. Buildings rated SPC-2 are those that do not significantly jeopardize life in a significant earthquake, but might not be repairable or functional following a strong earthquake. The buildings rated SPC-1 and SPC-2 must be brought into compliance with the Alquist Hospital Facilities Seismic Safety Act by January 1, 2030. Buildings rated SPC-3 are buildings that may experience structural damage that does not significantly jeopardize life and will have to be constructed or reconstructed and may be used to 2030 and beyond. According to this Report, the East Wing is rated SPC-1. The final structural performance rating for the Hospital Tower has not yet been completed and would be given either a SPC-1 or SPC-2 building. The Pierotti Building is rated SPC-3.

Pursuant to the Performance Report, SFMH must complete seismic upgrades of its inpatient facilities by January 1, 2013² in order to continue operating the acute care hospital until 2030. SFMH has undertaken a program to upgrade the East Wing of the Hospital and has completed the seismic upgrade of the basement and the first floor of the East Wing; seismic upgrade of the upper floors will continue floor by floor to minimize disruption to services. SFMH must construct new inpatient facilities in order to continue providing inpatient care after 2030.

The Future

Present to 2018

With the divestment of its residential property and limited land holding, SFMH’s future development plans focus on the renovation of its existing facilities, construction of new inpatient facilities meeting current seismic safety requirements by utilizing the Pine Street parking lot and the 909 Hyde Street lot, or the adaptive reuse of and/or vertical addition to existing buildings where feasible to meet its future programmatic needs.

² The State gave SFMH an extension from 2008 to 2013 to complete the seismic upgrade of the East Wing (or 1958 Building).

Services & Utilization

SFMH offers inpatient care, outpatient clinical services for primary and specialty care, diagnostic services, and emergency care. The chart below lists service and utilization statistics at SFMH for fiscal year 2007.

Outpatient Visits:	88,315
Inpatient Admissions:	6,798
Inpatient Days:	42,806
General Acute Care, Including Rehab	27,437
Skilled Nursing	8,336
Psychiatry	7,033
Average Stay:	6.3 days
Surgeries:	
Inpatient:	1,565
Outpatient:	2,215
Emergency Room Visits:	
Inpatient:	25,119
Outpatient:	3,544
Diagnostic Visits:	29,961
Outpatient Tests:	
Lab Tests:	124,982
Pathology Tests:	2,983
Licensed Beds:	356

Services & Utilization, Fiscal Year 2007

In fiscal year 2006-2007, SFMH had 6,798 inpatient admissions and 88,315 outpatient visits. In 1985, there were an average of 7,900 inpatient admissions and 86,800 outpatient visits per year³. Over the last 23 years, inpatient admissions have declined by about 14 percent and outpatient visits have increased by two percent.

Only 58 percent of SFMH's patients are San Francisco residents. The high percentage of non-city residents is partially attributable to the care of severely burned patients who are transferred to SFMH after being triaged at other emergency departments, and partially to the specialty sports medicine surgeries.

³ Source: 1985 IMP

Inpatient Services

Currently, SFMH has 322 licensed hospital beds, consisting of 287 general acute care beds and 35 psychiatric beds⁴.

SFMH has 6 functioning surgical suites and performed a total of 3,780 inpatient and outpatient surgeries in fiscal year 2006-2007. A wide variety of surgeries are performed, including hand surgery, orthopedic surgery, plastic and reconstructive surgery, eye surgery, ear, nose, and throat surgery, neurosurgery, and vascular and thoracic surgery. SFMH has two designated critical care units – Coronary Care and Intensive Care – which provide intensive nursing care, continuous monitoring, and life support.

In addition to surgery and the critical care units, other inpatient services include the following:

- Acute Physical and Occupational Rehabilitation Therapy
- Burn Acute Care
- Back Injury Treatment
- Coronary Care
- Gastroenterology
- Neurology
- Oncology
- Orthopedics
- Psychiatry

⁴ In September, 2007, SFMH informed the California Department of Public Health that the 34 bed skilled nursing unit would be closed. This unit was closed on December 15, 2007 and the 34 beds were de-licensed.

Outpatient Services

In recent years, healthcare has continued to shift to outpatient services. Although the number of outpatient visits to SFMH has remained fairly steady over the last 20 years, the nature of the outpatient services has evolved dramatically. Notably, surgeries and physical therapy services that were once the domain of inpatient services are now routinely performed on an outpatient basis, for example, knee surgeries are now routinely performed on an outpatient basis.

In addition to day-surgery, outpatient services include:

- Burn Care
- Cardiology
- Clinical Care⁵
- Diagnostic Radiology and Imaging⁶
- Neurology Services
- Nutritional Counseling
- Occupational Medicine
- Physical and Occupational Rehabilitation Therapy
- Physician Referral Program
- Psychiatry
- Radiation Therapy
- Respiratory Therapy
- Sports Medicine (Center for Sports Medicine)

⁵ This is a primary care clinic for patients who do not have a private physician. It is available on a walk-in basis.

⁶ Services include x-ray, echocardiogram, EEG, MRI, CT, and ultrasound.

Emergency Services

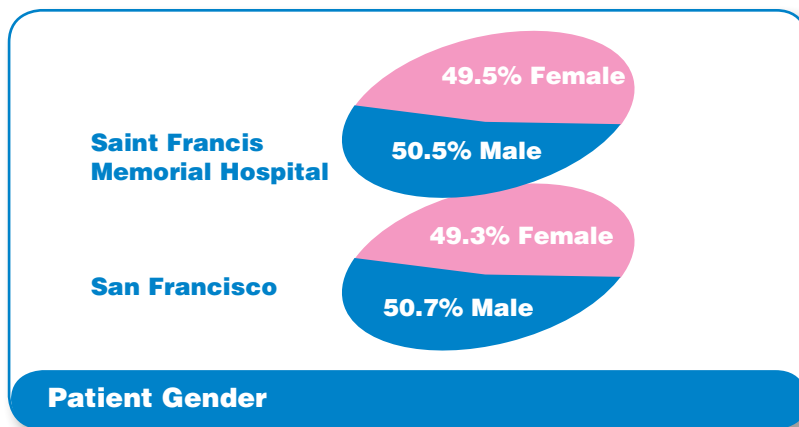
Twenty-four-hour emergency services are available at SFMH’s Emergency Department, located on the ground floor of the East Wing at 1150 Bush. The Department was expanded and renovated in 2006 as part of the seismic retrofit of the East Wing, and is open to the general public. In fiscal year 2006-2007, there were 28,663 emergency visits, of which 3,544 required hospitalization.

Patients requiring emergency medical services usually arrive by automobiles, taxis, or ambulances.

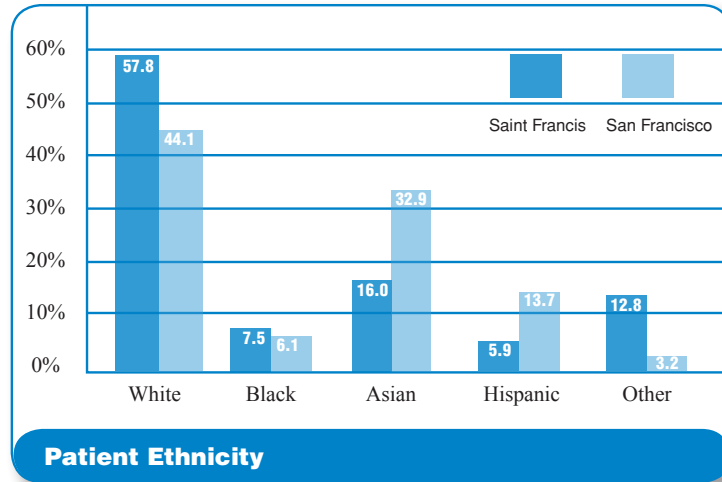
In the event of a major earthquake or other disasters, the City’s Emergency Operations Plan serve as a guide to emergency responses. The Department of Public Health is responsible for overseeing the medical component of the City’s overall emergency response. Along with other local hospitals, under the coordination of the City, SFMH provides emergency medical services in the event of a disaster.

Patient Characteristics

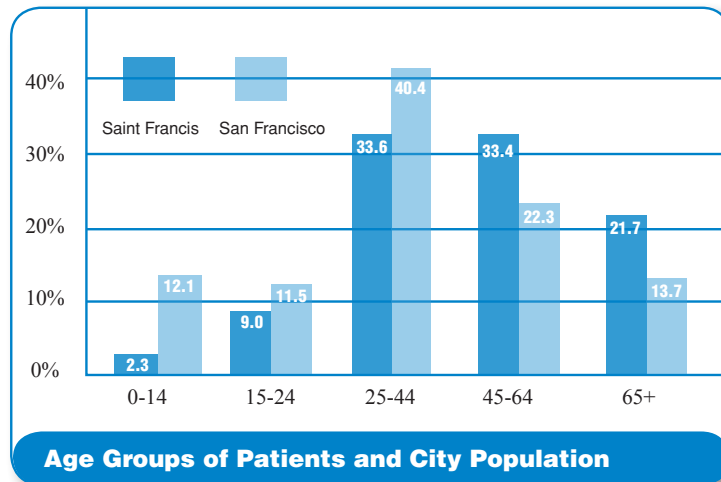
SFMH served a total of 49,050 patients in fiscal year 2006-2007. The graphics below show a comparison by ethnicity of SFMH’s patients versus the general population of the City by gender, ethnicity and age.



Sources: Saint Francis Memorial Hospital (2007)
U.S. Census Bureau (2005)



Sources: Saint Francis Memorial Hospital (2007)
U.S. Census Bureau (2005)



Sources: Saint Francis Memorial Hospital (2007)
U.S. Census Bureau (2000)

SFMH is experiencing an increase in the number of limited English or non-English speaking patients. The main foreign languages spoken are Mandarin/Cantonese, Spanish, and Russian. SFMH has interpreters who provide translation between such patients and their physicians. To the maximum extent feasible, SFMH links such patients with bilingual physicians and/or health care providers who can communicate in the patient’s native language. All hearing impaired patients have access to sign language interpreters, specialized telephone equipment (i.e. TTY), and the internet.

In fiscal year 2006-2007, 17.7 percent of the patients at SFMH received MediCal benefits, 34.8 percent received Medicare benefits, and 9.5 percent were self-paying patients.

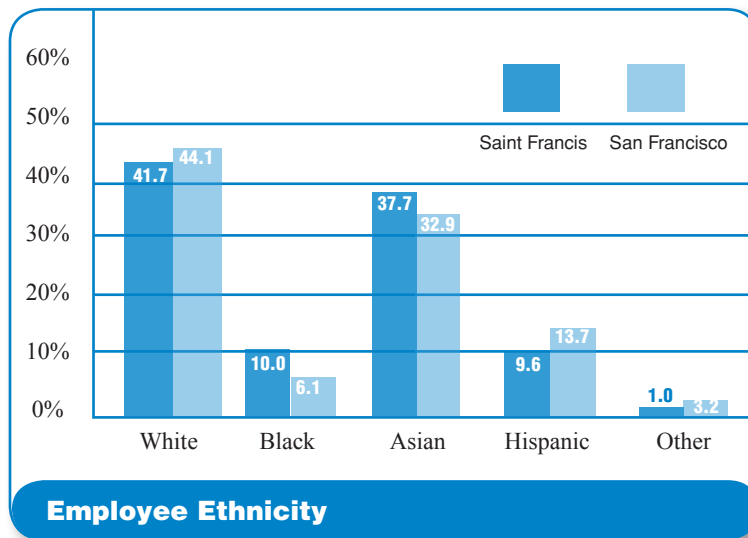
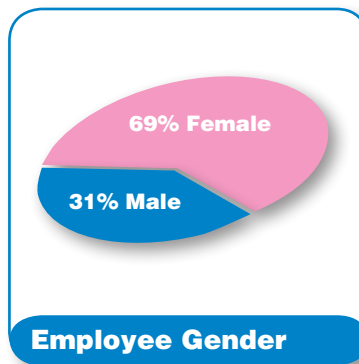
Medical Staff

About 500 physicians are affiliated with SFMH. Of those 500 physicians, 32 percent spent 50 percent time or more at SFMH, 44 percent spent less than 50 percent time at SFMH, and 24 percent are on call.

Employee Characteristics

SFMH employs approximately 1,100 non-physician employees, of which 488 are health care professionals⁹. Of that number, 38.9 percent are full-time, 32.7 percent are part-time, and the remainder work on an as-needed (per diem) basis. Approximately 46 percent of the non-physician employees at SFMH are San Francisco residents.

The diversity of SFMH’s workforce generally reflects the diversity of the city’s population. The charts below show comparisons of SFMH’s work force versus the City’s population by gender



Sources: Saint Francis Memorial Hospital (2007)
U.S. Census Bureau (2005)

⁹ Non-physician health care professionals include Registered Nurses, Respiratory Care Practitioners, OT/PT/Speech Therapists, Clinical Lab Scientists, and Pharmacists.

and ethnicity.

Equal Employment Opportunity Program

SFMH is an equal employment employer without regard to race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, marital status, disability or veteran status¹⁰. SFMH will implement reasonable accommodations when feasible to maintain employees who have or have developed a disability and will offer employment to qualified disabled candidates when the job functions can be reasonably accommodated.

¹⁰ Details of CHW's equal employment policies can be found on its website, www.chwhealth.org.



III. Facilities Overview

Neighborhoods & Locations

SFMH Campus

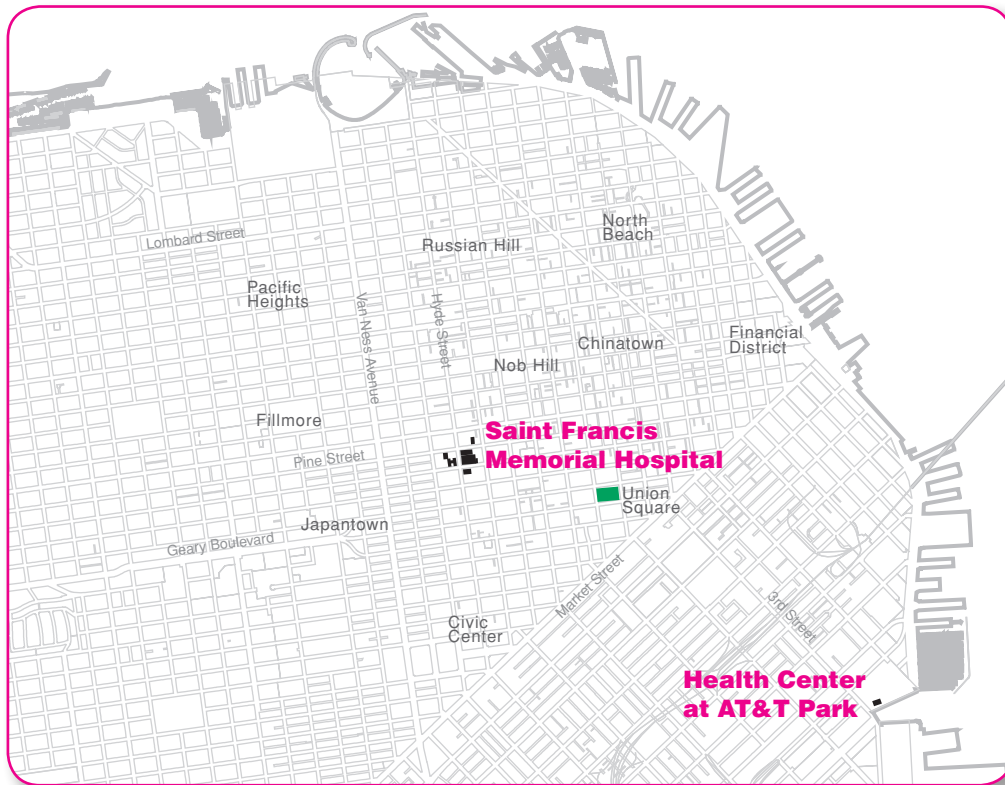
Health Center at AT&T Park

Transportation Demand
Management Program

III. Facilities Overview

The SFMH campus is located on the western slope of Nob Hill, near the intersections of Hyde and Pine Streets, and Hyde and Bush Streets. SFMH also has a satellite outpatient Health Center at AT&T Park that provide occupational health, sports medicine, and urgent care.

Neighborhoods & Locations



SFMH Campus

The campus consists of six buildings:

- The 12-story hospital tower at 900 Hyde and the six-story East Wing contain the acute care hospital facilities. The two-story Pierotti Pavilion outpatient clinic and the acute care hospital facilities are interconnected and are on the east side of Hyde Street between Bush and Pine Streets.
- The two medical office buildings, 1199 Bush and 909 Hyde, provide medical offices and outpatient services and are located at the southeast corner and northwest corners of Hyde and Bush, respectively.
- The sixth building is a four-story parking garage, located at 1234 Pine between Leavenworth and Hyde Streets.

These buildings contain a total of 671,360 gross square feet (“gsf”), of which 339,900 gsf is the acute care hospital, 218,125 gsf is used for outpatient clinics and medical offices, and 113,335 gsf is used for parking¹. The campus also includes a single surface parking lot on the south side of Pine Street between Hyde and Larkin.



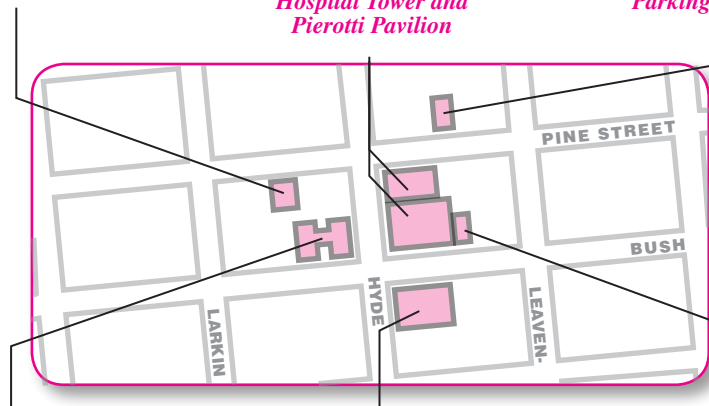
Pine Street Parking Lot



900 Hyde Hospital Tower and Pierotti Pavilion



1234 Pine Street Parking Garage



909 Hyde Medical Office Building



1199 Bush Street Medical Office Building



*East Wing
1150 Bush Street*

¹The gsf for 1199 Bush Street is taken from the project’s approval motion; all other gsf figures were recently recalculated by SFMH. Some figures may differ from those in the 1985 IMP.



Hospital Tower
900 Hyde Street

- Present Use: Inpatient Facilities
- Date Built: 1968
- Approximate Gross Floor Area: 268,500 gsf
- Height Above Grade: 12 stories
- Parking Spaces: none



East Wing
1150 Bush Street

- Present Use: Inpatient Facilities, Emergency Care
- Date Built: 1958
- Approximate Gross Floor Area: 71,400 gsf
- Height Above Grade: 6 stories
- Parking Spaces: none



Pierotti Pavilion
900 Hyde Street

- Present Use: Outpatient Clinic
- Date Built: 1978;
Addition of second floor, 1987
- Approximate Gross Floor Area: 82,800 gsf
- Height Above Grade: 2 stories
- Parking Spaces: none



Medical Office Building
1199 Bush Street

- Present Use: Outpatient Clinic, Medical Offices
- Date Built: 1990
- Approximate Gross Floor Area
 - Main Building: 63,625 gsf
 - Parking Garage: 29,535 gsf
- Height: 6 stories
- Parking Spaces: 50 attended, 36 self-park



Medical Office Building

909 Hyde Street

- Present Use: Outpatient Clinic, Medical Offices
- Date Built: 1918; second wing added, 1926
- Approximate Gross Floor Area
 - Main Building: 71,700 gsf
 - Parking Garage: 25,800 gsf
 - Parking Spaces: 80 spaces (attended)



Parking Lot

Pine Street

- Present Use: Parking
- Parking Spaces: 48 spaces (self-park)



Parking Garage

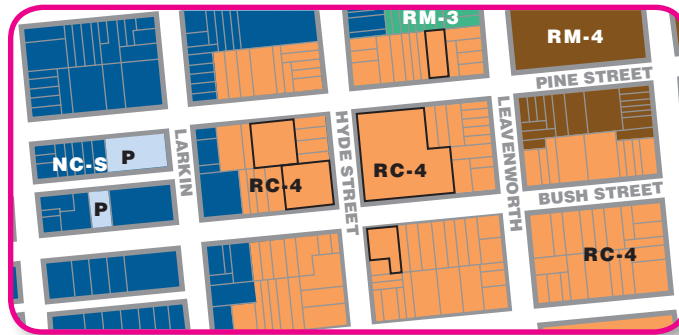
1234 Pine Street

- Present Use: Parking
- Date Built: 1921;
 - Addition of top two floors, 1990
- Approximate Gross Floor Area: 58,000 gsf²
- Height: 4 stories
- Parking Spaces: 195 spaces (attended)

²This figure includes the roof deck, which is used for parking.

Zoning Districts

The campus is located in an RC-4 (Residential-Commercial High Density) District where medical institutions are permitted with conditional use (“CU”) authorization by the Planning Commission.

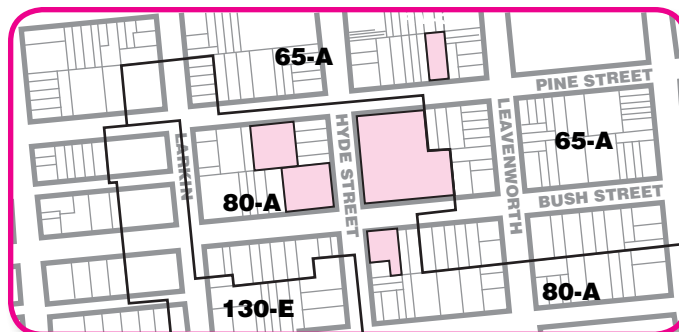


- SFMH Parcels outlined in black
- RC-4** Residential Commercial District
- RM-3** Residential Mixed District
- RM-4** Residential Mixed District
- NC** Neighborhood Commercial
- P** Public District

Source: Planning Department Zoning Sheet ZN02

Height & Bulk District

The SFMH campus straddles two Height and Bulk Districts. The 1234 Pine Street parking garage is located in a 65-A Height and Bulk District, with a maximum height of 65 feet. The remainder of the campus is located in a 80-A Height and Bulk District, with a maximum height of 80 feet. In an “A” Bulk District, above 40 feet in height, the maximum allowable horizontal dimension is 110 feet and the maximum diagonal dimension is 125 feet. Exceptions to the bulk limitation may be granted pursuant to conditional use authorization.



Symbol	Height	Length	Diagonal Dimension
A	40 ft.	110 ft.	125 ft.
E	65 ft.	110 ft.	140 ft.
	SFMH Parcel		

Source: Planning Department Zoning Sheet HT02

Land Use

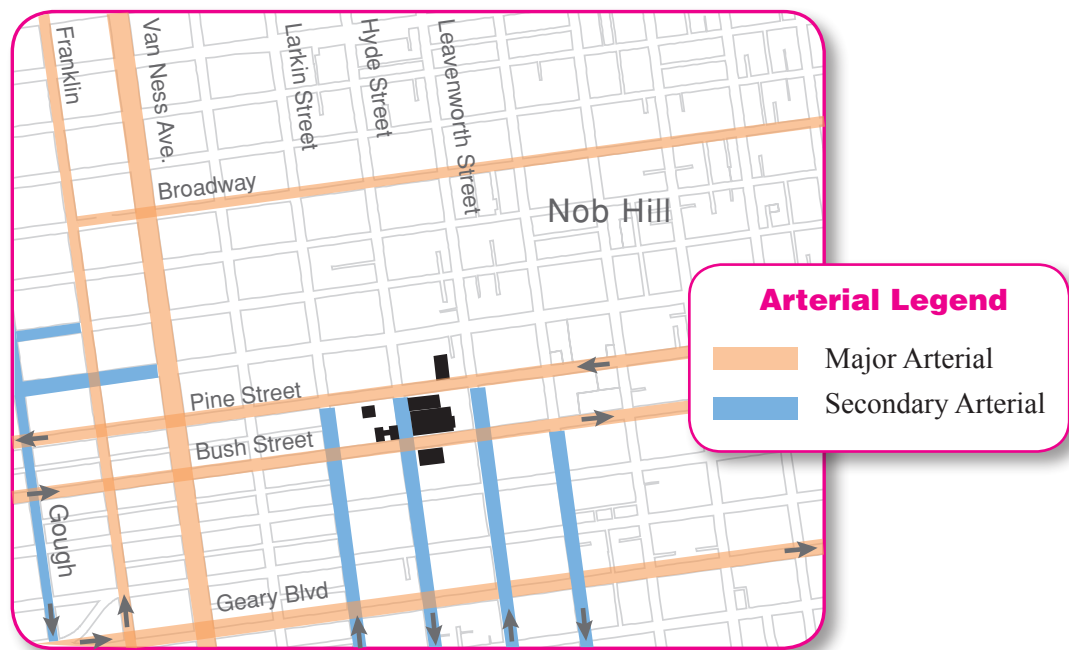
The SFMH campus is located in an established residential neighborhood typical of the northeast sector of San Francisco, which is the most densely developed part of the City. The land uses near the SFMH campus consist of multi-family apartment buildings, as well as two- and three-family buildings. The Polk Street Neighborhood Commercial District is two blocks away and is developed with mixed use buildings with residential and/or offices above ground-floor, neighborhood-serving retail businesses, restaurants and small institutional uses.



image source: Google™ Earth

Regional Access

Regional vehicular access to the SFMH campus is via the Ninth Street off-ramp from U.S. 101 North, the Harrison/Ninth Street off-ramp from Interstate 80 west, and the Sixth Street off-ramp from 280, then north on Ninth Street to Market Street, Larkin Street to Bush Street. Hyde Street is one way southbound to the Interstate 80 East Eighth Street on-ramp, or the on-ramp for U.S. 101 South at Tenth and Bryant Streets. Van Ness Avenue (U.S. 101), which is three blocks to the west, connects the campus to the Golden Gate Bridge via Lombard Street.



Source: City & County of SF General Plan

Local Street Network

Buildings on the SFMH campus front on either Hyde, Pine, or Bush Streets, all of which are one-way streets.

Pine and Bush Street function as a one-way couplet between Presidio Avenue and Market Street. Both are classified as “Major Arterials” in the Transportation Element of the City’s General Plan and are both included in the City’s Congestion Management Program Network.

- Pine Street has three westbound lanes between Presidio Avenue and Market Street and parking lanes on both sides of the street.
- Bush Street has three eastbound lanes between Presidio Avenue and Market Street and parking lanes on both sides of the street.

Leavenworth, Hyde, and Larkin Streets function as a one-way triplet between California and Market Streets. South of Pine Street, Leavenworth, Hyde, and Larkin are designated “Secondary Arterials” in the General Plan.

- Leavenworth Street has two travel lanes and parking lanes on both sides of the street. It is one-way northbound between Market Street and California Street and becomes a two-way street north of California Street.
- Hyde Street has three southbound travel lanes south of California Street and parking lanes on both sides of the street. It is a two-lane, two-way street north of California Street with parking lanes on both sides of the street.
- Larkin Street has three travel lanes and parking lanes on both sides of the street. It is one-way north-bound between Market Street and California Street, and becomes a two-lane, two-way street north of California Street.

Existing Traffic Conditions

Traffic conditions at street intersections are described in terms of Levels of Service (“LOS”), which measures the average delay per vehicle. LOS levels range from A, which indicates free flow conditions with little or no delay, to F, which indicates gridlocked conditions with extremely long delays. LOS levels A, B, C, and D are considered excellent to satisfactory, while LOS levels E and F are considered unacceptable. Currently, all intersections near the SFMH Campus operate at LOS D or better².

Pine Street/Van Ness Avenue	D
Pine Street/Larkin Street	B
Pine Street/Hyde Street	C
Pine Street/Leavenworth Street	B
Bush Street/Van Ness Avenue	C
Bush Street/Larkin Street	B
Bush Street/Hyde Street	B
Bush Street/Leavenworth Street	B

Intersection LOS, PM Peak Period, October 2007

² SFMH engaged the services of CHS Consulting to evaluate existing traffic conditions at intersections near campus. CHS conducted traffic counts at eight study intersections during the PM peak period on October 30, 2007 and found that all of the intersections currently operate at acceptable conditions of LOS D or better. A copy of the CHS Consulting report is attached hereto as Appendix A.



Public Transit

Local

The SFMH campus is easily accessible by MUNI. Ten MUNI lines are within four blocks of 900 Hyde Street. These lines include:

- California Street Cable Car
- 1 California
- 2 Clement
- 3 Jackson
- 4 Sutter
- 19 Polk
- 27 Bryant
- 38 Geary
- 47 Van Ness
- 49 Van Ness-Mission

Regional

Regional public transit services are provided by AC Transit and BART to the East Bay, SamTrans and CalTrain to the South Bay, Golden Gate Transit to the North Bay. MUNI provides connections to these regional public transit carriers. Ferry services are also available to the East Bay and North Bay.

East Bay

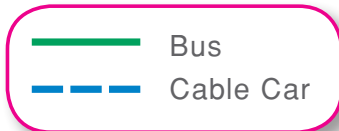
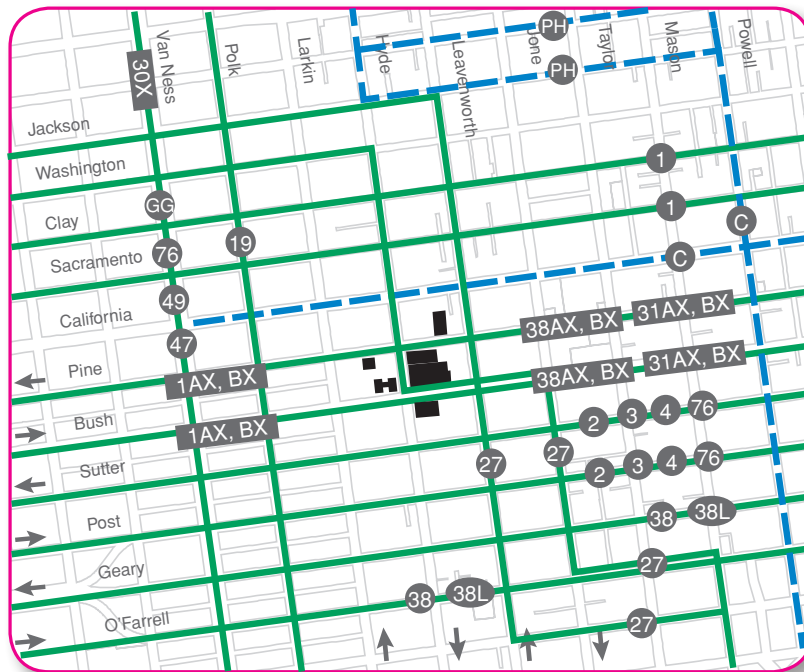
- AC Transit provides express bus service to Alameda and Contra Costa counties from the Transbay Terminal located at First and Mission Streets.
- BART is a high-speed regional rail system that links San Francisco to Alameda and Contra Costa counties and be can accessed from the four underground BART stations on Market Street.
- Ferry service is available to Oakland and Alameda from both Fisherman's Wharf and the Ferry Building, which is located at the end of Market Street on the Embarcadero.

South Bay

- SamTrans buses serve San Mateo County.
- BART also provides service to northern San Mateo County and the San Francisco International Airport.
- The CalTrain terminal at Fourth and King provides local and express rail service from San Francisco to San Jose, with stops in San Francisco, Peninsula, and Silicon Valley communities.

North Bay

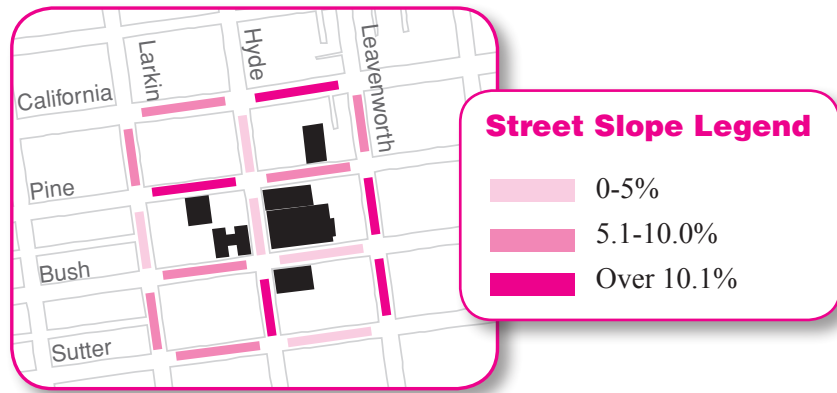
- Golden Gate Transit serves Marin and Sonoma Counties. Golden Gate Transit’s 70, 80, and 93 buses also stop at Van Ness and Sutter, which is four blocks from the SFMH campus.
- North Bay ferry service from Fisherman’s Wharf goes to Sausalito, Tiburon, and Vallejo. From the Ferry Building, ferries go to Sausalito, Tiburon, Vallejo and Larkspur.



Source: SFMTA

Pedestrian Circulation

The street pattern north of Market Street is generally a grid with blocks measuring 275 feet by 412.5 feet. In the vicinity of the SFMH campus, sidewalk widths vary from 8 to 10 feet. Based on observation, sidewalk pedestrian traffic around the campus is light. The grades on Bush and Pine Streets between Leavenworth and Larkin Street range between 3 and 11 percent and may be difficult for seniors and persons with mobility problems to access the SFMH campus on foot, and is too steep for wheelchair access.



Source: City & County of SF General Plan

Passenger Loading

There are two passenger loading zones for the hospital; one in front of the Hospital Tower on Hyde Street, and the other on Bush Street in front of the Emergency Department entrance.



Truck Loading

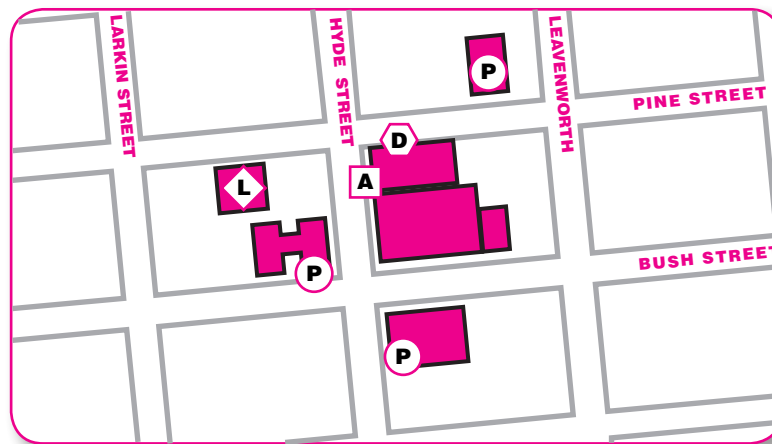
A loading dock serving the hospital is located on the south side of Pine Street. Most deliveries occur on weekday mornings. Delivery vehicles, which include trucks and vans, park curbside along Pine Street while unloading.

Parking Facilities

The main campus has four parking facilities containing a total of 373 independently accessible and attendant parking spaces. There are:

- 48 independent spaces in the parking lot on the south side of Pine Street between Hyde and Larkin Streets;
- 195 attendant spaces in 1234 Pine Street garage between Hyde and Leavenworth Streets;
- 80 attendant spaces in the basement levels of the 909 Hyde Street medical office building
- 50 attendant parking spaces in the basement levels of the 1199 Bush Street medical office building.

Attendant parking is also offered at the passenger loading zone on Hyde Street in front of the Hospital Tower where cars are moved to the 1234 Pine Street garage. The Pine Street parking lot is reserved for physicians.



- | | | | |
|----------|-----------------------------|----------|----------------|
| A | Attended Parking & Drop-Off | L | Parking Lot |
| D | Deliveries/Loading | P | Parking Garage |

SFMH provides free parking to carpools with three or more passengers at the 1234 Pine Street garage.

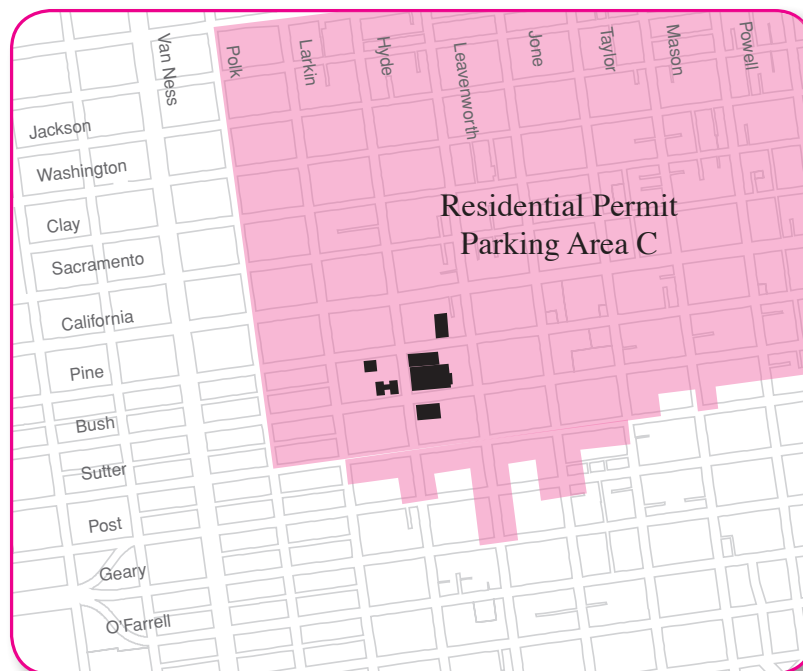
Two motorcycle spaces are available in the 1199 Bush Street garage and six motorcycle spaces are available at the 1234 Pine Street garage.

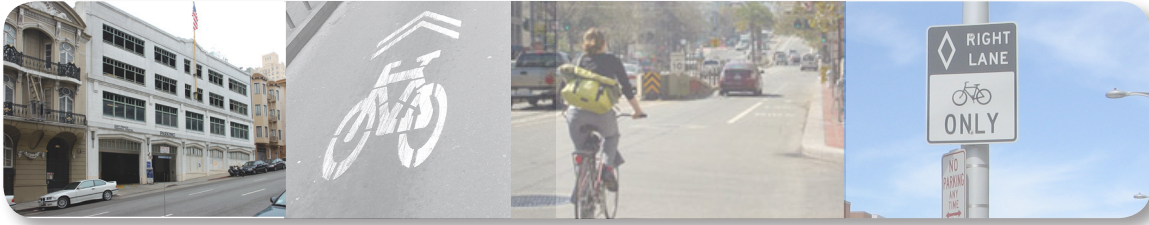
Each of SFMH's three parking garages has bicycle parking; the campus has a total of 26 bicycle parking spaces. Bicyclists can use the showers provided on the fourth floor of the East Wing.

SFMH's parking rates are:

- The monthly parking for employees range between \$75 and \$250 per month, depending on the garage and time of day. Hospital staff working evening and night shifts pay a lower rate.
- Nearby local residents can park in the garages from 6 p.m. to 8:00 a.m. for a monthly fee of \$250.
- Reserved parking spaces are available for carpools and bicycles free of charge.
- Employee motorcycle parking is \$30 per month at the 1199 Bush Street and 1234 Pine Street garages.
- Free parking in the Pine Street parking lot is available by SFMH authorization only.

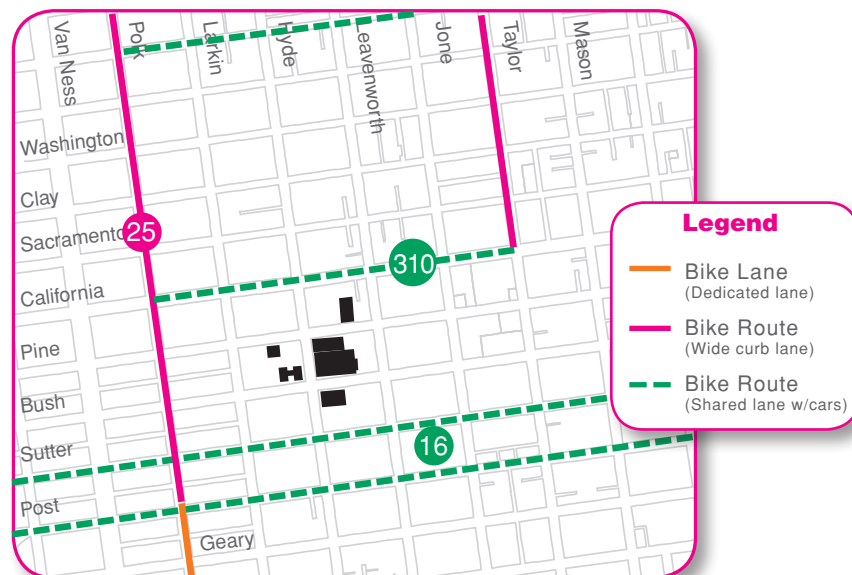
In addition to parking on the SFMH campus, there are several public parking facilities within the area bounded by California, Taylor, Post, and Polk Streets. On-street parking near the campus is within San Francisco's Residential Permit Parking Area C, and on-street parking is generally full at all times. Beyond Parking Area C, toward the Tenderloin neighborhood, on-street parking is metered.





Bicycle Circulation

The proximity of bicycle routes to the SFMH campus provides employee incentives to bike to work. There are three designated bicycle routes near the main campus: Route 25 (along Polk Street), Route 16 (along Sutter and Post Streets), and Route 310 (along California and Taylor Streets). To encourage bicycling as an alternative means of transportation, SFMH provides 26 secured bicycle parking spaces, which are distributed between SFMH's three parking garages. Also, showers facilities are available to employees who bike to work.



Source: San Francisco Bike Map & Walking Guide

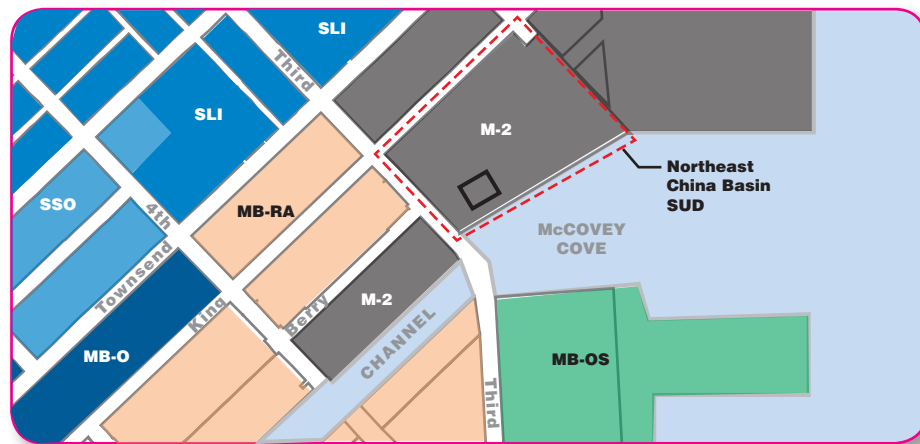
Health Center at AT&T Park

The Health Center is located in a leased space in AT&T Park at 24 Willie Mays Plaza and is accessible from the pedestrian path along McCovey Cove. Established in 2003, the Center specializes in sports medicine and occupational health. The Center operates between 7a.m. and 6p.m., Monday through Friday.









Zoning District

The underlying zoning of AT&T Park is M-2 Heavy Industrial. The AT&T Park is located within the Rincon Point-South Beach Redevelopment Area. Completion of the AT&T Park and implementation of the Mission Bay Development Plan have transformed this former industrial area into a vibrant mixed-use neighborhood with residential, retail and office uses.



Zoning Districts

	Health Center Location
	M-2 Industrial District
	SSO Service Secondary Office
	SLI Service Light Industry
	MB-O Mission Bay Office
	MB-RA Mission Bay Residential District
	MB-OS Mission Bay Open Space

Source: Planning Department Zoning Sheet ZN01 & ZN08

Land Use

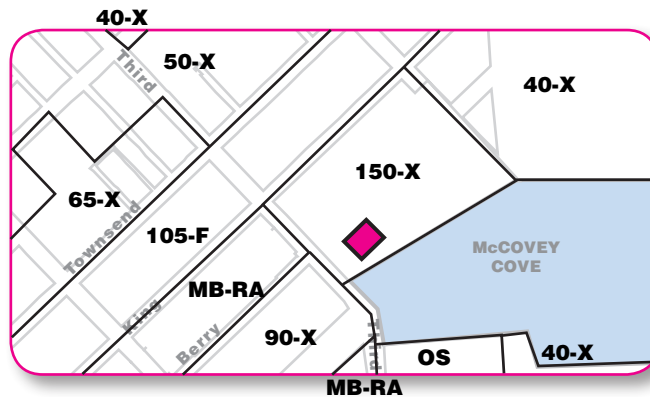
In the last five to six years, the area around AT&T Park has become a vibrant mixed-use residential and retail district, characterized by new high-rise residential condominiums, neighborhood retail businesses, bars, and restaurants. New development in the Mission Bay area to the south around the new UCSF medical campus includes office, biotech, retail and residential uses.



image source: Google™ Earth

Height and Bulk District

AT&T Park is located in the 150-X Height and Bulk District, with a maximum height of 150 feet and no bulk limitations.



Source: Planning Department Zoning Sheet HT01 & HT08

Regional Access

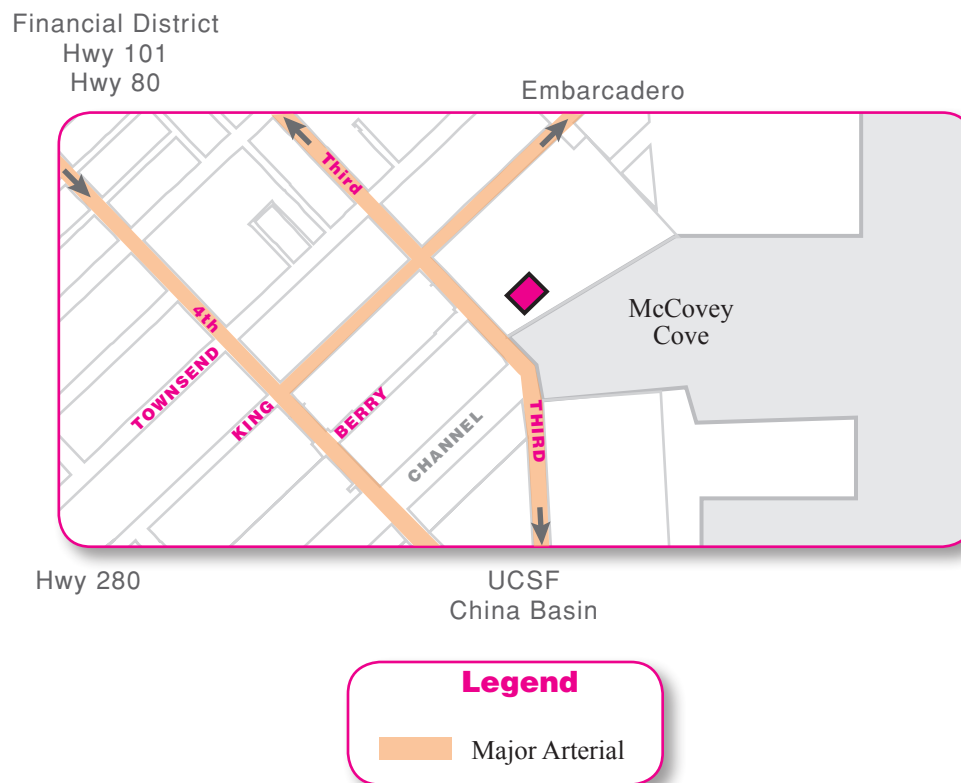
AT&T Park is easily accessible from Interstate 280 via the King Street off-ramps that connect to the Embarcadero. The Peninsula can be accessed via the Interstate 80 west on-ramp at Fourth and Harrison Streets and the Interstate 280 on-ramp at Fourth and King Streets. The Bay Bridge can be accessed from the Interstate 80 east on-ramps at Fifth and Bryant Streets, or First and Harrison Streets, or Essex and Harrison Streets.

Local Street Network

AT&T Park fronts on King Street, an extension of the Embarcadero, and Third Street. Third Street is a one-way northbound street with four travel lanes and parking on both sides of the street north of King Street. South of King Street, Third Street is two-way; it has three south bound lanes and one south bound lane south of King Street to the south end of the Lefty O'Doul (Third Street) Bridge. There is no parking on either side of the street.

Existing Traffic Conditions

Traffic around AT&T Park is heavy before and after games and events at AT&T Park. Third Street and the Embarcadero/King Street are major arterials during AM and PM commute periods.

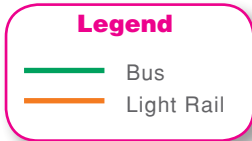
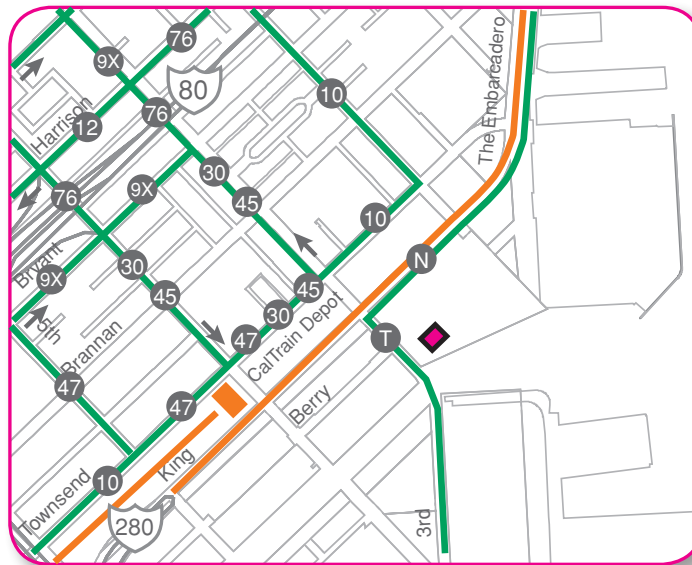


Public Transit

AT&T Park is well-served by public transit. The San Francisco CalTrain Terminal is located at Fourth and King Streets, one block west of AT&T Park. There are ten MUNI lines within two blocks of the Health Center at the AT&T Park. These include:

- N Judah
- T Third Street
- 10 Townsend
- 30 Stockton
- 45 Union-Stockton
- 47 Van Ness
- 76 Marin Headlands
- 80X Gateway Express
- 81X CalTrain Express
- 82X Levi Plaza Express

The N Judah and T Third Street lines connect passengers to MUNI and regional transit services on Market Street and Mission Street.



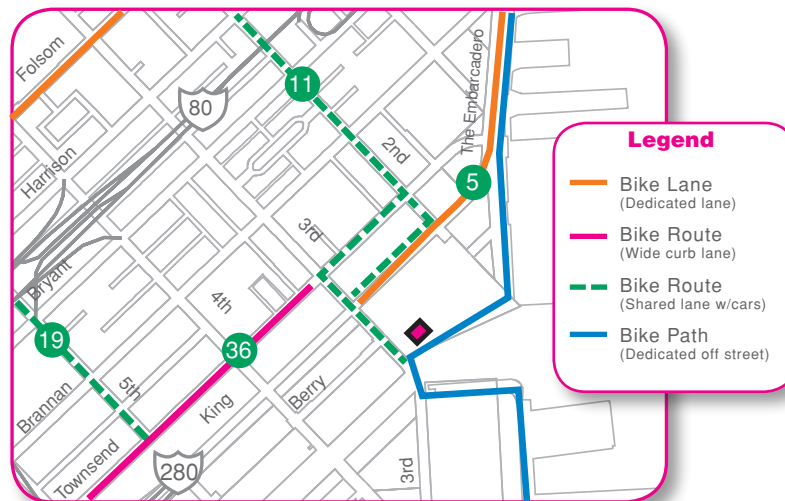
Source: SFMTA

Pedestrian Circulation

The area around the Health Center is relatively flat with wide sidewalks. Except for limited periods of time before and after games or events at AT&T Park, the sidewalks are open.

Bicycle Circulation

There are three designated bicycle routes near AT&T Park: Route 5 (starts at Third, King, and along The Embarcadero), Route 11 (Second Street), Route 19 (Fourth and Fifth Streets), and Route 36 (Townsend Street).



Source: San Francisco Bike Map & Walking Guide

Passenger Loading

No pedestrian loading zone is located in front of the Health Center. However, there is a passenger loading zone in front of the AT&T Park's Third Street entrance and exit gate.

Truck Loading

The Health Center has no independent loading facility. Trucks making deliveries pull over and park on the loading zone side of Third Street when there is no game or event.

Parking

Parking Lot A for AT&T Park is located on the south side of McCovey Cove and across the Lefty O'Doul (Third Street) Bridge. Additionally, there are public parking garages or lots within two blocks of the Health Center on Townsend Street.

Transportation Demand Management Program

SFMH has implemented the following transportation demand management program to reduce vehicle trips to and from the main campus.

- ***Employee Shuttle Service.*** SFMH operates a free shuttle service for employees, Monday through Friday except holidays, between the campus and BART/MUNI stations on Market Street. The shuttle service makes four round trips between the Embarcadero station and the campus between 6:00 and 8:00 AM, and three round trips between the campus and the Civic Center Station between 4:00 and 6:00 PM.
- ***Patient Shuttle Service.*** During off-peak periods, SFMH vans provide free shuttle service to patients to and from their residences within the City by appointment. Occasionally, shuttle buses will provide rides home to patients living outside the City.
- ***Transit Tickets/Commuter Checks.*** SFMH sells MUNI Fast Passes and BART tickets to employees. These tickets are subsidized by Commuter Checks. In December 2007, SFMH contributed \$7,010.00 toward Commuter Checks for 112 employees.
- ***Parking for Employees, Residents, Carpools and Bicycles.*** Automobile parking rates are \$75 to \$250 per month for SFMH employees and \$250 per month for local residents. Parking for carpools and bicycles is free.
- ***Discount Parking for Motorcycles.*** Motorcycle parking is available for a fee of \$30 per month at 1234 Pine Street and 1199 Bush Street.



IV. Proposed Development

Overview

Five Year Plan

- Seismic Upgrade of the East Wing
- Remodel of East Wing Surgery Suite
- Master Signage Program

Ten Year Plan

IV. PROPOSED DEVELOPMENT

Overview

Although SFMH anticipates increased demand for its outpatient services due to new and innovative medical technology emphasizing outpatient and preventive care with a consequential decrease in demand for inpatient acute care services, SFMH must comply with the mandate of SB 1953 and seismically upgrade and/or replace its acute care facilities.

SFMH has the following immediate development needs for the campus that must be completed within the next five-years:

- Complete seismic upgrade of the East Wing by 2013 in order to continue operation of inpatient services until 2030 in compliance with SB 1953;
- Remodel the East Wing surgery suite to meet current space standards.
- Install a new, uniform signage program to facilitate patient and visitor mobility around the campus; and

SFMH's ten-year plan is to finalize its plan for construction of a replacement acute care hospital and to evaluate the adaptive reuse of the existing hospital facilities. SFMH must relocate the acute care facilities from the Hospital Tower and the East Wing by 2030 in compliance with SB 1953.

Five Year Plan

1. Seismic Upgrade of the East Wing

Pursuant to SB 1953, the Office of the State Architect requires SFMH to complete the seismic upgrade of the East Wing by 2013 in order to continue acute care services in the East Wing until the year 2030. Seismic upgrades to the basement and first floor of the East Wing, including the Emergency Department, have been completed.

A. Scope of Work

Seismic upgrade of the East Wing will include installation of structural reinforcements within the existing building envelope and reconfiguration of the interior space. During seismic upgrade work, some existing building utilities will be relocated or replaced.

B. Project Schedule

Seismic retrofit of the second through sixth floors will continue to be undertaken in phases to minimize disruption of acute care services. The seismic upgrade work began in April, 2005 and is projected to be completed in 2010.

2. Remodel of East Wing Surgery Suite

Currently, there are twelve surgical suites on the second floor of the East Wing; however, only six of these are used for operations. These operating suites handle both inpatient and outpatient surgeries. The other six suites are too small and cannot accommodate modern equipments let alone meeting current operating room standards. SFMH plans to remodel the existing suites to accommodate nine inpatient and outpatient operating suites that meet current operating room standards and ancillary support functions such as equipment storage and cart staging.

A. Scope of Work

The twelve surgical suites in the East Wing will be reconfigured into nine (9) large inpatient operating rooms and space for equipment storage and cart staging.

B. Project Schedule

The interior reconfiguration and renovation of the East Wing surgery suites is expected to be completed in 2013.

3. Master Signage Program

Due to their locations, sizes, design, age, and piecemeal installation, the existing signage of the SFMH campus is not effective in directing patients and visitors to their destinations. Patients requiring urgent or emergency medical attention require clear signage and direction to the Emergency Department or the urgent care departments. In the aftermath of a major earthquake or other disaster, the signage must be capable of directing large numbers of patients who are not familiar with the SFMH campus to various facilities and services within the SFMH campus.

Samples of Proposed Signage



The new signage program will:

- Facilitate way-finding to the different medical departments of the SFMH medical center, including the Emergency Department.
- Create a unified design scheme for all signage that clearly identify the different buildings and uses on campus.
- Provide multilingual signs to accommodate the needs of limited or non-English speaking patients and visitors.

A. Scope of Work

The new signage program will have a unified design scheme and will be installed in visible locations. Key signs will have text in English, Spanish, Russian, and Chinese. Graphics showing the exact locations, dimensions, and design of each proposed sign, and the existing signs to be replaced, are attached hereto as Appendix A of this IMP.

B. Schedule

SFMH intends to implement the master signage program immediately after obtaining a conditional use authorization from the Planning Commission.

Ten Year Plan

Currently, SFMH has no development plan after completion of the projects discussed in the five year plan above; however, SFMH will explore options for the construction of a new acute care inpatient hospital that must be completed by 2030. SFMH has been advised by its consultants that the cost of retrofitting the current acute care inpatient facilities (Hospital Tower and the East Wing) to a level that would allow it to operate beyond 2030 would be extremely high and would not be a financially practical solution. Additionally, there is no suitable quarters where SFMH can relocate temporarily its acute care hospital while renovation takes place.

Relocating the acute care inpatient services within the current Campus boundaries will be challenging due to the limited size of the campus, the lack of contiguous parcels, and the size of the acute care facilities to be replaced. The Hospital Tower and the East Wing contain about 363,000 gsf of acute care inpatient services. Also, Planning Code provisions governing height, bulk, and floor area ratio limit the potential size of new development.

As part of the Ten Year Plan, SFMH intends to explore the following possible locations for new acute care facilities:

1. The Pine Street parking lot;
2. The 909 Hyde Street building;
3. The Pierotti Pavilion site;
4. A combination of the above sites; and
5. Off-campus locations.

Preliminary review of the Planning Code constraints indicates that unless the Planning Code is amended, the replacement acute care facility would have to be located on sites that are not contiguous, requiring separation of the inpatient beds and other facilities, such as the surgical suites. Therefore, SFMH must carefully study all available options for the replacement acute care inpatient hospital, in light of economic, Planning Code, and other considerations, before deciding which option would be the most viable in terms of continuing quality medical care to its patients. Temporary relocation of existing services to other locations while the new acute care hospital is under construction must also be examined, as well as the future uses of the East Wing and the Hospital Tower.

Option 1: The Pine Street Parking Lot Site

This 11,600-sf lot is not sufficiently large for a self-containing acute-care hospital.

Option 2: The 909 Hyde Street Site

This 19,000-sf site would require demolition of a building that could be deemed an historic resource. It does not appear that this site is of sufficient size for the construction of an acute-care hospital.

Option 3: The Pierotti Pavilion Site

This 25,300-sf site does not appear to be of sufficient size for the construction of a self-contained acute care hospital under current zoning. The study for this option will include the scope of amendments to the Planning Code and Zoning Map that would be required to build a replacement acute care facility

Option 4: Combination of Pine Street Parking Lot, 909 Hyde Street, and/or Pierotti Pavilion Sites***The 909 Hyde Street and Pine Street Parking Lot Site***

These two contiguous parcels contain approximately 33,800 square feet and provide the opportunity to build a new acute care inpatient hospital. This option will require demolition of the existing 909 Hyde Street building. Under the ten-year plan, the architect will determine whether amendments to the current Planning Code will be required to construct a replacement hospital on this combined site.

1199 Bush Street and the Pierotti Pavilion Site

The 11,100s.f. 1199 Bush Street site could be developed for inpatient beds with the ancillary facilities, such as surgical suites located in an addition to or a new building on the Pierotti Pavilion site. Since these sites are separated by Bush Street, the developments thereon will have to be connected either by a bridge over the right-a-way or by a tunnel under Bush Street.

Option 5: Off-Site Location

SFMH will also explore the feasibility of construction of a new acute care inpatient facility in a location that is not currently owned by SMFH or part of the Campus.

Option 6: Conversion of East Wing and Hospital Tower

As an integral part of the studies for various options, the future uses of the Hospital Tower and East Wing will be examined. If the replacement acute inpatient care facility is to be constructed within the current campus boundaries, the East Wing is likely to be converted to outpatient clinics and medical offices. The Hospital Tower would be adaptively reused for outpatient clinics, medical offices and non-acute care inpatient facilities.



V. Conformity with the General Plan

Five Year Plan

Ten Year Plan

V. CONFORMITY WITH THE GENERAL PLAN

Five-Year Plan

The planned development projects in the Five Year Plan of this IMP are consistent with the following objectives and policies in the San Francisco General Plan.

A. Urban Design Element

Objective 1: Emphasis of the characteristic pattern which gives to the city and its neighborhoods an image, a sense of purpose, and a means of orientation.

Policy 1.9: Increase the clarity of routes for travelers.

The master signage program will clarify the route to various destinations allowing patients and visitors to arrive at their proper destinations efficiently; especially to the emergency and urgent care departments.



Pine Street Garage, Existing Signage



Pine Street Garage, Proposed Signage

B. Commerce and Industry Element

Objective 7: Enhance San Francisco's position as a national and regional center for governmental, health, and educational services.

Policy 7.2: Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas.

Policy 7.3: Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city.

SFMH's Five Year Plan, which is limited to the renovation of the interiors of existing buildings, relocation of certain existing services, and installation of the new signage program, would enable SFMH to continue providing quality medical care and health education to the City's culturally and linguistically diverse residents, without intruding into the adjacent residential areas. Completion of the projects related to seismic retrofit of the East Wing in the Five Year Plan will allow SFMH to continue to offer acute care inpatient services there until 2030.

C. Community Safety Element

Objective 2: Reduce structural and non-structural hazards to life safety, minimize property damage and resulting social, cultural and economic dislocations resulting from future disasters.

Policy 2.1: Assure that new construction meets current structural and life safety standards.

The seismic upgrade of the East Wing of the acute care inpatient hospital would affirmatively promote Objective 2 and Policy 2.1 of the Community Safety Element.

D. Air Quality Element

Objective 5: Minimize particulate matter emissions from road and construction sites.

Policy 5.1: Continue policies to minimize particulate matter emission during road and building construction and demolition.

SFMH will implement standard mitigation measures (including but not limited to, requiring watering of the site with non-potable water during demolition and excavation, sweeping the streets and sidewalks, and covering the trucks hauling excavated soils and debris) to minimize the release of particulate matters into the air during construction.

Ten Year Plan

A. Urban Design Element

The following objectives and polices of the Urban Design Element of the City’s General Plan must be considered when developing the options for the Ten Year Plan, as discussed in Chapter 4 of this IMP.



Objective 1: Emphasis of the characteristic pattern which gives to the city and its neighborhoods an image, a sense of purpose, and a means of orientation.

Policy 1.3: Recognize that buildings, when seen together, produce a total effect that characterizes the city and its districts.

Policy 1.6: Make centers of activity more prominent through design of street features and by other means.

Policy 1.8: Increase the visibility of major destination areas and other points for orientation.



Objective 2: Conservation of resources which provide a sense of nature, continuity with the past, and freedom from overcrowding.

Policy 2.4: Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.

Policy 2.6: Respect the character of older development nearby in the design of new buildings.

Policy 2.8: Maintain a strong presumption against the giving up of street areas for private ownership or use, or for construction of public buildings.

Policy 2.9: Review proposals for the giving up of street areas in terms of all the public values that streets afford.

Policy 2.10: Permit release of street areas, where such release is warranted, only in the least extensive and least permanent manner appropriate to each case.





Objective 3: Moderation of major new development to complement the city pattern, the resources to be conserved, and the neighborhood environment.

Policy 3.1: Promote harmony in the visual relationships and transitions between new and older buildings.

Policy 3.2: Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance.

Policy 3.5: Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development.

Policy 3.6: Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in the new construction.

Policy 3.7: Recognize the special urban design problems posed in development of large properties.

Objective 4: Improvement of the neighborhood environment to increase personal safety, comfort, pride and opportunities.

Policy 4.3: Provide adequate light in public areas

Policy 4.4: Design walkways and parking facilities to minimize danger to pedestrians.

Policy 4.10: Encourage or require the provision of recreation space in private development.

Policy 4.12: Install, promote and maintain landscaping in public and private areas.

Policy 4.13: Improve pedestrian areas by providing human scale and interest.

Policy 4.14: Remove and obscure distracting and cluttering elements.

Policy 4.15: Protect the livability and character of residential properties from the intrusion of incompatible new buildings.

The design of a new hospital will take into consideration the above urban design objectives, policies and design principals.



VI. Environmental Conditions and Impacts

Project Related Impacts

Cumulative Impacts

Growth-Inducing Impacts

Alternatives

VI. ENVIRONMENTAL CONDITIONS & IMPACTS

A. Project Related Impacts

This IMP provides a general overview of the foreseeable impacts of the projects in the Five Year and Ten Year Plans. The Planning Department will undertake environmental analysis pursuant to the California Environmental Quality Act (“CEQA”) for the projects in this IMP before they can be approved by the Planning Department or the Planning Commission. The City’s environmental review document will discuss the potential environmental impacts in much greater detail.

1. Land Use

Five Year Plan. Renovation of the surgical suites located in the East Wing to expand the sizes of the suites to meet current hospital standards would not alter the services provided by SFMH and will not alter the exterior envelope of the East Wing building. This project would have no environmental effects because there will be no expansion of services offered that would impact traffic, land use, or visual quality of the current Campus.

Ten Year Plan. Under each option, the uses of individual buildings on campus would change. One or more outpatient buildings would be converted to inpatient use through renovation or new construction. The East Wing and the Hospital Tower would be converted to outpatient, medical office, and non-acute care inpatient uses.

2. Aesthetics

Five Year Plan. Under the master signage program, old signs would be replaced by a unified new signage program that will be consistent with the scale and character of the buildings on campus and will improve the visual quality of the campus. The other Five Year Plan projects will have no effect on the visual quality of the campus or the surrounding area, because they will not alter the existing building facades.

Ten Year Plan. Any new building or addition under the Ten Year Plan must take into consideration the urban design principles in the Urban Design Element of the City’s General Plan, to ensure that the height, scale, massing, and façade are compatible with the surrounding residential neighborhood.

3. Transportation & Parking

Five Year Plan. Renovation of the surgery suites would not increase the number of patients or the number of trips to and from the campus. The new signage program would not add to traffic and should have a beneficial effect on traffic flow around the campus by reducing the need to circle the blocks in search of parking or campus buildings.

Ten Year Plan. Current services in the medical office buildings that might be demolished or converted to inpatient care would have to be relocated to the East Wing and/or the Hospital Tower, temporarily or permanently. To the extent that there is excess capacity in the East Wing or the Hospital Tower in the future, new outpatient services or non-acute care inpatient facilities may be offered by SFMH. That may increase traffic to the campus. Such an increase in traffic may require further transportation analysis, including additional measures to be considered by and included in SFMH's Transportation Demand Program.

4. Hazardous Materials

SFMH is required to comply with federal, state, and local regulations governing the transportation, use, storage, and disposal of hazardous materials on the SFMH campus. None of the projects under the Five Year or Ten Plans would change SFMH's compliance with the regulations governing transportation, use, storage, or disposal of any hazardous materials. SFMH is required to file a hazardous material manual with the City's Department of Public Health describing SFMH's procedures for receiving, storing and disposing various hazardous materials.

The environmental review document for the replacement acute care hospital will discuss compliance with federal, state, and local regulations governing demolition and disposal of hazard containing building materials, contaminated soil or ground water, if any.

5. Historic & Cultural Resources

The SFMH campus contains no City, State or federal designated historic landmarks or rated structures and is not located in any historic or conservation district. In San Francisco, pursuant to the Planning Department's Preservation Bulletin No. 16, any property over fifty years old must undergo an evaluation to determine whether the building is an historical resource.

- Associated with significant patterns of California history and cultural heritage;
- Associated with the lives of persons important in California history;
- Embodies distinctive characteristics of a building type, period, region, or method of construction, represents the work of a master, or possesses high artistic value; or
- Yields, or is likely to yield, information important to California history or pre-history.

The building at 909 Hyde Street, constructed in 1918, is a potential historic resource. SFMH has no current plans to replace 909 Hyde. As SFMH explores the possibility of using the 909 Hyde site as the future location of the new acute care facility, further analysis will be done to determine whether 909 Hyde Street would be considered historic under these criteria.

Five Year Plan. The projects under the Five Year Plan that require only interior renovation would not raise any historic or cultural resource issues, because they would not alter the existing building envelope or façade, and will not require excavation. The new signage program will be reviewed by the Planning Commission pursuant to the criteria of Section 303 of the Planning Code to insure that the new signs will be compatible with the neighborhood and with any historic resources and will not have adverse impact on visual quality.



909 Hyde Street

Ten Year Plan. Excavation on the Pine Street parking lot and/or the 909 Hyde Street property for construction of a replacement acute care hospital could unearth archeological artifacts. Construction of a new acute care facility on the site of 909 Hyde would require demolition of the existing building originally constructed in 1918; such demolition may require analysis of its potential effect on a historic resource.

6. Shadow

Five Year Plan. None of the projects under the Five Year Plan would add new shadows any park and recreation facilities under the jurisdiction of the Recreation and Park Department because the existing building envelopes will not be expanded vertically or horizontally.

Ten Year Plan. The table below lists the four closest public parks to the SFMH campus. Huntington Park is uphill from the SFMH Campus. Union Square is to the southeast of the Campus and on the southern slope of Nob Hill, whereas the SFMH Campus is on the western slope of Nob Hill. Jefferson Square and Civic Center Plaza are to the southwest of the SFMH Campus with intervening high-rise buildings on Van Ness, Franklin and Gough Street. Given the considerable distance of the parks from the campus, the hilly topography, and the existing shadow patterns from existing buildings, it is highly unlikely that any project ultimately selected for the Ten Year Plan would have a shadow impact on these parks.

Park*	Location	Approx Distance from 900 Hyde Street	Direction from 900 Hyde Street
Huntington Park	California & Taylor (top of Nob Hill)	1,600 feet	Northeast
Union Square	Post & Powell	2,600 feet	Southeast
Jefferson Square	Eddy & Gough	3,100 feet	Southwest
Civic Center Plaza	Larkin & McAllister	3,100 feet	Southwest

Parks Nearest to the SFMH Campus

* All parks listed here are under the jurisdiction of the San Francisco Recreation and Park Commission.

7. Wind

Five Year Plan. The projects in the Five Year Plan will not result in wind impacts, because existing building envelopes will not be altered.

Ten Year Plan. New development under the Ten Year Plan could alter existing wind patterns. Depending on the option chosen for the replacement acute care inpatient facility, a wind consultant will review the height, massing and location of the replacement acute care hospital facilities and advise SFMH whether the a wind tunnel study should be performed.

8. Air Quality

Five Year Plan. None of the projects in the Five Year Plan would generate additional automobile trips with no consequential air quality impacts. The seismic upgrade and remodeling proj-

ects would result in the release of particulate matters. Implementation of the standard mitigation measures recommended by the Bay Area Air Quality Management Board (BAAQMB) will mitigate the adverse construction air quality impacts to a insignificant level.

Ten Year Plan. Construction of the new acute care facility will release particulate matters. Implementation of the standard mitigation measures recommended by BAAQMB will mitigate the adverse air quality impacts to a insignificant level. Depending on the option chosen for the replacement acute care patient facility and the adaptive reuse of Hospital Tower and the East Wing, traffic would be the major contributor to potential adverse effect on air quality.

9. Noise

Five Year Plan. Construction activity relating to the seismic upgrade and renovation of the East Wing will be confined to the interior of the buildings. Given high existing ambient noise level from heavy traffic on Pine, Bush, and Hyde Streets, it is unlikely that the construction noise will be noticeable. Installation of new signs will not generate excessive noise and will be of limited duration. Implementation of the standard mitigations on construction equipment will mitigate any noise impact of installing the new signs. Finally, construction activities are subject to the City's noise ordinance.

Ten Year Plan. While additional traffic under the Ten Year Plan would contribute to ambient noise levels, traffic levels have to nearly double before changes in noise level become perceptible. New mechanical systems on the roof of the replacement acute care hospital could generate noise that would need to be muffled.

10. Energy

Five Year Plan. The interior remodeling of the second floor of the East Wing, will include a complete upgrade of the floor's electrical, plumbing and mechanical systems in compliance with current Title 24 energy conservation requirements. Any new illuminated signs will utilize energy efficient bulbs.

Ten Year Plan. Any new building or building addition under the Ten Year Plan will be designed to comply with Title 24.

11. Utility Service

Five Year Plan. None of the projects on the campus under the Five Year Plan would require additional utility service.

Ten Year Plan. The increase in outpatient uses on campus under the Ten Year Plan would generate additional demand for utility services.

12. Flora and Fauna

None of the projects in the Five Year Plan would require removal of any street trees or landscaping. Under the Ten Year Plan, construction of the replacement acute care hospital could require removal of existing street trees and landscaping and their replacement.



Street Trees at Pine Street Parking lot

B. Cumulative Impacts

Five Year Plan

The renovation of the suites and new signage would not add vehicles trips and thus would not contribute to cumulative traffic increases.

Because the projects in the Five Year Plan would not generate additional vehicle trips, they would not contribute to vehicle-related air quality impacts. (There would be only a temporary vehicle trips increase due to construction traffic.) The seismic upgrade and remodeling projects would cause release of particulates which could contribute to cumulative air quality impacts.

Ten Year Plan

If new services are offered, there could be an increase in traffic which could contribute to cumulative traffic increases in the vicinity of the campus. Again, construction-related vehicle trips would be temporary in nature.

Construction of a new acute care hospital, including possible demolition of any existing structure, would generate particulates. However, compliance with standard BAAQMD mitigation measures will mitigate air quality impacts to an insignificant level. Depending on the option chosen for replacement of the acute care facility and reuse of existing facilities, there could be vehicle trip increases that would contribute to a cumulative adverse air quality impact.

C. Growth-Inducing Impacts

The western slope of Nob Hill is an established residential neighborhood with few sites available for development. Given current Planning policies and Code provisions, significant new development in the vicinity of the SFMH campus is unlikely. Although the proposed development projects under the Ten Year Plan could increase employment on the campus and thus contribute to increased housing demand in the City, housing demand in the City already exceeds supply, it is unlikely that the project would induce additional housing development in the City.

D. Alternatives

Five Year Plan

SFMH considered but rejected the following alternatives for its Five Year Plan:

- No Project Alternative. SB 1953 requires SFMH to complete the seismic upgrade of the East Wing by 2013 in order for SFMH to continue providing acute care inpatient services there. Therefore, the no project alternative is rejected.
- Development of New Outpatient Surgery Center on Pine Street Lot. Developing a new outpatient surgery center on the Pine Street lot for day surgical suites is under consideration as an alternative to preserving this lot, in conjunction with 909 Hyde Street as a possible future site for the replacement acute care facility.

Ten Year Plan

SFMH considered but rejected the following alternative for its Ten Year Plan:

- No Project Alternative. Since SFMH must replace its acute care facilities before 2030 in order to comply with SB 1953 seismic standards in order to continue to provide acute inpatient care, the no project alternative is rejected.