

**CALIFORNIA PACIFIC MEDICAL CENTER
LONG RANGE DEVELOPMENT PLAN
DEVELOPMENT AGREEMENT**

2015 COMPLIANCE STATEMENT

and

INCLUDING HEALTHCARE COMPLIANCE REPORT

(January 1, 2015 - December 31, 2015)

TABLE OF CONTENTS

1.	COMPLIANCE STATEMENT	1
2.	SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT	1
2.1	Construction Schedules.....	2
2.2	Milestones	2
3.	COMMUNITY COMMITMENTS	2
3.1	Workforce Agreement – DA Exhibit E	2
3.2	Community Healthcare Program – DA Exhibit F (See HCR – Attachment 1)	3
3.3	Housing Program – DA Exhibit G.....	3
3.4	Public Improvements – DA Exhibit H.....	4
3.5	Transportation Program – DA Exhibit I	4
4.	PAYMENT SCHEDULE AND REIMBURSEMENT OF CITY COSTS Exhibit N.....	4
5.	INSTITUTIONAL MASTER PLAN UPDATE.....	4

ATTACHMENTS:

ATTACHMENT 1 – Compliance Statement Summary and Healthcare Compliance Report

ATTACHMENT 2 – Development Agreement Payments Schedule/CPMC Payments

ATTACHMENT 3 – Entry Level Operational Hiring

ATTACHMENT 4 – Construction and Local Business Enterprise Hiring

ATTACHMENT 5 – Transportation Demand Management Summary

1. COMPLIANCE STATEMENT

This Compliance Statement is submitted under Section 8 of the Development Agreement (DA) demonstrating compliance with the DA obligations, including, without limitations, (i) the Hospital Commitment, (ii) each of the Community Commitments, including each of the Healthcare Obligations described in Exhibit F of the DA, and (iii) reimbursement of City Costs. See Section 8.2.1.¹ Compliance with the Healthcare Obligations is separately addressed and described in the Healthcare Compliance Report, attached hereto as Attachment 1.

2. SCHEDULE AND PHASING PLAN – HOSPITAL COMMITMENT

2.1 Construction Schedules

CPMC has, in accordance with Section 4.2.3, kept the City informed of its progress in satisfying the Hospital Commitment by reporting on the timing/progress of construction at the St. Luke's Campus and the Van Ness and Geary Campus, as described below.

- a. Van Ness and Geary Campus - Construction Activity
 - i. Hospital - Structural steel commenced in April 2015
 - ii. Medical Office Building - Excavation commenced in June 2015

Schedule 1 – Van Ness and Geary Campus

Sutter Health CPMC Van Ness and Geary Campus - Construction Schedule								
2/14/14	2013	2014	2015	2016	2017	2018	2019	2020
Van Ness & Geary Campus								
Hospital								
Mobilization, Demolition, Excavation & Shoring								
Tunnel Construction								
Hospital Construction								
Training, stocking and licensing								
Medical Office Building								
Mobilization, Demolition, Excavation & Shoring								
Medical Office Building Construction								
Training and stocking								

- b. Replacement Hospital at CPMC St. Luke's Campus– Construction Activity
Structural steel commenced in August 2015

Schedule 2 – St. Luke's Campus

Sutter Health CPMC Replacement Hospital at the St. Luke's Campus - Construction Schedule							
2/14/14	2014	2015	2016	2017	2018	2019	2020
Hospital							
Temporary & Permanent Power Underground Infrastructure							
Water Line Relocation & Other Make Ready Work							
Structure / Exterior							
Interiors							
Training, stocking and licensing							

¹ All Section and Exhibit references are to the Development Agreement unless otherwise noted. Unless separately defined, capitalized terms have the meaning provided in the Development Agreement.

2.2 Milestones

- a. Milestone Completion Notice. As indicated in the Milestone Table below, the next scheduled milestone is the completion of exterior work on the St. Luke's Campus Hospital. There are no anticipated material delays in meeting this, or future milestones, assuming continued cooperation with OSHPD.
- b. Milestone Table. The Milestone Table below describes CPMC's Compliance with the Schedule and Phasing Plan, Exhibit C.

Date	Milestone	Status
On or before May 11, 2016	Completion of the San Jose Avenue City Project	Completed - 7/29/13
On or before the later of February 1, 2015 or 18 months from the Effective Date	Submit St. Luke's Increment 1 to OSHPD for the replacement hospital at CPMC St. Luke's Campus	Completed - 2/3/14
On or before twelve (12) months after submission of Increment 1 to OSHPD for the replacement hospital at CPMC St. Luke's Campus	Commencement of construction of the San Jose Avenue CPMC Project	Commenced - 5/5/14
On or before eighteen (18) months after submission of Increment 1 to OSHPD for the replacement hospital at CPMC St. Luke's Campus	Receipt of Increment 1 permit from OSHPD for the replacement hospital at CPMC St. Luke's Campus	Completed - 8/5/14
On or before three (3) months after receipt of Increment 1 permit from OSHPD for the replacement hospital at CPMC St. Luke's Campus	Commencement of Shoring /Excavation work for the replacement hospital at CPMC St. Luke's Campus	Commenced - 10/21/14
On or before twenty (20) months from Commencement of Shoring/Excavation work for the replacement hospital at CPMC St. Luke's Campus	Completion of Exterior Work for the replacement hospital at CPMC St. Luke's Campus	Not yet due
On or before forty-two (42) months from receipt of Increment 1 permit from OSHPD for the replacement hospital at CPMC St. Luke's Campus	Notice of Completion of Construction of replacement hospital at CPMC St. Luke's Campus provided to the City	Not yet due
St. Luke's Hospital Opening Deadline: On or before twenty four (24) months from the Opening of the Cathedral Hill Campus Hospital	Notice of Opening of the replacement hospital at CPMC St. Luke's Campus provided to the City	Not yet due

3. COMMUNITY COMMITMENTS

3.1 Workforce Agreement (Exhibit E)

- a. First Source Entry Level Hiring

CPMC is in compliance and, in coordination with First Source, is making the required good faith efforts regarding the Entry Level Hiring Goal. What constitutes good faith efforts is stated in DA Exhibit E, Sections 5 and 9. CPMC

achieved a 61% entry level First Source hiring rate for calendar year 2015. See Attachment 3 for specifics on entry level hiring for hospital operations.

CPMC continues to work with the City and its Healthcare and Hospitality Academies to develop the process that will enhance opportunity for targeted groups and accelerate the progress toward the 40% First Source hiring goal.

- b. Construction Hiring. CPMC is in compliance and, in coordination with CityBuild, is making the required good faith efforts regarding the Construction Hiring Goal. See Attachment 4 for specifics on construction hiring.

Construction hiring goals are to have 30% of the total hire hours performed by San Francisco Workforce, including 50% for new apprentice positions. Construction contractors on the hospital replacement projects hired San Francisco residents for 31% of the total 2015 construction hours. 31% of apprentice opportunities were filled by San Francisco residents.

- c. Local Business Enterprise. CPMC, in coordination with the City's Contract Monitoring Division, is making the required good faith efforts and receiving technical assistance on developing and reporting Local Business Enterprise (LBE) program goals. See Attachment 4 for specifics on the LBE program.

The goal for the LBE program is 14% San Francisco based business contracting. 11% of the total construction work in 2015 was been performed by San Francisco based businesses.

3.2 Community Healthcare Program (Exhibit F)

CPMC is meeting its Community Health Care obligations. See Attachment 1, Healthcare Compliance Report.

- a. Payments. CPMC has met its DA obligations to provide funds for the Healthcare Innovation program.

-The third installment of \$1,125,000 was paid on 11/25/2015;

See Attachment 2, Development Agreement Payments Schedule.

3.3 Housing Program (Exhibit G)

CPMC has met its Housing Program obligations by making the payments described below and as outlined in Attachment 2 to this Compliance Statement:

- a. Affordable Housing Payments. CPMC made the required Affordable Housing payments as follows:

-The third installment of \$8,825,000 was paid on 11/25/2015.

3.4 Public Improvements (Exhibit H)

CPMC has met its obligations to make payments for Public Improvements and pedestrian safety measures as described below and outlined in Attachment 2, as follows:

- The third installment of payments totaling \$2,550,000 were paid on 11/25/2015.

These payments covered lighting and pedestrian safety surrounding the Tenderloin, transit and safety improvements around Van Ness and Geary and traffic safety and enforcement around the Pacific and California campuses.

3.5 Transportation Program (Exhibit K)

- a. Payments. CPMC has made all required payments as follows:

- The third installment of \$1,500,000 was paid on 11/25/2015.

- b. TDM. CPMC has begun implementation of the enhanced Transportation Demand Management (TDM) Plan. The existing elements of the TDM program that continue to be implemented include employee, visitor and patient parking management, transit subsidies, pre-tax commute benefit program, carpool, carshare, bicycle, emergency ride and courtesy ride home programs. See Attachment 5.

4. PAYMENT SCHEDULE AND REIMBURSEMENT OF CITY COSTS

- a. Payments. CPMC has made all required payments to date. Attachment 2 outlines CPMC compliance with all of its payment obligations, including payment obligations under Exhibit F Healthcare Program, and as further described in Attachment 1, Healthcare Compliance Report.
- b. Reimbursements. CPMC has made all required reimbursement payments. In calendar year 2015, The City (OEWD, City Attorney and the Planning Department) invoiced CPMC a total of \$213,655.70. (Jan.-Dec.) Said sum was paid in full. See Attachment 2.

5. INSTITUTIONAL MASTER PLAN UPDATE

The Development Agreement provides that the Compliance Statement generally satisfies the requirements for and is submitted in lieu of any IMP Update otherwise required pursuant to Planning Code Section 304.5(b). The Compliance Statement and this Agreement shall also satisfy the requirements of Health Commission Resolution No. 02-10.

- a. Property Transactions. In August of 2015 the sale of 3838 California Street (medical offices) was completed. The City consented to the Assignment and Assumption Agreement entered into by CPMC in connection with this transfer.

ATTACHMENT 1

Compliance Statement Summary and Healthcare Compliance Report

CPMC Development Agreement						
DA Compliance Statement Summary						
Fiscal Year 2015						
Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
Compliance Statement	DA 8.2.1	Within 150 days following the end of year, CPMC shall provide a report to the Planning Director showing compliance, if and to the extent required under this Agreement, with (i) the Hospital Commitment, (ii) each of the Community Commitments, including the Healthcare Compliance Report and (iii) the provisions of this Agreement regarding reimbursement of City Costs.	11/08/2013	11/08/2023	In compliance. Compliance Statement submitted 5/19/16	Compliance Statement and Attachments 1-5
Construction Schedule	DA 4.2.3	Keep the City informed of progress in satisfying the Hospital Commitment by reporting to the City on the timing and progress of the construction at the St. Luke's Campus and the Van Ness and Geary Campus	11/08/2013	11/08/2023	In compliance. Both VN and STL projects on schedule.	Compliance Statement, Construction Schedules
Milestone Completion Notice	DA 4.2.3	Provide notice to the City confirming the completion of milestones	11/08/2013	11/08/2019	In compliance. No milestones in 2015.	Compliance Statement
Schedule and Phasing Milestone Table	Exhibit C	Update Milestone Table with schedule and phasing updates as information becomes available	11/08/2013	11/08/2019	In compliance. Construction schedule/phasing table is current	Compliance Statement, Milestone Table
First Source Entry Level Hiring	Exhibit E C.3	Good faith efforts to fill 40% of available entry level positions with System Referrals	11/08/2013	11/08/2023	In compliance at 61%. CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source Entry Level Hiring Goal.	Compliance Statement Attachment 3
Workforce Training Payment	Exhibit E D	Provide \$1,000,000 to the City as a contribution to the City's programs that provide workforce training to economically disadvantaged residents. Such payments shall be payable as follows: \$1,000,000 paid to OEWD within thirty days after the Effective Date, and managed by OEWD/CityBuild. The remainder of \$3,000,000 shall be paid to the San Francisco Foundation in accordance with Payment Schedule, Exhibit N	11/08/2013	11/08/2014	In compliance.	Compliance Statement Attachment 2
Construction Hiring	Exhibit E A.5a	Good faith efforts to fill 50% of new entry-level positions for non-union administrative and engineering candidates	11/08/2013	11/08/2023	In compliance. 100%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.5b	Good faith efforts to fill 50% of new entry-level positions for administrative and engineering internship candidates	11/08/2013	11/08/2023	In compliance. 71%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.5d	Good faith efforts to fill 30% of trade hours worked by new and core opportunities for union journeymen and apprentices	11/08/2013	11/08/2023	In compliance. 31%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.6e	Good faith efforts to fill 21% of hours for new union apprentices by System Referrals	11/08/2013	11/08/2023	In compliance. 40%	Compliance Statement, Attachment 4
Construction Hiring	Exhibit E A.7b	Good faith efforts to fill 50% of new Entry-Level Positions for union apprentice candidates	11/08/2013	11/08/2023	In compliance. 31%	Compliance Statement, Attachment 4
Construction	Exhibit E B.4	Good faith effort to Contract with Local Business Enterprises 14% of the value of all Contracts	11/08/2013	11/08/2023	In compliance. 11%	Compliance Statement, Attachment 4
Construction	Exhibit E B.4b(i)	Create Workforce Development Group	11/08/2013	11/08/2023	In compliance. Conducted various meetings between CityBuild, trade partners, CPMC/Sutter	Compliance Statement, Attachment 4
Community Health Program	Exhibit F	23 various commitments	Varies	Varies	In compliance. \$1.125M paid 11/25/15. See separate sheets	Compliance Statement, Attachment 1
Housing Program	Exhibit G	City replacement fees for demolition of existing residential units at the site of the Cathedral Hill MOB and Affordable Housing payments	11/08/2013	11/08/2017	In compliance. \$8.825M paid 11/25/15	Compliance Statement, Attachment 2
Public Improvements	Exhibit H	Public Improvements and pedestrian safety measures	11/08/2013	11/08/2016	In compliance. \$2.550 paid 11/25/15	Compliance Statement, Attachment 2
Transportation Program	Exhibit K	Payments for transit improvements	11/08/2013	11/08/2023	In compliance. \$1.500M paid 11/25/15	Compliance Statement, Attachments 2 and 5
Payment Schedule and Reimbursement of City Costs	DA 4.7	Pay City costs incurred for review of annual DA compliance	11/08/2013	11/08/2023	In compliance. \$213,655 paid in 2015	Compliance Statement, Attachment 2
Institutional Master Plan Update	DA 8.2.1	Compliance Statement satisfies the requirements for and is submitted in lieu of IMP Update	11/08/2013	11/08/2023	In compliance. Notified City of 3838 California Street transaction	Compliance Statement, IMP Update

¹ 8/10/2013 indicates commitments on the Development Agreement Effective Date
11/8/2013 indicates commencement on the date Approvals were Finally Granted

CPMC Development Agreement						
Healthcare Compliance Report						
Fiscal Year 2015						
Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
Baseline Commitment	1a	<u>Unduplicated Patient Commitment</u> : Care for a total of not less than 30,445 Unduplicated Patients.	11/08/2013	11/08/2023	In compliance. CPMC served a total of 37,771 Unduplicated Patients between 1/1/2015 and 12/31/2015. This is a surplus of 5,477 Unduplicated Patients for 2015. In 2014 CPMC was 1,849 patients short of the Unduplicated Patient Commitment and intended to make up this shortfall in 2015 through the two year rolling average provision in the Development Agreement. The 5,477 patient surplus in 2015 makes up for the 2014 shortfall and exceeds two year rolling average target by 3,628. Thus, the average number of patients served for 2014 and 2015 is 33,183, well above the 30,445 target.	Deloitte & Touche Report
	1a	<u>Baseline Expenditure Commitment</u> : Spend at least \$8,000,000 for Community Benefits in San Francisco.	11/08/2013	11/08/2023	In compliance. CPMC substantially exceeded the \$8,000,000 Baseline Expenditure Commitment. In 2015 CPMC spent a total of \$14,518,511 for Community Benefits in San Francisco.	Deloitte & Touche Report
	1d	<u>Transition to Affordable Care Act</u> : Maintain Charity Care policies through 12/31/2015 that are no more restrictive than Charity Care policies in fiscal year 2011.	11/08/2013	12/31/2015	In compliance. CPMC maintained Charity Care policies that are no more restrictive than our Charity Care policies in Fiscal Year 2011. In 2015 Sutter Health standardized its Charity Care policies across all affiliates, including CPMC, however, there were no changes that were more restrictive than the 2011 policy.	2015 Charity Care Policy
	1d	<u>Transition to Affordable Care Act</u> : Ensure Charity Care policies comply with California law and do not deny Charity Care patients access to inpatient services.	01/01/2016	11/08/2023	Not yet applicable. Obligation commences on 1/1/2016.	
	1e	<u>Bayview Child Health Center</u> : Provide financial and operational support for comprehensive pediatric primary care to residents of the Bayview area through the Center in a manner and amount generally consistent with the level of support in fiscal year 2011-2012.	11/08/2013	11/08/2023	In compliance. CPMC provided financial and operational support for the Bayview Child Health Center consistent with 2011-2012 levels. In November 2013, South of Market Health Center (SMHC), in collaboration with CPMC and the Sutter Pacific Medical Foundation, received funding from the federal Health and Human Services Agency to transfer ownership of the Bayview Child Health Center to SMHC. The transfer was effective 9/1/14. The Development Agreement provides that CPMC may "sell, lease or transfer programs, services or service lines to meet evolving community needs, operational cost-effectiveness, or quality standards." CPMC provided the following support to the SMHC and the clinic as part of the Baseline Commitment in the Development Agreement: 1. Financial support through an operations grant each year for five years as the clinic becomes sustainable under the Federally Qualified Health Center model; 2. Leased the former BCHC Medical Director to SMHC through the end of 2015 to promote continuity of care; 3. Transferred all assets to SMHC at no cost; 4. Invested over \$1,000,000 in tenant improvements to bring the clinic to OSHPD 3 compliance; and, 5. Remains the clinic's specialty and hospital partner-- providing Bayview children with comprehensive services across the care continuum.	
	2a	Continue to participate with a standard services agreement in the San Francisco Health Plan Medi-Cal managed care program in accordance with Section 2b.	08/10/2013	08/10/2023	In compliance. CPMC continues to have a standard services agreement with San Francisco Health Plan.	
	2b	Accept responsibility for providing hospital services for 5,400 additional Medi-Cal managed care beneficiaries and shall remain open to accepting all New Enrollees until the 5,400 additional Medi-Cal managed care beneficiaries are enrolled.	08/10/2013	08/10/2023	In compliance. CPMC met the 5,400 additional Medi-Cal beneficiaries commitment in 2014 and continues to exceed it. As of December 2015, CPMC had a total 33,372 Medi-Cal managed care beneficiaries enrolled in its partnership, which exceeds the development agreement commitment by 13,354 beneficiaries. ²	San Francisco Health Plan Capitation Report

Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
New Medi-Cal Beneficiaries Commitment	2f	Contract with at least 2 management services organizations (MSO) or equivalent participating in the Medi-Cal program. If an MSO becomes available with a primary care provider base in the Tenderloin before 12/31/2015, CPMC must contract with the MSO to care for 1,500 new enrollees.	08/10/2013	12/31/2015.	In compliance. There continues to be no available MSO with a primary care provider based in the Tenderloin and despite efforts by CPMC to support the creation of one, it was deemed financially unfeasible by clinic partners. CPMC is contracted with one MSO, North East Medical Services, and worked with NEMS and St. Anthony's Clinic, a primary care provider in the Tenderloin, to have St. Anthony's join the NEMS MSO. Thus, through forging this new partnership CPMC is the hospital partner for one of St. Anthony's participating medical groups and will work with them to grow enrollment to 1,500 members. CPMC is also working with St. Anthony's leadership to develop a path to sustainability and support outreach efforts, funded through the Healthcare Innovation Fund. To date, St. Anthony's has 66 members enrolled in the CPMC/NEMS partnership and they conduct ongoing outreach events to Tenderloin residents through the St. Anthony's Dining Room, Tenderloin family serving providers, Project Homeless Connect and enhanced Medi-Cal eligibility screening and enrollment at the clinic.	
Innovation Fund	3a	Executed Innovation Fund Agreement in the form provided with The San Francisco Foundation. Create a committee of fund advisors to advise the Innovation Fund Foundation.	08/10/2013	10/07/2017	In compliance. CPMC executed the agreement with The San Francisco Foundation. The Committee was formed and CPMC continues to participate via an appointed a member to provide disbursement advice.	
	3b	CPMC shall pay to the Innovation Fund Foundation \$8,600,000 in accordance with Exhibit N.	08/10/2013	10/07/2017	In compliance. Per Exhibit N, CPMC paid the Innovation Fund \$1,125,000 in 2015. The payment was made on time.	Innovation Fund Report.
	3c	Distribution of the Innovation Fund	08/10/2013	10/07/2017	In compliance. See Innovation Fund Report for distributions made in 2015.	Innovation Fund Report.
Sub-Acute Care Services	4	CPMC shall work with SFDPH and other hospital operators in good faith to develop specific proposals for providing Sub-Acute Care Services in San Francisco and present to the Health Commission by 6/30/2014, or such date as the participating hospitals and the Health Commission determine.	08/10/2013	06/30/2014 or such date as participating hospitals and Health Commission determine	In compliance. CPMC engaged a consultant and worked with hospitals, post acute providers and city departments to conduct a comprehensive assessment of the post acute care landscape in San Francisco, including sub acute services. The report included specific recommendations to meet the post acute, including sub acute, care needs in San Francisco. CPMC and the team presented the report to the Health Commission on 2/16/2016. CPMC and the other San Francisco hospitals have agreed to support a Post Acute Care Collaborative to work towards implementing recommendations outlined in the report.	
Hospitals at the St. Luke's and Cathedral Hill Campuses	5a	St. Luke's Campus Hospital will be a 120-bed General Acute Care Hospital with comprehensive emergency services.	Within 24 months of the Opening of Cathedral Hill Hospital.	10 years	In compliance. CPMC expects to meet the St. Luke's Campus Hospital Opening Commitment. See Development Agreement Compliance Statement for construction and Milestone timeline.	
	5b	Additional 30 bed Space: The "shelled" space at Cathedral Hill Campus Hospital shall not be built-out for and placed into operation 30 licensed acute care beds until after the St. Luke's Campus Hospital is opened and has a daily census as outlined in Section 5b of Exhibit F.	Refer to Section 5b of Exhibit F.	10 years	Not yet applicable. Subject to completion of Cathedral Hill Campus Hospital and St. Luke's Campus Hospital utilization.	
	6a(i)	Provide the services listed in Section 6aiA-C at St. Luke's Campus Hospital.	Opening of St. Luke's Campus Hospital.	10 years	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	
	6a(ii)	Establish, operate, and maintain a Center of Excellence in Community Health at the St. Luke's Campus.	Opening of St. Luke's Campus Hospital.	10 years	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	

Item	Section	Commitment	Commitment Start Date ¹	Commitment End Date	Compliance Statement	Supporting Documentation
St. Luke's Campus	6a(iii)	Establish, operate, and maintain a Center of Excellence in Senior Health at the St. Luke's Campus.	Opening of St. Luke's Campus Hospital.	10 years	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	
	6b	St. Luke's Campus Medical Office Building: CPMC shall submit a proposal for development at the St. Luke's Campus Medical Office Building to the Sutter West Bay Board or give the City the option if construction has not started within 5 years after the Opening of the St. Luke's Campus Hospital.	Refer to Section 6b(i)	10/08/2023	Not yet applicable. Obligation commences after St. Luke's Campus Hospital Opens.	
Integration of St. Luke's Medical Staff and Patient Quality Outcomes	7	CPMC shall continue its good faith efforts at the clinical integration of medical staffs at the St. Luke's Campus, with the medical staffs at its other campuses, and on quality improvement initiatives for the purpose of improving patient quality of care at all of the CPMC Campuses.	10/08/2013	10/08/2023	In compliance. CPMC is making good faith efforts to integrate medical staffs and patient quality outcomes at all four campuses. CPMC now has the same physician groups providing services at all four campuses in the following specialties: Internal Medicine Hospitalists, Nursery Hospitalists, Emergency Medicine, Radiology, Pathology, Oncology, Neurology, Anesthesia, Critical Care, Cardiology, Surgery and Diabetes Services . Efforts to further integrate medical staff and quality improvement initiatives are ongoing.	
Participation in the Community Benefits Partnership	8	CPMC shall continue to actively participate in the Community Benefits Partnership, or its successor, to prepare a community benefit plan for submittal to OSHPD.	10/08/2013	10/08/2023	In compliance. CPMC actively participated in the Building a Healthier San Francisco (BHSF) Task Force and needs assessment process for submission to OSHPD. CPMC also actively participates in BHSF's successor, San Francisco Health Improvement Partnership (SFHIP) and the needs assessment process.	
Service Agreements with Chinese Hospital	9	CPMC shall continue to provide pediatric, obstetric, and certain tertiary services to Chinese Hospital patients in a manner generally consistent with existing service agreements.	08/10/2013	08/10/2023	In compliance. During the period covered by this report, CPMC has continued to provide services generally consistent with existing service agreements. CPMC maintained its agreement with Chinese Community Health Plan (CCHP) for their Commercial HMO population and added a new contract in 2014 for their Covered California population. CPMC also maintained its longstanding Transfer Agreement and contract for high risk OB/GYN care with Chinese Hospital.	
Culturally and Linguistically Appropriate Services	10	CPMC shall deliver at all campuses culturally and linguistically appropriate services that are representative of San Francisco's diverse communities and are in accordance with the mandates, guidelines and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS).	08/10/2013	08/10/2023	In compliance. CPMC delivers services at all campuses that are culturally and linguistically appropriate and in accordance with the mandates, guidelines, and recommendations of the National Standards on Culturally and Linguistically Appropriate Services (CLAS). In 2015 CPMC conducted a CLAS Assessment and provided the assessment to DPH in September 2015. DPH subsequently reviewed the assessment and asked CPMC for Responses to additional questions in the 2015 compliance report. The responses to those questions are included as supporting documentation.	CLAS Report and Responses to DPH Questions
City Health Services System	11	For the period from 1/1/2014 to 12/31/2016, the negotiated fee for service increase for CPMC shall not exceed 5% annually as compared to the prior calendar year fee for service rates, and for the following 7 years CPMC shall limit annualized increases to no more than the Medical Rate of Inflation plus 1.5%.	01/01/2014	12/31/2024	In compliance. The negotiated fee for service rates in 2015 are at or below a 5% increase as compared to 2014.	

¹ 8/10/2013 indicates commitments on the Development Agreement Effective Date
11/8/2013 indicates commencement on the date Approvals were Finally Granted

² There is a clerical error at the end of Sec.2.b. of Exhibit F, in that the number of existing enrollees as of January 1, 2012, should be stated to be 12,140, rather than 14,850. CPMC would suggest that this figure be corrected for future reference. The 14,850 figure referenced in the Development Agreement double counts Healthy Families members-- including Healthy Families as a separate count and as part of the Medi-Cal enrollees. This clerical correction does not affect CPMC's New Medi-Cal Beneficiaries Commitment, which remains at 5,400.

EXHIBIT A



Deloitte & Touche LLP
555 Mission St
San Francisco CA 94105
USA

Tel: +1 415 783 4000

www.deloitte.com

April 18, 2016

Mr. Henry Yu
CFO California Pacific Medical Center (CPMC)
2351 Clay Street
San Francisco, CA 94115

Dear Mr. Yu:

In accordance with our statement of work ("SOW") dated April 13, 2015, this report summarizes the results of the assessment of unduplicated patients performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center (collectively "Company" or "Sutter" or "CPMC").

At your request, we performed an assessment of the unduplicated patients to be reported by CPMC to the City of San Francisco related to the entitlement CPMC is seeking from the City of San Francisco to build a new hospital on the CPMC campus. This assessment of unduplicated patients, as defined in the agreement between CPMC and the City of San Francisco, included evaluating whether the number of unduplicated patients treated at the following CPMC campuses: California, Davies, Pacific and St. Luke's, from the period of January 1, 2015 to December 31, 2015, reasonably represents and are supported by CPMC's Patient Accounting records .

Our procedures included the following:

- Advisor conducted interviews with business managers to understand the process and calculations of unduplicated patients to identify Medi-Cal and Charity Care patients, and consider whether the process is consistent with the prior year and as previously understood by Advisor.
- Advisor obtained from CPMC the patient details from the period for Medi-Cal and Charity Care patients and performed data analytics on the received data to determine the number of unduplicated Medi-Cal and Charity Care patients.
- Advisor performed data analysis on the unduplicated patient listings, starting with raw data extracted from the patient accounting system, to evaluate whether duplicate patients are included in the listings for calendar year 2015.
- Advisor selected a random sample of 25 patients from calendar year 2015 and evaluated supporting documentation provided by CPMC that supports CPMC's classification of the patient as a Medi-Cal or Charity Care recipient.
- Advisor's methodology used in the procedures were consistent with those used in the review of the baseline periods for calendar years 2009 through 2014.

CPMC is subject under the Development Agreement to an "Unduplicated Patient Commitment" of 30,445 Unduplicated Patients (as defined.) This amount is not to include utilization attributable to the 5,400

This report is intended solely for the information and internal use of Sutter Health and its subsidiary California Pacific Medical Center, and should not be used or relied upon by any other person or entity.

additional “New Beneficiaries Commitment.” It is our understanding that CPMC and the City of San Francisco have agreed to an adjustment of 837 unduplicated patients as the number necessary to exclude the utilization of the 5,400 additional Medi-Cal managed care enrollees from the commitment. There was a deficit of 1,849 lives in 2014 and this deficit rolled over to 2015 through the two year rolling average provision in the agreement. Therefore, the adjusted target for 2015 is 32,294.

Based on the procedures performed above, the total unduplicated patient count is 38,608. With the subtraction of the agreed 837 unduplicated patients, the allowable number of unduplicated patients for 2015 is 37,771, representing a surplus of 5,477 unduplicated patients for 2015. This net unduplicated patient count developed by CPMC appears reasonable and reflects the number of Medi-Cal and Charity Care patients treated the period of January 1, 2015 to December 31, 2015 at the California, Davies, Pacific and St. Luke’s campuses of CPMC as reflected in the CPMC Patient Accounting records.

Advisor did not make any management decisions, perform any management functions, or assume any management responsibilities. Our observations and recommendations are based solely on the results of our assessment of the unduplicated patient listings. Our services were performed in accordance with the Statement on Standards for Consulting Services that is issued by the American Institute of Certified Public Accountants. We are providing our observations, advice, and recommendations. However, our services do not constitute an engagement to provide audit, compilation, review, or attestation services as described in the pronouncements on professional standards issued by the American Institute of Certified Public Accountants, and, therefore, we do not express an opinion or other form of assurance with respect to our services.

In addition, we did not provide any legal advice regarding our services nor did we provide any assurance regarding the outcome of any future audit or regulatory examination or other regulatory action; the responsibility for all legal issues with respect to these matters, such as reviewing all deliverables and work product for any legal implications to CPMC, is CPMC’s. It is further understood that CPMC management has responsibility for, among other things, identifying and ensuring compliance with laws and regulations applicable to CPMC’s activities and for establishing and maintaining effective internal control to assure such compliance. CPMC has responsibility for reviewing and approving any reports and/or deliverables.

Advisor’s services may include advice and recommendations, but all decisions in connection with the implementation of such advice and recommendations is the responsibility of, and made by, CPMC.

In connection with this assessment, CPMC has informed Advisor that the Company has been requested by the City of San Francisco (the “Recipient”) to provide it with a paper copy or portable document format (PDF) of the Deliverable for informational purposes. Advisor hereby authorizes CPMC to provide the Recipient with a copy of this report (“Deliverable”) for such purpose. CPMC acknowledges and agrees that Advisor has no responsibility to CPMC with respect to the provision of this Deliverable to the Recipient or with respect to its contents.

CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested by Advisor for its services under the Engagement Letter dated November 22, 2013 and the corresponding Statement Of Work dated April 13, 2015. The Deliverable may not address all the questions that the Recipient may have. The Deliverable cannot be relied on to disclose errors or fraud should they exist. The Deliverable also may

This report is intended solely for the information and internal use of Sutter Health and its subsidiary California Pacific Medical Center, and should not be used or relied upon by any other person or entity.

contain sensitive and candid comments about CPMC, Sutter or the engagement that may be subject to interpretation.

Very truly yours,

Deloitte & Touche LLP

By: Edlin W Byers

Ed Byers
Principal

EXHIBIT B



Deloitte & Touche LLP
555 Mission St
San Francisco, CA 94105
USA

Tel: +1 415 783 4000

www.deloitte.com

April 18, 2016

Mr. Henry Yu
CFO California Pacific Medical Center (CPMC)
2351 Clay Street
San Francisco, CA 94115

Dear Mr. Yu:

In accordance with our statement of work ("SOW") dated April 13, 2015, this report summarizes the results of the assessment of community benefits expense performed by Deloitte & Touche LLP ("Advisor" or "we" or "us") as requested by Sutter Health for its subsidiary California Pacific Medical Center ("Company" or "Sutter" or "CPMC").

At your request, we performed an assessment of the processes and internal controls over the recording of "community benefit" Category 3 costs, including a reconciliation of incurred costs from the period of January 1, 2015 to December 31st, 2015 and whether they meet, at a minimum, the \$8,000,000 threshold established by the city of San Francisco. The assessment also included an analysis to determine that the expense items and their categories align to community health benefits category guidelines from the City of San Francisco.

Our procedures included the following:

- Advisor reviewed the Community Healthcare Program contract to understand the contractual requirements between CPMC and the City of San Francisco. Advisor also reviewed the city guidelines charter to determine what expenses can and should be considered Category 3 expenses as defined in the Catholic Health Association of the United States publication, A Guideline for Planning and Reporting Community Benefits (CBISA).
- Advisor obtained the list of expenses from CPMC under the Community Health Benefits expense categories and gained an understanding of the process for recording costs. We evaluated the data for reasonableness through walkthroughs and assessment of written processes of accounting for program funding and costs.
- Leveraging the full list of community benefit expenses (reported as \$14,518,511), Advisor then performed the following procedures:
 - Selected individual projects, which in summary exceeded \$8,000,000.
 - Obtained transaction detail for each of these individual projects.
 - Selected 45 random transaction samples across the projects and performed the following procedures:

This report is intended solely for the information and internal use of Sutter Health and its subsidiary California Pacific Medical Center, and should not be used or relied upon by any other person or entity.

- Compared the accuracy and completeness of the costs to the supporting documentation (e.g., accounting data, checks, invoices, etc.).
- Assessed whether each of these 45 samples were valid category 3 CBISA expenses.

Based on the procedures performed above, the community health benefits expenses incurred by CPMC appear reasonable and reflect that at least the minimum amount of USD \$8,000,000 was spent on valid community health benefits program as required by the City of San Francisco.

Advisor did not make any management decisions, perform any management functions, or assume any management responsibilities. Our observations and recommendations are based solely on the results of our assessment of the unduplicated patient listings. Our services were performed in accordance with the Statement on Standards for Consulting Services that is issued by the American Institute of Certified Public Accountants. We are providing our observations, advice, and recommendations. However, our services do not constitute an engagement to provide audit, compilation, review, or attestation services as described in the pronouncements on professional standards issued by the American Institute of Certified Public Accountants, and, therefore, we do not express an opinion or other form of assurance with respect to our services.

In addition, we did not provide any legal advice regarding our services nor did we provide any assurance regarding the outcome of any future audit or regulatory examination or other regulatory action; the responsibility for all legal issues with respect to these matters, such as reviewing all deliverables and work product for any legal implications to CPMC, is CPMC's. It is further understood that CPMC management has responsibility for, among other things, identifying and ensuring compliance with laws and regulations applicable to CPMC's activities and for establishing and maintaining effective internal control to assure such compliance. CPMC has responsibility for reviewing and approving any reports and/or deliverables.

Advisor's services may include advice and recommendations, but all decisions in connection with the implementation of such advice and recommendations is the responsibility of, and made by, CPMC.

In connection with this assessment, CPMC has informed Advisor that the Company has been requested by the City of San Francisco (the "Recipient") to provide it with a paper copy or portable document format (PDF) of the Deliverable for informational purposes. Advisor hereby authorizes CPMC to provide the Recipient with a copy of this report ("Deliverable") for such purpose. CPMC acknowledges and agrees that Advisor has no responsibility to CPMC with respect to the provision of this Deliverable to the Recipient or with respect to its contents.

CPMC acknowledges that neither the services nor the Deliverable express or will express an opinion or any other form of assurance. The engagement is limited in nature and does not comprehend all matters relating to CPMC that might be pertinent or necessary to CPMC or the Recipient. CPMC acknowledges that it is solely responsible for providing accurate and complete information requested by Advisor for its services under the Engagement Letter dated November 22, 2013 and the corresponding Statement Of Work dated April 13, 2015. The Deliverable may not address all the questions that the Recipient may have. The Deliverable cannot be relied on to disclose errors or fraud should they exist. The Deliverable also may contain sensitive and candid comments about CPMC, Sutter or the engagement that may be subject to interpretation.

Very truly yours,

Deloitte & Touche LLP

By: Edlin W Byers

Ed Byers
Principal

EXHIBIT C

Finance Policy: Supersedes Policy	DRAFT POLICY DATE	11/18//28/2015
	Effective Date:	01/01/2016
	Final Approved Date:	
	Revised Date:	12/31/2015
	Next Review Date:	1/1/2019
	Owner:	Jeff Sprague, CFO
	Policy Area:	Finance
	References:	
POLICY ON FINANCIAL ASSISTANCE (CHARITY CARE)		

PURPOSE

The purpose of the policy is to provide patients with information on the Financial Assistance (Charity Care) available at Sutter Health hospital facilities and to outline the process for determining eligibility for Financial Assistance.

POLICY

It is the policy of Sutter Health to provide patients with understandable written information regarding Financial Assistance to provide income-based Financial Assistance (Charity Care) to qualified patients.

SCOPE

This policy applies to all licensed hospital facilities operated by Sutter Health or an Affiliated Entity (as that term is defined in the bylaws of Sutter Health), and all other hospitals in which Sutter Health and/or an Affiliated Entity has a direct or indirect voting control or equity interest of greater than 50% (hereafter referred to as "Hospital" or "Sutter Health Hospitals" (as listed in Appendix G). Unless otherwise specified, this policy does not apply to physicians or other medical providers, including emergency room physicians, anesthesiologists, radiologists, hospitalists, pathologists, etc., whose services are not included in a Hospital's bill. This policy does not create an obligation for the Hospital to pay for such physicians' or other medical providers' services. In California, an emergency physician who provides emergency services in a hospital is required to provide discounts to uninsured patients or patients with high medical costs who are at or below 350 percent of the federal poverty level.

DEFINITIONS

Complex/Specialized Services: "Complex/Specialized Services" are services that Sutter Health or a Hospital determines are complex and specialized (e.g., transplants, experimental and investigational services) as well as certain elective services that are typically excluded from coverage under health plan coverage agreements (e.g., cosmetic procedures).

Federal Poverty Level (FPL): The "Federal Poverty Level" of "FPL" is the measure of income level that is published annually by the United States Department of Health and Human Services (HHS) and is used by Hospitals for determining eligibility for Financial Assistance.

Financial Assistance: "Financial Assistance" refers to Full Charity Care and High Medical Cost Charity Care (as outlined in section A.1 Eligibility).

Hospital Services: “Hospital Services” are all services that a Hospital is licensed to provide, including emergency and other medically necessary care (excluding Complex/Specialized Services).

Primary Language of Hospital’s Service Area: A “Primary Language of Hospital’s Service Area” is a language used by the lesser of 1,000 people or 5% of the community served by the Hospital based upon the most recent Community Health Needs Assessment performed by Hospital.

Uninsured Patient: An “Uninsured Patient” is a patient who has no third-party source of payment for any portion of their medical expenses, including without limitation, commercial or other insurance, government sponsored healthcare benefit programs, or third party liability, and includes a patient whose benefits under all potential sources of payment have been exhausted prior to an admission.

Insured Patient: An “Insured Patient” is a patient who has a third-party source of payment for a portion of their medical expenses, but excludes patients who are covered by Medi-Cal.

Patient Responsibility: “Patient Responsibility” is the amount that an Insured Patient is responsible to pay out-of-pocket after the patient’s third-party coverage has determined the amount of the patient’s benefits.

PROCEDURES

A. ELIGIBILITY

1. **Eligibility Criteria:** During the application process set forth in sections B and C below, Hospitals shall apply the following eligibility criteria for Financial Assistance:

Financial Assistance Category	Patient Eligibility Criteria	Available Discount
FULL CHARITY CARE	Patient is an Uninsured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL	Full write off of all charges for Hospital Services
HIGH MEDICAL COST CHARITY CARE (for Insured Patients)	<ol style="list-style-type: none">1. Patient is an Insured Patient with a Family Income (as defined below) at or below 400% of the most recent FPL; <p><u>and</u></p> <ol style="list-style-type: none">2. Medical expenses for themselves or their family (incurred at the Hospital or paid to other providers in the past 12 months) exceed 10% of the patient’s Family Income.	A write off of the Patient Responsibility amount for Hospital Services

2. Calculating Family Income: To determine a patient's eligibility for Financial Assistance, the Hospital shall first calculate the patient's Family Income, as follows:
 - a) Patient Family: The Patient Family shall be determined as follows:
 - (i) Adult Patients: For patients over 18 years of age, the Patient Family includes their spouse, domestic partner, and dependent children less than 21 years of age, whether living at home or not.
 - (ii) Minor Patients: For patients under 18 years of age, the Patient Family includes their parents, caretaker relatives, and other children less than 21 years of age of the parent(s) or caretaker relatives.
 - b) Proof of Family Income: Patient shall only be required to provide recent pay stubs or tax returns as proof of income. Family Income is annual earnings of all members of the Patient Family from the prior 12 months or prior tax year as shown by the recent pay stubs or income tax returns, less payments made for alimony and child support. Income included in this calculation is every form of income, e.g., salaries and wages, retirement income, near cash government transfers like food stamps, and investment gains. Annual income may be determined by annualizing year-to-date Family Income. Sutter may validate income by using external presumptive eligibility service providers, provided that such service only determines eligibility using only information permitted by this policy.
 - c) Calculating Family Income for Expired Patients: Expired patients, with no surviving spouse, may be deemed to have no income for purposes of calculation of Family Income. Documentation of income is not required for expired patients; however, documentation of estate assets may be required. The surviving spouse of an expired patient may apply for Financial Assistance
3. Calculating Family Income as a Percentage of FPL: After determining Family Income, Hospital shall calculate the Family Income level in comparison to the FPL, expressed as a percentage of the FPL. For example, if the federal poverty level for a family of three is \$20,000, and a patient's Family Income is \$60,000, the Hospital shall calculate the patient's Family Income to be 300% of the FPL. Hospitals shall use this calculation during the application process to determine whether a patient meets the income criteria for Financial Assistance.
4. Special Circumstance – Benefits Exhausted During Inpatient Stay: When an Insured Patient's third-party coverage pays only a portion of the expected reimbursement for the patient's stay because the patient exhausted their benefits during the stay, the Hospital should collect from the patient the balance of the expected reimbursement that would have been due from the third-party coverage if the benefits were not exhausted. A Hospital shall not pursue from the patient any amount in excess of the amount that would have been due from the third-party coverage if the benefits were not exhausted, plus the patient's share of cost or co-insurance. A patient who exceeded their benefit cap during a stay is eligible to apply for Financial Assistance. If the patient is eligible for Financial Assistance, the Hospital shall write off all charges for services that the Hospital provided after the patient exceeded the benefit cap.
5. Financial Assistance Exclusions/Disqualification: The following are circumstances in which Financial Assistance is not available under this policy:

- a) Uninsured Patient seeks Complex/Specialized Services: Generally, Uninsured Patients who seek Complex/Specialized services (e.g. transplants, experimental or investigational procedures), and seek to receive Financial Assistance for such services, must receive administrative approval from the individual responsible for finance at the Hospital (or designee) prior to the provision of such services in order to be eligible for Financial Assistance. Hospitals shall develop a process for patients to seek prior administrative approval for services that require such approval. Elective services that are normally exclusions from coverage under health plan coverage agreements (e.g., cosmetic procedures) are not eligible for Financial Assistance.
- b) Medi-Cal Patients with Share of Cost: Medi-Cal patients who are responsible to pay share of cost are not eligible to apply for Financial Assistance to reduce the amount of Share of Cost owed. Hospitals shall seek to collect these amounts from the patients.
- c) Patient declines covered services: An Insured Patient who elects to seek services that are not covered under the patient's benefit agreement (such as an HMO patient who seeks out-of-network services from Sutter, or a patient refuses to transfer from a Sutter hospital to an in-network facility) is not eligible for Financial Assistance
- d) Insured Patient does not cooperate with third-party payer: An Insured Patient who is insured by a third-party payer that refuses to pay for services because the patient failed to provide information to the third-party payer necessary to determine the third-party payer's liability is not eligible for Financial Assistance.
- e) Payer pays patient directly: If a patient receives payment for services directly from an indemnity, Medicare Supplement, or other payer, the patient is not eligible for Financial Assistance for the services.
- f) Information falsification: Hospitals may refuse to award Financial Assistance to patients who falsify information regarding Family Income, household size or other information in their eligibility application.
- g) Third party recoveries: If the patient receives a financial settlement or judgment from a third-party tortfeasor that caused the patient's injury, the patient must use the settlement or judgment amount to satisfy any patient account balances, and is not eligible for Financial Assistance.
- h) Professional (physician) Services: Services of physicians such as anesthesiologists, radiologists, hospitalists, pathologists, etc. are not covered under this policy. Any exceptions are set forth in Exhibit A. Many physicians have charity care policies that allow patients to apply for free or discounted care. Patients should obtain information about a physician's charity care policy directly from their physician.

B. APPLICATION PROCESS

1. Each Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance may fully or partially cover the charges for care rendered by the Hospital to a patient. A patient who indicates at any time the financial inability to pay a bill for Hospital Services shall be

evaluated for Financial Assistance. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that he or she is not aware of any right to insurance or government program benefits that would cover or discount the bill. All patients should be encouraged to investigate their potential eligibility for government program assistance if they have not already done so.

2. Patients who wish to apply for Financial Assistance shall use the Sutter Health standardized application form, the "Application for Financial Assistance", Exhibit B.
3. Patients may request assistance with completing the Application for Financial Assistance in person at the Sutter Health Hospitals listed on Exhibit A, over the phone at 855-398-1633, through the mail, or via the Sutter Health website (www.sutterhealth.org).
4. Patients should mail Applications for Financial Assistance to Sutter Health, P. O. Box 619010, Roseville, CA 95661-9998 Attn: Charity Care Application.
5. Patients should complete the Application for Financial Assistance as soon as possible after receiving Hospital Services. Failure to complete and return the application within 240 days of the date the Hospital first sent a post-discharge bill to the patient may result in the denial of Financial Assistance.

C. FINANCIAL ASSISTANCE DETERMINATION

1. The Hospital will consider each applicant's Application for Financial Assistance and grant Financial Assistance when the patient meets the eligibility criteria set forth in section A.1 and has received (or will receive) Hospital Service(s).
2. Patients also may apply for governmental program assistance, which may be prudent if the particular patient requires ongoing services.
 - a) The Hospital should assist patients in determining if they are eligible for any governmental or other assistance, or if a patient is eligible to enroll with plans in the California Health Benefit Exchange (i.e. Covered California).
 - b) If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for Financial Assistance, the application for coverage under another health coverage program shall not preclude the patient's eligibility for Financial Assistance.
3. Once a Full Charity Care or High Medical Cost Charity Care determination has been made, a "Notification Form" (Exhibit D) will be sent to each applicant advising them of the Hospital's decision.
4. Patients are presumed to be eligible for Financial Assistance for a period of one year after the Hospital issues the Notification Form to the patient. After one year, patients must re-apply for Financial Assistance.
5. If the Financial Assistance determination creates a credit balance in favor of a patient, the refund of the credit balance shall include interest on the amount of the overpayment from the date of the patient's payment at the statutory rate (10% per annum) pursuant to Health and Safety Code section 127440, provided that Hospitals are not required to refund a credit balance that is, together with interest, less than five dollars (\$5).

D. DISPUTES

A patient may seek review of any decision by the Hospital to deny Financial Assistance by notifying the individual responsible for finance at the Hospital or designee, of the basis of the dispute and the desired relief within thirty (30) days of the patient receiving notice of the circumstances giving rise to the dispute. Patients may submit the dispute orally or in writing. The individual responsible for finance at the Hospital or designee shall review the patient's dispute as soon as possible and inform the patient of any decision in writing.

E. AVAILABILITY OF FINANCIAL ASSISTANCE INFORMATION

1. **Languages:** This Policy shall be available in the Primary Language(s) of Hospital's Service Area. In addition, all notices/communications provided in this section shall be available in Primary Language(s) of Hospital's Service Area and in a manner consistent with all applicable federal and state laws and regulations.
2. **Information Provided to Patients During the Provision of Hospital Services:**
 - a) **Preadmission or Registration:** During preadmission or registration (or as soon thereafter as practicable) Hospitals shall provide all patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and also contains information regarding their right to request an estimate of their financial responsibility for services. Hospitals shall identify the department that Patients can visit to receive information about, and assistance with applying for, Financial Assistance.
 - b) **Financial Assistance Counselors:** Patients who may be Uninsured Patients shall be assigned Financial Counselors, who shall visit with the patients in person at the hospital. Financial Counselors shall give such patients a Financial Assistance application, as well as contact information for hospital personnel who can provide additional information about this Financial Assistance policy, and assist with the application process.
 - c) **Emergency Services:** In the case of emergency services, Hospitals shall provide all patients a plain language summary of the Financial Assistance policy as soon as practicable after stabilization of the patient's emergency medical condition or upon discharge.
 - d) **Applications Provided at Discharge:** At the time of discharge, Hospitals shall provide all Patients with a copy of Exhibit E, which includes a plain language summary of the Financial Assistance policy and all Uninsured Patients with applications for Medi-Cal and California Children's Services or any other potentially applicable government program.
3. **Information Provide to Patients at Other Times:**
 - a) **Contact Information:** Patients may call 1-855-398-1633 or contact the Hospital department listed on Exhibit G to obtain additional information about Financial Assistance and assistance with the application process.
 - b) **Billing Statements:** Hospitals shall bill patients in accordance with the Sutter Health Hospital Billing and Collections Policy. Billing statements to patients shall include Exhibit E, which contains a plain language summary of the Financial Assistance policy, a phone number for patients to call with questions about Financial Assistance, and the website address where patients can obtain

additional information about Financial Assistance including the Financial Assistance Policy, a plain language summary of the policy, and the Application for Financial Assistance. A summary of your legal rights is included in Exhibit F, and also included on the patient's final billing statement.

- c) Upon Request: Hospitals shall provide patients with paper copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy upon request and without charge.

4. **Publicity of Financial Assistance Information:**

- a) Public Posting: Hospitals shall post copies of the Financial Assistance Policy, the Application for Financial Assistance, and the plain language summary of the Financial Assistance Policy in a prominent location in the emergency room, admissions area, and any other location in the hospital where there is a high volume of patient traffic, including but not limited to the waiting rooms, billing offices, and hospital outpatient service settings. These public notices shall include information about the right to request an estimate of financial responsibility for services.
- b) Website: The Financial Assistance Policy, Application for Financial Assistance and plain language summary shall be available in a prominent place on the Sutter Health website (www.sutterhealth.org) and on each individual Hospital's website. Persons seeking information about Financial Assistance shall not be required to create an account or provide any personal information before receiving information about Financial Assistance.
- c) Mail: Patients may request a copy of the Financial Assistance Policy, Application for Financial Assistance and plain language summary be sent by mail, at no cost to the Patient.
- d) Advertisements/Press Releases: As necessary, and as least on an annual basis Sutter Health will place an advertisement regarding of the availability of Financial Assistance at Hospitals in the principal newspaper(s) in the communities served by Sutter Health, or when doing so is not practical, Sutter will issue a Press Release containing this information, or use other means that Sutter Health concludes will widely publicize the availability of the policy to affected patients in our communities.
- e) Community Awareness: Sutter Health will work with affiliated organizations, physicians, community clinics and other health care providers to notify members of the community (especially those who are most likely to require Financial Assistance) about the availability of Financial Assistance.

F. **MISCELLANEOUS**

1. **Recordkeeping:**

Records relating to Financial Assistance must be readily accessible. Hospital must maintain information regarding the number of Uninsured Patients who have received services from hospital, the number of Financial Assistance applications completed, the number approved, the estimated dollar value of the benefits provided, the number of applications denied, and the reasons for denial. In addition, notes relating to a patient's approval or denial for Financial Assistance should be entered into the patient's account.

2. **Payment Plans:**

Patients may be eligible for a payment plan. Payment plan shall be offered and negotiated per the Sutter Health Hospital Billing and Collections Policy.

3. **Billing and Collections:**

Hospitals may employ reasonable collection efforts to obtain payment from Patients. Information obtained during the application process for Financial Assistance may not be used in the collection process, either by Hospital or by any collection agency engaged by Hospital. General collection activities may include issuing patient statements, phone calls, and referral of statements have been sent to the patient or guarantor. Affiliates and Revenue Cycle departments must develop procedures to ensure that patient questions and complaints about bills are researched and corrected where appropriate, with timely follow up with the patient. Hospital or collection agencies will not engage in any extraordinary collection actions (as defined by the Sutter Health Hospitals' Billing and Collection Policy). Copies of the Hospital Billing and Collection policy may be obtained free of charge on the Sutter Health website at www.sutterhealth.org, by calling 855-398-1633 or within the Hospital Patient Registration, Patient Financial Services offices and the emergency department.

4. **Submission to OSHPD:**

Sutter Health Hospitals will submit Financial Assistance policies to the Office of Statewide Planning and Healthcare Development (OSHPD). Policies can be located on the OSHPD website located here: <https://syfphr.oshpd.ca.gov/>

5. **Amounts Generally Billed:**

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

REFERENCE

Internal Revenue Code section 501(r)

26 Code of Federal Regulations 1.501(r)-1 through 1.501(r)-7

California Health and Safety Code section 124700 through 127446

This policy is intended to be read with the Sutter Health Billing and collection Policy (Finance Policy 14-227).

ATTACHMENTS

Exhibit A – Providers Covered and Not Covered by Policy

Exhibit B – Application for Financial Assistance

Exhibit C – Financial Assistance Calculation Worksheet

Exhibit D – Notification Form Sutter Health Eligibility Determination for Charity Care

Exhibit E – Important Billing Information for Patients

Exhibit F – Notice of Rights

Exhibit G – Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Exhibit A

Providers Covered and Not Covered by Policy

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> are **covered** under this Policy.

The providers listed at <http://www.sutterhealth.org/communitybenefit/financial-assistance.html> that are **NOT covered** under this Policy

Exhibit B
APPLICATION FOR FINANCIAL ASSISTANCE

PATIENT NAME _____
SPOUSE _____
ADDRESS _____
PHONE _____
ACCOUNT# _____ SNN _____

(PATIENT) (SPOUSE)

FAMILY STATUS: List any spouse, domestic partner, or children under the age of 21. If patient is a minor, list all parents, caretaker relatives, and siblings under 21

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT AND OCCUPATION

Employer: _____ Position: _____

Contact Person & Telephone: _____

If _____ Self-Employed, _____ Name _____ of _____ Business: _____

Spouse Employer: _____ Position: _____

Contact Person & Telephone: _____

If _____ Self-Employed, _____ Name _____ of _____ Business: _____

CURRENT MONTHLY INCOME

	Patient	Other Family
<i>Add:</i> Gross Pay (before deductions)	_____	_____
<i>Add:</i> Income from Operating Business (if Self-Employed)	_____	_____
<i>Add:</i> Other Income:		
Interest and Dividends	_____	_____
From Real Estate or Personal Property	_____	_____
Social Security	_____	_____
Other (specify):	_____	_____
Alimony or Support Payments Received	_____	_____
<i>Subtract:</i> Alimony, Support Payments Paid	_____	_____
<i>Equals:</i> Current Monthly Income	_____	_____
Total Current Monthly Income (add Patient + Spouse)	_____	_____
Income from above	_____	_____

FAMILY SIZE

Total Family Members _____
(Add patient, parents (for minor patients), spouse and children from above)

Yes No

Do you have health insurance?

☐ ☐

Do you have other Insurance that may apply (such as an auto policy)?

☐ ☐

Were your injuries caused by a third party (such as during a car accident or slip and fall)?

☐ ☐

By signing this form, I agree to allow Sutter Health to check employment for the purpose of determining my eligibility for a financing discount, I understand that I may be required to provide proof of the information I am providing.

(Signature of Patient or Guarantor)

(Date)

(Signature of Spouse)

(Date)

Exhibit C
FINANCIAL ASSISTANCE CALCULATION WORKSHEET

Patient Name: _____ Patient Account #: _____
Hospital: _____

Special Considerations/Circumstances: _____

	Yes	No
Does Patient have Health Insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Medi-Cal?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Eligible for Other Government Programs (i.e. Crime Victims, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

If the patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a hospital charity care or discount payment program, neither application shall preclude eligibility for the other program.

Does Patient have other insurance (i.e. auto medpay)?	<input type="checkbox"/>	<input type="checkbox"/>
Was Patient injured by a third party?	<input type="checkbox"/>	<input type="checkbox"/>
Is Patient Self-Pay??	<input type="checkbox"/>	<input type="checkbox"/>

Financial Assistance Calculation:

Total Combined Current Monthly Family Income \$ _____
(From Application for Financial Assistance)

Family Size (From Application for Financial Assistance) _____

Qualification for Financial Assistance Met	Yes	No
--	-----	----

**NOTIFICATION FORM
SUTTER HEALTH
ELIGIBILITY DETERMINATION FOR FINANCIAL ASSISTANCE**

PATIENTS NAME	ACCOUNT NUMBER	DATE(S) OF SERVICE
---------------	----------------	--------------------

After applying the financial assistance reduction, the amount owed is \$_____.

DMSLIBRARY01:27291434.1

Exhibit E

Important Billing Information for Patients Financial Assistance Plain Language Summary

Thank you for choosing Sutter Health. This handout is designed to help our patients understand the Financial Assistance that is available to eligible patients, the application process for Financial Assistance, and your payment options. Your hospital bill will not include any bill for services you may receive during your hospital stay from physicians, anesthesiologists, clinical professionals, ambulance companies, and other providers that may bill you separately for their services. If you wish to seek assistance with paying your bills from these other providers, you will need to contact the providers directly.

Emergency Services: If you received emergency services at the hospital, you will receive a separate bill for the emergency room physician. Any questions pertaining to the emergency room physician's services should be directed to the physician. An emergency room physician, as defined in Section 127450 of the Health and Safety Code, who provides emergency medical services in a hospital that provides emergency care is required by law to provide discounts to uninsured patients or insured patients with high medical costs who are at or below 350% of the federal poverty level.

Payment Options: Sutter Health has many options to assist you with payment of your hospital bill.

Payment Plans: Patient account balances are due upon receipt. Patients may elect to make payment arrangements for their hospital bill. A Financial Agreement must be signed before the Patient Financial Services office can accept payment arrangements that allow patients to pay their hospital bills over time. These arrangements are interest-free for low income uninsured patients and certain income-eligible patients with high medical costs. The payment plan is negotiated between the Hospital and the patient.

Medi-Cal & Government Program Eligibility: You may be eligible for a government-sponsored health benefit program. Sutter Health has staff available to assist you with applying for government programs like Medi-Cal. Please contact Patient Financial Assistance at (855) 398-1633 if you would like additional information about government programs, or need assistance with applying for such programs. This facility also contracts with organizations that may assist you further with applying for government assistance, if needed.

Covered California: You may be eligible for health care coverage under Covered California, which is California's health benefit exchange under the Affordable Care Act. Contact the hospital financial assistance department at (855) 398-1633 for more detail and assistance to see if you qualify for health care coverage through Covered California.

Summary of Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following are categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at

the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.

- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located within the Patient Access / Registration Departments at the Hospital or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration and Patient Financial Services offices as well as at www.sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Notice of Availability of Financial Estimates: You may request a written estimate of your financial responsibility for hospital services. Requests for estimates must be made during business hours. The estimate will provide you with an estimate of the amount the hospital will require the patient to pay for health care services, procedures, and supplies that are reasonably expected to be provided by the hospital. Estimates are based on the average length of stay and services provided for the patient's diagnosis. They are not promises to provide services at fixed costs. A patient's financial responsibility may be more or less than the estimate based on the services the patient actually receives.

The hospital can provide estimates of the amount of hospital services only. There may be additional charges for services that will be provided by physicians during a patient's stay in the hospital, such as bills from personal physicians, and any anesthesiologists, pathologists, radiologists, ambulance companies or other medical professionals who are not employees of the hospital. Patients will receive a separate bill for these services.

If you have any questions about written estimates, please contact Patient Access at 855-398-1637. If you have any questions, or if you would like to pay by telephone, please contact the Patient Financial Services at 855-398-1633.

Exhibit F

Notice of Rights

Thank you for selecting Sutter Health for your recent services. Enclosed please find a statement of the charges for your hospital visit. **Payment is due immediately.** You may be entitled to discounts if you meet certain financial qualifications, discussed below, or if you submit payment promptly.

Please be aware that this is the bill for hospital services only. There may be additional charges for services that will be provided by physicians during your stay in the hospital, such as bills from physicians, and any anesthesiologists, pathologists, radiologists, ambulance services, or other medical professionals who are not employees of the hospital. You may receive a separate bill for their services.

Summary of Your Rights: State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, or making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (328-4357) or online at www.ftc.gov.

Nonprofit credit counseling services, as well as consumer assistance from local legal services offices, may be available in your area. Please contact Patient Financial Services office at 855-398-1633 for a referral

Sutter Health has agreements with external collection agencies to collect payments from patients. Collection Agencies are required to comply with the hospital's policies. Collection Agencies are also required to recognize and adhere to any payments plans agreed upon by the hospital and the patient.

Financial Assistance (Charity Care): Sutter Health is committed to providing financial assistance to qualified low income patients and patients who have insurance that requires the patient to pay significant portion of their care. The following is a summary of the eligibility requirements for Financial Assistance and the application process for patient who wish to seek Financial Assistance. The following categories of patients who are eligible for Financial Assistance:

- Patients who have no third-party source of payment, such as an insurance company or government program, for any portion of their medical expenses **and** have a family income at or below 400% of the federal poverty level.
- Patients who are covered by insurance but have (i) family income at or below 400% of the federal poverty level; **and** (ii) medical expenses for themselves or their family (incurred at the hospital affiliate or paid to other providers in the past 12 months) that exceed 10% of the patient's family income.
- Patients who are covered by insurance but exhaust their benefits either before or during their stay at the hospital, and have a family income at or below 400% of the federal poverty level.

You may apply for Financial Assistance using the application form that is available from Patient Financial Services, which is located at located within the Patient Access / Registration Departments at the Hospital, or by calling Patient Financial Services at 855-398-1633, or on the Sutter Health or Hospital website (www.sutterhealth.org). You may also submit an application by speaking with a

representative from Patient Financial Services, who will assist you with completing the application. During the application process you will be asked to provide information regarding the number of people in your family, your monthly income, and other information that will assist the hospital with determining your eligibility for Financial Assistance. You may be asked to provide a pay stub or tax records to assist Sutter with verifying your income.

After you submit the application, the hospital will review the information and notify you in writing regarding your eligibility. If you have any questions during the application process, you may contact the Patient Financial Services office at (855) 398-1633.

If you disagree with the hospital's decision, you may submit a dispute to the Patient Financial Services office.

Copies of this Hospital's Financial Assistance Policy, the Plain Language Summary and Application, as well as government program applications are available in multiple languages in person at our Patient Registration or Patient Financial Services offices, as well as at sutterhealth.org and available by mail. We can also send you a copy of the Financial Assistance Policy free of charge if you contact our Patient Financial Services office at 855-398-1633.

In accordance with Internal Revenue Code Section 1.501(r)-5, Sutter Health adopts the prospective Medicare method for amounts generally billed; however, patients who are eligible for financial assistance are not financially responsible for more than the amounts generally billed because eligible patients do not pay any amount.

Pending applications: If an application has been submitted for another health coverage program at the same time that you submit an application for charity care, neither application shall preclude eligibility for the other program.

Health Insurance/Government Program Coverage/Financial Assistance: If you have health insurance coverage, Medicare, Medi-Cal, California Children's Services, or any other source of payment for this bill, please contact Patient Financial Services at 855-398-1633. If appropriate, Patient Financial Services will bill those entities for your care.

If you do not have health insurance or coverage through a government program like Medi-Cal or Medicare, you may be eligible for government program assistance. Patient Financial Services can provide you with application forms, and assist you with the application process.

If you have received an award of Financial Assistance from the Hospital that you believe covers the services that are the subject of this bill, please contact Patient Financial Services at 855-398-1633.

California Health Benefit Exchange: You may be eligible for health care coverage under Covered California. Contact the hospital Business Services for more detail and assistance to see if you qualify for health care coverage through Covered California.

Contact Information: Patient Financial Services is available to answer questions you may have about your hospital bill, or would like to apply for Financial Assistance or government program. The telephone number is 855-398-1633. Our telephone hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

Exhibit G

Sutter Health Affiliate Hospitals, Physical Address and Website Address for Financial Assistance

Alta Bates Summit Medical Center

Patient Access/Registration

Ashby Campus

2450 Ashby Avenue
Berkeley, CA 94705
510-204-4444

Herrick Campus

2001 Dwight Way
Berkeley, CA 94704
510-204-4444

Summit Campus

350 Hawthorne Avenue
Oakland, CA 94609
510-655-4000

<http://www.altabatessummit.org>

California Pacific Medical Center

Patient Access/Registration

California Campus

3700 California Street
San Francisco, CA 94118
415-600-6000

Pacific Campus

2333 Buchanan Street
San Francisco, CA 94115
415-600-6000

Davies Campus

Castro and Duboce
San Francisco, CA 94114
415-600-6000

St. Luke's Campus

3555 Cesar Chavez St.
San Francisco, CA 94110
415-647-8600

<http://www.cpmc.org>

Eden Medical Center

Patient Access/Registration

Eden Campus

20103 Lake Chabot Road
Castro Valley, CA 94546
510-537-1234

<http://www.edenmedicalcenter.org>

Kahi Mohala, A Behavioral Healthcare System

Patient Access/Registration

91-2301 Fort Weaver Road
Ewa Beach, HI 96706
808-671-8511

<http://www.kahimohala.org>

Memorial Medical Center

Patient Access/Registration

1700 Coffee Road
Modesto, CA 95355
209-526-4500

<http://www.memorialmedicalcenter.org>

Memorial Hospital, Los Banos

Patient Access/Registration

520 I Street
Los Banos, CA 93635
209-826-0591

<http://www.memoriallosbanos.org>

Menlo Park Surgical Hospital

Patient Access/Registration

570 Willow Road
Menlo Park, CA 94025
650-324-8500

<http://www.pamf.org/mpsh>

Mills-Peninsula Health Services

Patient Access/Registration

1501 Trousdale Drive
Burlingame, CA 94010
(650) 696-5400

<http://www.mills-peninsula.org>

Novato Community Hospital

Patient Access/Registration

180 Rowland Way
Novato, CA 94945
415-897-3111

<http://www.novatocommunity.org>

Sutter Amador Hospital

Patient Access/Registration

200 Mission Blvd.
Jackson, CA 95642
209-223-7500

<http://www.sutteramador.org>

Sutter Auburn Faith Hospital

Patient Access/Registration

11815 Education Street
Auburn, CA 95602
530-888-4500

<http://www.sutterauburnfaith.org>

Sutter Coast Hospital

Patient Access/Registration

800 East Washington Blvd.
Crescent City, CA 95531
707-464-8511

<http://www.suttercoast.org>

Sutter Davis Hospital

Patient Access/Registration

2000 Sutter Place
(P.O. Box 1617)
Davis, CA 95617
530-756-6440

<http://www.sutterdavis.org>

Sutter Delta Medical Center

Patient Access/Registration

3901 Lone Tree Way
Antioch, CA 94509
925-779-7200

<http://www.sutterdelta.org>

Sutter Lakeside Hospital and Center for Health

Patient Access/Registration

5176 Hill Road East
Lakeport, CA 95453
707-262-5000

<http://www.sutterlakeside.org>

Sutter Maternity & Surgery Center of Santa Cruz

Patient Access/Registration

2900 Chanticleer Avenue
Santa Cruz, CA 95065-1816
831-477-2200

<http://www.suttersantacruz.org>

Sutter Medical Center, Sacramento

Patient Access/Registration

Sutter General Hospital
2801 L Street
Sacramento, CA 95816
916-454-2222

Sutter Memorial Hospital

5151 F Street
Sacramento, CA 95819
916-454-3333

Sutter Center for Psychiatry

7700 Folsom Blvd.
Sacramento, CA 95826
916-386-3000

<http://www.suttermedicalcenter.org>

Sutter Roseville Medical Center***Patient Access/Registration***

One Medical Plaza
Roseville, CA 95661
916-781-1000

<http://www.sutterroseville.org>

Sutter Santa Rosa Regional Hospital***Patient Access/Registration***

30 Mark West Springs Road
Santa Rosa, CA 95403
707-576-4000

<http://www.suttersantarosa.org>

Sutter Solano Medical Center***Patient Access/Registration***

300 Hospital Drive
Vallejo, CA 94589
707-554-4444

<http://www.suttersolano.org>

Sutter Tracy Community Hospital***Patient Access/Registration***

1420 N. Tracy Boulevard
Tracy, CA 95376-3497
209-835-1500

<http://www.suttertracy.org>

EXHIBIT D

December-15

CPMC (CAL)NEW

Family/Foster/Refugee

Agged

Disabled / Blind

Indigent Child

Indigent Adult

BCCTP

Aged - Dual

Blind/Disabled - Dual

Child Converting from HF

Child 18

MCE

Adult19

Retro MCE rate change

Cap less Stop Loss	Cap Rate Eff 7/1/15	Cap Rate Eff 3/1/15	Cap Rate Eff 1/1/15	Cap Rate Eff 12/1/14	Total Member Months	Retro Dec-14	Retro Jan 15 - Feb 15	Retro Mar 15 - Jun 15	Retro Jul 15 - Nov 15	
					1,553			(3)	(17)	1,553
					929				4	925
					-					
					5					5
					1,243			5	24	1,214
					291					291
					3,550				2	3,548
					6,421				4	6,417
					13,911		(1)	(4)	20	13,896
					5,489		1	4	(15)	5,499
					33,372	-	-	2	22	33,348
					OK Total Net Retro		24			
\$	-									

Stop Loss Premium paid on behalf of P

EXHIBIT E

May 2016

The San Francisco Foundation's report on the activities-to-date of the Community Health Innovation Fund and the Workforce Fund.

COMMUNITY HEALTH INNOVATION FUND

Sutter West Bay Hospitals, a California nonprofit corporation doing business as California Pacific Medical Center (CPMC), entered into a development agreement with the City and County of San Francisco related to the construction of CPMC's medical facilities. In July 2013, representatives from CPMC's Community Health Programs, San Francisco Department of Public Health, and The San Francisco Foundation (TSFF) formed a Committee to oversee the strategy for granting \$8,600,000 of the Community Health Innovation Fund monies over five years.

The San Francisco Foundation received its first payment of \$2,000,000 toward the Community Health Innovation Fund on September 4, 2013; a second payment of \$1,500,000 on November 26, 2013; a third of \$1,125,000 on November 25, 2014, and a fourth payment of \$1,125,000 on November 25, 2015 for a total of \$5,750,000. As part of the development agreement, TSFF took a combined 7% management fee.

2013 Grants

The first round of grants were awarded to organizations focused on 1) Affordable Care Act reform readiness for community clinics; 2) strategic opportunities to improve services to people with HIV/AIDS; and 3) expansion of comprehensive mental health services in San Francisco. The grants were made to the San Francisco AIDS Foundation, San Francisco Community Clinic Consortium, Curry Senior Center, and Mission Neighborhood Health Center.

Outcomes to Date

The San Francisco AIDS Foundation opened the doors of its new facility in 2016 and is in the process of completing the OSHA requirements necessary to relocate their clinical services. The new, 14,700 square-foot, three-story building will enable The San Francisco AIDS Foundation to expand case management services by 25%, mental health counseling by 25%, substance use and harm reduction counseling by 50%, and HIV and STI screening up to 40%.

Curry Senior Center successfully completed organizational requirements for compliance which resulted in their ability to be certified for Medicare reimbursement. They were also able to expand their diabetes educational services, hire a Spanish-speaking Health Coach and provide Aftercare Group Sessions on self-care.

Mission Neighborhood Center and the SF Community Clinic Consortium engaged in a financial assessment and business planning process that resulted in a decision that it was not financially feasible for Clinic Consortium members to create an Independent Practice Association. The San Francisco Community Clinic Consortium also provided training to over 120 clinic staff on ACA, enrollment and eligibility regulations, and alternative payment methodologies. Clinic staff in turn, enrolled thousands of San Francisco patients into Healthy San Francisco, Medicare, Medi-Cal, and Covered California.

2014 Grants

In 2014, two-year grants were awarded to nine community based clinics to enhance care coordination with the goal of reducing re-hospitalization rates for high risk patients, and to HealthRight 360 to explore medical group partnerships for Clinic Consortium members. In addition to HealthRight 360, the clinics included the Glide Foundation, Lyon-Martin Women's Health Services (both of which merged with HR360), Mission Neighborhood Health Center, Native American Health Center, North East Medical Services, St. Anthony Foundation, SF Medical Center Outpatient Clinic, and the Women's Community Clinic. Funds were also allocated to the Progress Foundation to decrease the incarceration or transport of homeless individuals suffering from mental illness to private and public hospitals by establishing a partnership between the San Francisco Police Department and Dore Urgent Care Clinic, a community based health and mental health treatment facility.

Outcomes to Date

With this funding, nine San Francisco community-based clinics have been able to address critically needed systems improvements that will lead to improved care coordination and better data on patients who have been in the emergency room or hospitalized, referred to specialty care, discharged from the hospital and in need of follow-up care. The data system will also track patients who receive appointment reminders and case management services. Funds allowed clinics to hire additional staff to assist with care coordination. In the second year of the grant, the clinics are planning to hire a shared Care Coordination consultant who will work with each clinic to update protocol, develop care management guidelines, evaluate risk stratification of the clinic's current patient populations, develop a universal care coordination patient profile, and evaluate the outcomes of the program following evidence-based guidelines. The acquisition of patient data from two distinct data systems utilized by San Francisco General Hospital and the clinics has been identified as a challenge by clinics. General Hospital administrators and clinic representatives continue to meet to address this issue.

The Progress Foundation was able to hire additional staff to expand to 24-hour care and establish a stronger partnership with the San Francisco Police Department regarding transport of homeless

and mentally ill patients. The number of clients who received immediate clinical treatment increased by 90%.

2015 Grants

In 2015, the Community Health Innovation Fund Committee identified the need for direct funding to community-based organizations focused on mental health services and improved quality of life for low-income seniors. Grants were made to the following organizations:

Bayview Hunter's Point Multipurpose Senior Services: to increase access to mental health services for vulnerable seniors and adults with disabilities in low-income, underserved communities through piloting a Community-Based Health Home and to build operational capacity for the Senior Ex-Offender Program to provide expanded services. (\$100,000)

Stepping Stone Senior Services: to increase access to Mental Health Services for vulnerable Seniors and Adults with Disabilities in underserved communities through a pilot of the Community-Based Home Health model. (\$150,000)

With this funding, Bayview Hunters Point and Stepping Stone Senior Services will develop a model for stabilizing health and psycho-social risk factors for older adults in the community and in Adult Day Health Care settings. The overall goal is to reduce overuse of emergency rooms, unnecessary hospitalization, and readmission rates of frail seniors and people with disabilities whose needs can be addressed in a community setting. In addition, this pilot will create a pathway for these ADHC Centers to provide comprehensive client-centered care inclusive of mental health services which will make them eligible to receive Medi-Cal reimbursement.

Central City Hospitality House: To support the Community Building Program to ameliorate the negative impact of trauma exposure on community and CCHH staff members by increasing access to a range of mental health services. (\$150,000)

Westside Mental Health Services: To provide African American low and moderate-income children, youth, and families with culturally based mental health services including healing circles and linkages to outpatient and primary care treatment that will help them take control of their recovery and healing from mental illness, substance abuse, violence, racism, and trauma. (\$90,000)

St. Anthony Foundation: To support infrastructure needs to increase the delivery of comprehensive, high quality healthcare services at no cost to low-income residents of San Francisco's Tenderloin neighborhood. (\$420,000)

Progress Foundation: To sustain their 24-hour clinical services and to align their billing system to capture MediCal reimbursement for mental health services. (\$72,000)

Finally, due to the timing of this report, the complete annual outcomes for the grant year which are due in May 2016 are not available for inclusion in this report; this report contains outcomes as of the March 2016 monthly report.

WORKFORCE FUND

As a companion to the Community Health Innovation Fund, Sutter West Bay Hospital entered into a Workforce Fund Grant Agreement on October 9, 2013 and created a Workforce Fund of \$3,000,000 to provide grants to educational institutions and non-profit organizations in communities that are impacted by the CPMC hospital renovation and construction project. The goal of the fund is to engage in barrier reduction and job training for employment opportunities with CPMC, in accordance with the terms of the Workforce Fund Agreement. The affected communities include the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/Excelsior, Chinatown and Southeastern neighborhoods in the City of San Francisco.

To manage the Workforce Fund, a committee of fund advisors (Workforce Development Committee) was created and consisted of a representative from the Office of Economic and Workforce Development (OEWD) on behalf of the City, a representative from CPMC, and a representative from The San Francisco Foundation (TSFF). TSFF received its first payment of \$2,000,000 towards the Workforce Fund on November 26, 2013, and a second payment of \$1,000,000 on November 25, 2014, completing the \$3,000,000 pledge. As part of the Development Agreement, TSFF took a combined 7% management fee of \$210,000.

Since the last annual report presented in May 2015, the four Workforce Barrier Reduction Grantees (Jewish Vocational Services, Mission Hiring Hall, Positive Resource Center and Self-Help for the Elderly) and the Workforce Development Committee have continued to meet quarterly. The four grantees finished their first full-year of funding, with their last quarterly meeting scheduled for May 19, 2016.

Please note, the four grantees were recently approved for a renewal grant by the Committee. Also, two additional organizations (Success Center and Young Community Developers), who were added to the Workforce Barrier Reduction cohort through a RFP process, determined they should focus services in the Western Addition and Southeast Neighborhoods. Information on the renewal and the additional grantees will be noted later in the report.

Finally, due to the timing of this report, the complete annual outcomes for the grant year which are due in May 2016 are not available for inclusion in this report; this report contains outcomes as of the March 2016 monthly report.

Report

The first quarterly meeting was conducted in April 2015 and was an opportunity for the grantees and Committee to meet and establish short, intermediate, and long-term goals. It was also an opportunity to establish and create a cooperative relationship among each other. The cohort created the following goals:

Short-term goals included:

- Conducting a site visit at CPMC and meeting with CPMC hiring managers to facilitate relationship building with CPMC;

- Collaborative marketing and communications materials in order to facilitate identification of clients who may be ready for immediate employment opportunities, and to prevent duplicate efforts.

Intermediate goals included:

- Workforce and hiring assessment by CPMC with the grantees in order to address curriculum design and project implementation;
- Developing referral relationships;
- CPMC to develop a branding video about CPMC's roots, history, and the value added of working for the organization.

Long-term goals included:

- Workforce training implementation, i.e., hiring and training San Francisco residents in the targeted neighborhoods as noted in the Development Agreement;
- Quarterly meetings of the cohort which includes sharing best practices among the group; reduction of unnecessary duplication of efforts and continued collaborative efforts; and learning among the cohort members;
- Hosting of meeting at offices of different grantees and partners to continue the collaborative working relationship and learning opportunities.

During the quarterly meetings, both CPMC and OEWD have played an integral role in the planning for the meetings and the overall process which includes opportunities to problem solve where issues have arisen and been identified. CPMC specifically has worked with each of the grantees by hosting an onsite visit to CPMC and coordinating meetings with CPMC hiring managers. These meetings have given them additional opportunities to discuss CPMC's hiring needs and strengthened the working relationship between the grantees and hiring managers.

As a result of the collaborative efforts between the four grantees and the Workforce Committee, 144 clients from the targeted neighborhoods have been placed in entry-level positions either at CPMC or related in-demand employers in the medical settings. *(Please note these numbers do not include their final quarter numbers which are being collected and tallied for their upcoming May meeting.)* Of the 144 clients, 25 have been placed directly with CPMC.

2016 Grants

The Workforce Development Committee decided to renew funds for the initial grantees. The four renewal grants total \$500,000 and will continue to reduce barriers to employment and provide job preparedness services to resident in the six target neighborhoods seeking entry level employment with CPMC or related in-demand employers. The four renewal grantees are:

Jewish Vocational Services: To provide job readiness training, supported paid work experience, and placement assistance into living wage jobs to low-income San Franciscan residents at CPMC, and/or other health care facilities in San Francisco. (\$125,000)

Mission Hiring Hall: To provide job readiness training and placement services designed to overcome barriers to employment for low income, minority, and underserved San Francisco residents. (\$125,000)

Positive Resource Center: To provide job readiness training and placement in employment for disabled, low-income job seekers in San Francisco County. (\$125,000)

Self-Help for the Elderly: To provide program support to ensure employment barrier reduction, job preparedness and placement for immigrant, Limited English Proficient, Asian Pacific Islander older adults and high-needs youth in the City and County of San Francisco. (\$125,000)

During the review and due diligence process for renewing the grants, the Workforce Committee noted there were two neighborhoods that were underrepresented in effort and outcomes: the Southeastern neighborhood and Western Addition neighborhoods of San Francisco. In response, the Committee directed the Foundation to prepare and release a RFP focused directly on these two neighborhoods. Following a competitive process, the Committee approved two additional grants to the following organizations for a total of \$250,000:

Success Center SF: To create a Healthcare Pathway for low-income residents in the Western Addition neighborhood of San Francisco with multiple barriers to employment to obtain and retain jobs in healthcare. (\$125,000)

Young Community Developers: To deliver job readiness training and associated placement services for residents of the Southeast sector of San Francisco with CPMC, and/or other health care facilities in San Francisco. (\$125,000)

Next Steps

After the completion of the first year, the Committee and the cohort (including two new additions) are preparing for an upcoming cycle. Beyond strengthening the relationships and collaborations, the Committee is looking to expand its reach in the Western Addition and Southeastern neighborhoods, and planning to incorporate an internship/externship in this latest phase of funding to support CPMC's current workforce development needs. The Committee is also working with the Foundation and the grantees on a long-term strategic plan to further develop an internship/externship program/funding opportunity that may also include San Francisco City College.

The San Francisco Foundation to CPMC - Community Health Innovation Fund Financial Report

	2013	2014	2015	2016	Total Budget
Revenues					
Income - Cash Received	\$3,500,000	\$1,125,000	\$1,125,000	\$0	\$ 5,750,000.00
Income - Cash Pledged	\$0	\$0	\$0	\$2,850,000	\$ 2,850,000.00
Interest	\$2,523	\$6,025	\$6,675	\$2,611	\$ 15,223.43

Total Revenue	\$ 8,615,223.43
----------------------	------------------------

Expenses

Grants Expense	\$964,700	\$2,079,704	\$1,342,588	\$0	\$ 4,386,992.00
Grants Projected				\$1,135,000	\$ 1,135,000.00
Fee	\$245,000	\$78,750	\$78,750	\$0	\$ 402,500.00
Fee Projected				\$199,500	\$ 199,500.00

Total Expenses	\$ 6,123,992.00
-----------------------	------------------------

Net Remaining	\$ 2,491,231.43
----------------------	------------------------

EXHIBIT F

CPMC: Culturally and Linguistically Appropriate Services Annual Report

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Organizational Values and Principles	<i>ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	<p>a) Conducted CLAS Assessment and document audit to address the care and services provided by CPMC in a way that was tailored to meet the needs of the diverse patient population.</p> <p>b) Developed framework for 2016 CLAS Action Planning.</p> <p><u>Note:</u> Standards 2 through 15 represent the practices and policies intended to be the fundamental components of Standard 1. Therefore, the strategies in which CLAS is addressed will be further discussed in the following 2-15 standards. This includes the components, results, and action steps of the CLAS assessment.</p>	<p>KEY INDICATORS:</p> <p>a) Establish safe and welcoming environment at every point of contact that both fosters appreciation of the diversity of individuals and provides patient- and family-centered care</p> <p>b) Ensure that all individuals receiving health care and services experience culturally and linguistically appropriate encounters</p> <p>c) Meet communication needs so that individuals understand the health care and services they are receiving, can participate effectively in their own care, and make informed decisions</p> <p>d) Intentional effort to eliminate discrimination and disparities</p>	<p>1. Monitored document audit process</p> <p>2. Began to develop a CLAS Action Planning committee, to support the improvement, monitoring, and development of culturally and linguistically appropriate services.</p> <p>3. Began review of policy, procedures and programs through document audit and CLAS assessment.</p> <p>4. Continued review of CME course offerings to ensure the activity addressed health disparities and /or cultural/language barriers.</p> <p>5. Developed initial framework for follow-up action planning to CLAS assessment.</p> <p>6. Conducted a planning session with CPMC leaders to gain input into the assessment process and identify key stakeholders for on-going work.</p>

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Governance, Leadership and Workforce:	ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: <i>Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and spread best practices.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	<ul style="list-style-type: none"> a) Designated senior leaders to support and promote CLAS through policies, practices and allocated resources. b) Hired a Director for Bay Area Reporting and Analytics operating unit. c) Continued partnership with grassroots community organizations and advocacy groups to bridge the gap of cultural competency within healthcare, led by the Community Benefits Department d) Reviewed the policies and procedures to verify a focus on cultural competency, diversity and inclusion within the CLAS Document Audit. e) Reviewed the Patient Relations, Community Benefit, Customer Service, and Patient Education departmental budgets which documented financial contributions to the provision of culturally and linguistically appropriate services for patients and community partners. f) Received the input and feedback of senior leadership in key interviews for 2015 CLAS Assessment. g) Discussed the strategies for improvement with key senior leaders and identified organization structures and processes to support the 2015 CLAS Assessment. h) Reviewed senior leadership job descriptions such as, the VP of Service Excellence & Organizational and Personal Development which is inclusive of roles and responsibilities that support CLAS. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Provision of appropriate resources and accountability b) Organization's demonstrated appreciation and respect for diverse beliefs and practices c) Supports transparency and communication between the service setting and the populations that it serves 	<ul style="list-style-type: none"> 1. Continued to have a process in place in which policies and procedures are routinely reviewed. 2. Updated senior management on CLAS assessment. 3. Budgeted resources to support CLAS in the Customer Service, Patient Relations and Community Benefit Departments.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	<ul style="list-style-type: none"> a) Reviewed Policies on Equal Employment and Employee Relations in the CLAS Assessment, documenting CPMC's intent to respect cultural diversity and to recognize and value each employee's uniqueness and contributions to a productive workforce. b) Reviewed the Organizational Leadership Chart and the Board of Trustees containing hospital staff, clinicians and community members to assess diversity representation in senior leadership and board. c) Continued promoting workforce recruitment of the diverse population in the service area and continued to have on-going engagements with various community outreach programs in SF to promote our hiring efforts. Numerous workforce meetings with various outreach programs completed. d) Established partnership with Human Resources to integrate a language component into staff recruitment during the CLAS assessment process. e) Engaged staff feedback in the CLAS Assessment via an all staff survey and campus specific focus groups to discuss concerns, organizational strengths and areas of opportunity. The survey assessed staff perception of cultural competency, diversity and inclusion in the organization as well as their knowledge of CLAS patient services. Over 1000 staff members participated in this feedback process. f) Assessed the diversity of senior leadership, clinical staff, ancillary staff and administrative staff of the organization as a whole and as compared to the CLAS survey responses. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Environment in which culturally diverse individuals feel welcomed and valued b) Trust and engagement with the communities and populations served c) Workforce reflects populations served 	<ul style="list-style-type: none"> 1. Collected and tracked voluntarily reported bi-lingual language capacities of staff through HR system. 2. Continued affirmative action planning and metrics tracking through Human Resources. 3. Pulled data from HR and patient care systems to monitor the volume of bilingual staff and other demographics to assess the potential to increase recruitment and certification of qualified bi-lingual staff.

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Education & Training	<i>ORGANIZATIONAL FOCUS - OPERATIONAL EXCELLENCE: Critical to delivering an outstanding patient experience. We Strive to clarify priorities, enable efficient, faster decision-making and speed spread best practices.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
<p>4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.</p>	<p>a) Completed annual diversity training by CPMC employees to ensure knowledge/adoption of the components of organizational cultural competency, and why it is important to our patients, staff and organization.</p> <p>b) Offered various training opportunities provided to staff and senior leadership in the areas of cultural competency, diversity and inclusion: Sutter health University Development Courses "Diversity and Inclusion: Raising Awareness" and an interactive workshop for senior leadership entitled "Appreciating Differences."</p> <p>c) Assessed staff knowledge of existing opportunities and desire for additional training opportunities via the CLAS survey.</p>	<p>KEY INDICATORS:</p> <p>a) Workforce demonstrates the attitudes, knowledge, and skills necessary to provide care to diverse populations</p> <p>b) Capacity of staff to provide services that are culturally and linguistic and supports health literacy</p> <p>c) Education and training programs that address the impact of culture on health and health care</p>	<p>1. Monitored and Tracked percentage of completed trainings and reported to managers.</p>

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Communication and Language Assistance:	ORGANIZATIONAL FOCUS - PATIENT EXPERIENCE: <i>Delivering a consistently excellent patient experience through the eyes of our patients.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
<p>5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.</p>	<p>a) Provided interpreter services at no cost to patients with Limited English Proficiency (LEP) or who are deaf or hard-of-hearing, in order to enhance effective communication and ensure access to health care information and services in accordance with Federal, State and Local regulations.</p> <p>b) Offered language assistance at different points of service and levels of care e.g. emergency area, outpatient and inpatient. Interpretation methods include: in person interpreting, over-the-phone interpreting.</p> <p>c) Informed all staff on using the electronic health record system to record patient's need for interpreters, and use of the institution's interpreter services to offer language assistance as needed.</p> <p>d) Continued to provide internal certified medical interpreters for the following languages: Chinese dialects, Spanish, Russian, Vietnamese, Japanese and Korean.</p> <p>e) Continued to provide certified medical interpreter vendor services for 2015 with ability to deliver language assistance in over 200 languages to complement internal staff interpreters.</p> <p>f) Reviewed the following during the CLAS assessment:</p> <ol style="list-style-type: none"> 1. The registration process to validate the capture of religion, race/ethnicity/ancestry, primary language, spiritual preference, geographic data, insurance coverage, and interpreter requests. 2. Completed learning assessments for every patient by the nurse on admission. 3. Childbirth Education Classes- conducted in Spanish Group Prenatal Program (formerly called Centering)- conducted in Spanish 4. Comprehensive Prenatal Services Program for our MediCal OB patients- conducted in Spanish <p>g) Continued to provide 24 hr midwifery phone line with a Spanish-speaking provider and Spanish-speaking phone operators.</p> <p>h) Continued to make patient educational handouts available through the Electronic Health Record in multiple languages.</p>	<p>KEY INDICATORS:</p> <p>a) Individuals with limited English proficiency and/or other communication needs have equitable access to health services</p> <p>b) Individuals understand their care and service options and participate in decisions regarding their health and health care</p> <p>c) Improved patient safety and reduce medical error related to miscommunication</p>	<ol style="list-style-type: none"> 1. Monitored and tracked both pre-scheduled and same day scheduled interpreting activities by language groups & interpreting modalities (i.e. in person, telephonic, remote video) 2. Monitored LEP census by campus for common languages. 3. Identified incorrect LEP needs in the Sutter Electronic Health Record are reported for correction on regular basis.

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Communication and Language Assistance:	<i>ORGANIZATIONAL FOCUS - PATIENT EXPERIENCE: Delivering a consistently excellent patient experience through the eyes of our patients.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	a) Continued to identify language needs at registration and inform patients of the availability of language assistance resources. b) Continued to provide written notices in conspicuous locations to advise patients and their families of the availability of interpreters.	KEY INDICATORS: a) Individuals with limited English proficiency are informed, in their preferred language, that language services are readily available at no cost to them b) Coordinated and facilitated access to language services	1. Notified patients of the availability of language assistance services at no cost to them and continued regular audits of posted language notifications. 2. Continued to monitor and maintain policies and procedures related to informing patients of language/ interpretation services.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	a) Continued to have a process to evaluate the language competency of qualified bilingual staff for language assistance. b) Continued to audit and monitor vendor interpreters for quality. c) Surveyed general staff knowledge on interpreter services: how to request interpreter services and the existence of other patient services, as part of the CLAS assessment. d) Continued to offer educational opportunities to staff medical interpreters to maintain and enhance their skill levels.	KEY INDICATORS: a) Accurate and effective communication between individuals and providers b) Individuals are empowered to negotiate and advocate, on their own behalf, for important services via effective and accurate communication with health and health care staff	1. Maintained and publicized up-to-date information about Qualified Bilingual Staff (certified at Medical/Basic level by external independent agency) on the institutional intranet 2. Established a quality assurance program to ensure and validate the competency of our vendor interpreters. 3. Monitored our certified interpreter's activities as related to their efficiency and competency. 4. Monitored vendor interpreters for quality; periodically screened interpreters as needed. 5. Reviewed vendor translation process for quality control.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	a) Continued to provide signage in our common languages: Chinese, Spanish, Russian and Tagalog (at St Luke's). b) Continued to make available translation resources to staff. The hospital departments and care providers determine which translated documents and languages are needed based on patient population. c) Coordinated a review of multi-language signage at key points throughout all campuses notifying patients of the availability of language assistance services. d) Initiated the development of way finding team to address signage and way finding on each campus. e) Audited the multilingual signage and interpreter notification postings. Walked through every patient facing area to ensure multilingual information was posted notifying patients of their right to free interpreter services.	KEY INDICATORS: a) Readers of other languages and individuals with various health literacy levels are able to access care and service b) Individuals are able to make informed decisions about their health care/service options	1. Began the process to assess the adequacy of multilingual signage.

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Continuous Improvement and Evaluation:	<i>ORGANIZATIONAL FOCUS – FUTURE: Continually reimagining the way we deliver care to best serve the needs of our patients.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
<p>9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.</p>	<p>a) Reviewed appropriate department level goals & policies during the document audit that support management accountability to infuse cultural & linguistic elements in planning/operations.</p> <p>b) Completed a CLAS assessment to establish a baseline for CLAS in organizational oversight, policy making, patient language services, community programs, operational planning, data management, funding allocation and other key areas. Strengths and opportunities for growth were established in this process.</p>	<p>KEY INDICATORS:</p> <p>a) CLAS integrated within service, administrative, and supportive functions</p> <p>b) CLAS integrated within organization's strategic goals and priorities</p> <p>c) CLAS integrated within organizational planning, development and related to outcomes accountability</p>	<p>1. Continued to have a process in place in which policies and procedures are routinely reviewed.</p> <p>2. Monitored departmental level goals and success indicators through the Performance Success and Development Process (PSDP).</p> <p>3. Developed an initial planning document and structural framework for enhancing organizational capacity to deliver CLAS.</p>
<p>10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.</p>	<p>a) Continued to conduct internal assessments to ensure that CLAS standards were reflected and infused in services provided to the diverse patient population.</p> <p>b) Reported the results of department level assessments to Senior Management for planning, enhancement, and implementation of CLAS-related activities.</p> <p>c) Completed a CLAS assessment to establish baseline for CLAS in organizational oversight, policy making, patient language services, community programs, operational planning, data management, funding allocation and other key areas. Strengths and opportunities for growth were established in this process. Aligned and integrated Sutter System CLAS, Diversity and Inclusion work with CPMC.</p> <p>d) Analyzed the in-person and over-the-phone interpretation data in the CLAS Assessment to make interpretation services more efficient and improve the quality of service for patients. Identified strengths and areas for improvement.</p> <p>e) Reviewed and chose a new, more efficient over-the-phone interpreter vendor which was of a high quality and easy for staff to use, improving patients 24/7 access to over 200 languages for interpretation.</p> <p>f) Gained staff feedback on the CLAS survey and in focus group sessions regarding the interpreter requesting system, strengths and areas of improvement. Utilized this information to improve the current system.</p> <p>g) Pulled and analyzed language assistance policies through CLAS assessment for appropriate verbiage and service provision. Identified policies for Assistance for the Hearing, Listening, Visually and Speech Impaired, Interpreter Request, Patient intake and Registration.</p> <p>h) Continued to monitor the number of staff medical interpreters and appropriate use of vendor services to enhance delivery of service to our LEP patients.</p>	<p>KEY INDICATORS:</p> <p>a) Assessment of performance and progress in implementing CLAS Standards</p> <p>b) Assess the value of CLAS-related activities relative to the fulfillment of governance, leadership, and workforce responsibilities</p>	<p>1. Began the process to update annual department level goals to reflect CLAS and language improvement strategy.</p> <p>2. Developed CLAS Assessment focus areas (Framework Development, Education/Staff Development, Data Collection/ Measurement, Communication Engagement) for quality improvement and data collection. This was designed to guide action planning and improvement work for 2016.</p>

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Continuous Improvement and Evaluation:	<i>ORGANIZATIONAL FOCUS – FUTURE: Continually reimagining the way we deliver care to best serve the needs of our patients.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
<p>11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.</p>	<p>a) Used Electronic Health Record system to collect/record demographic data and language needs of patients. Department level assessment was completed to validate that language services were provided as indicated. This information was pulled during the CLAS assessment for analysis.</p> <p>b) Generated Sutter Electronic Health Record LEP Census Reports by campus to analyze during the CLAS assessment.</p> <p>c) Continued to collect demographic data, spiritual preferences and educational needs assessment at intake and enter information into the electronic health record system during Pre-registration.</p> <p>d) Pulled patient demographic reports for 2015 (year to date) including: race, ethnicity, language, religion, age, and sex per campus. This information was used to analyze patient population during the CLAS assessment.</p> <p>e) Continued to provide LEP patient census tool for staff interpreters to locate LEP patients by language as needed.</p>	<p>KEY INDICATORS:</p> <p>a) Accurately identify population groups within a service area monitor individual needs, access, utilization, quality of care, and outcome patterns</p> <p>b) Improved service planning that enhances access and coordination of care</p> <p>c) Measurement to what extent health care services are provided equitably</p>	<p>1. LEP Census Reports generated by staff interpreters to locate LEP patients and provide appropriate services.</p> <p>2. Generated weekly/monthly dashboard reports that monitor request volume, cancellation, and vendor dependency.</p> <p>3. Conducted monthly analysis of over the phone interpretation.</p>
<p>12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.</p>	<p>a) Continued to use data from the tri-annual community health needs assessment that was conducted in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Health, to inform planning.</p> <p>b) Continued partnership with SFHIP and used the annual implementation plan to respond to needs identified in the assessment.</p> <p>c) Evaluated Interpreter Services geographic language demographics & needs data as well as CPMC's LEP census reports and planned the provision of language assistance accordingly as part of the CLAS assessment.</p>	<p>KEY INDICATORS:</p> <p>a) Determination of service assets and needs of populations in service areas (needs assessment) to support resource inventory and gap analysis</p> <p>b) Analysis of demographic, cultural, linguistic, and epidemiological baseline data (quantitative and qualitative) of populations served</p>	<p>1. Participated in SFHIP on an ongoing basis through the Community Benefit Steering Committee.</p>

CLAS Standards	Organization Action	Reference/Key Indicator	Internal Monitoring
Community Engagement:	<i>ORGANIZATIONAL FOCUS – MARKET: Develop an integrated approach to serving our patients and other customers through partnerships with providers and payers.</i>	Key Indicator (s)	Ongoing Monitoring of Activities Completed in 2015
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	<ul style="list-style-type: none"> a) Continued to use data from a tri-annual community health needs assessment in partnership with community based organizations, San Francisco Hospitals and the San Francisco Department of Public Health to identify community need. b) Continued to work with SFHIP and through an annual implementation plan to respond to needs identified in the assessment. c) Reviewed community partners in the CLAS assessment: Over 70 organizations and their descriptions as well as the nature of their partnership with CPMC. Many of the organizations represent racial/ethnic/gender minority groups which focus on increasing access to care and preventative services for diverse groups in the Bay area. d) Reviewed internal patient demographics and health care disparities within CPMC. Utilized this information to identify programs that target improving health equity in marginalized communities. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Provided responsive and appropriate service delivery informed and guided by community interests, expertise, and needs b) Increased appropriate use of services by engaging by underserved minority groups to design and services their needs and desires c) Empower members of underserved minority communities become active participants in the health and health care process 	1. Continued to participate in SFHIP on an ongoing basis through the Steering Committee.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	<ul style="list-style-type: none"> a) Continued to process complaints & grievances of all nature with commitment to service excellence and quality personalized care by Patient & Customer Relations Department. Process ensures that patient is contacted within 7 days with resolutions and next steps and or need for mediation and final response is given within 30 days. b) Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. All complaints and grievances are investigated. c) Surveyed patient grievance policies in the CLAS Assessment. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Facilitate open and transparent two-way communication/feedback that meets federal and/or state level regulations that address topics such as grievance procedures, the use of ombudspersons, and discrimination policies and procedures 	<ul style="list-style-type: none"> 1. Continued to track cultural/diversity complaints as an Event Type in our Online Occurrence Report system. 2. Investigated all complaints and grievances. In compliance with CMS, grievances are acknowledged within 7 days and final response given within 30 days.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	<ul style="list-style-type: none"> a) Continued to inform the city with up to date information on the hiring in accordance with the development agreement b) Reviewed CPMCs current organizational communications in the CLAS Assessment to identify the strengths and opportunities for growth in staff and patient communication. Identified external communications documents such as the Interpreter Services Availability notice, Patients/ Visitors with Disabilities Policy & Procedure, Pre-Registration, Intake and Admitting policy, Side by Side Magazine, and the 2014 Report to the Community. Internal communications documents were also reviewed including Hands on Healing, Take 5 and the internal intranet/portal for information reported to staff. From this information, the CLAS action Planning committee developed a Communication focus area to address the ways in which communication around CLAS can be enhanced and expanded. 	KEY INDICATORS: <ul style="list-style-type: none"> a) Information conveyed to intended audiences about efforts and accomplishments in meeting the National CLAS Standards to meet community benefits and other reporting requirements, including accountability for meeting health care objectives in addressing the needs of diverse individuals or groups 	1. Communicated CLAS related community benefits and language assistance services to Senior Management.

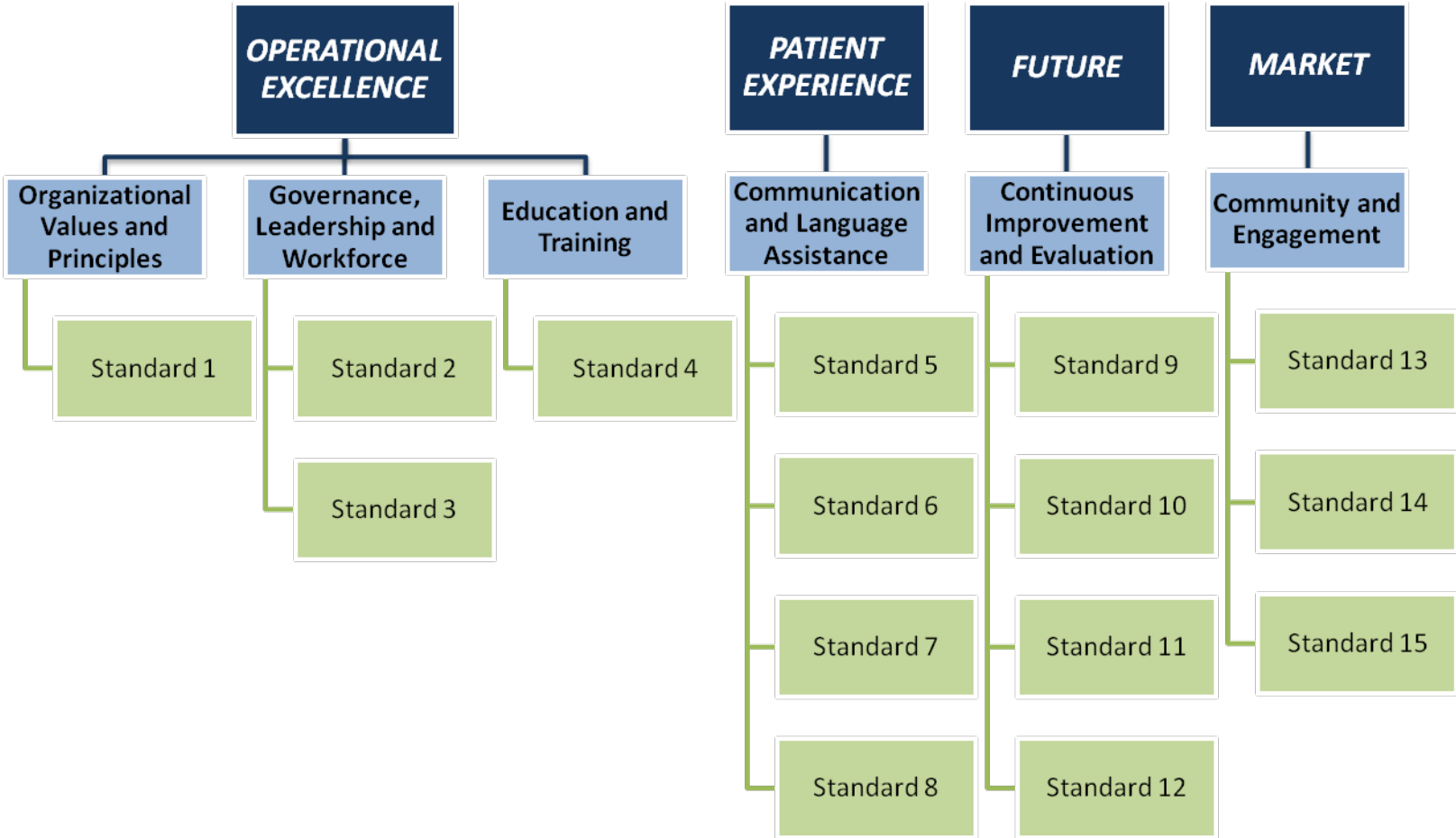
CPMC: Culturally and Linguistically Appropriate Services Action Plan Focus Area Overview*

*These are the areas in which the CLAS Action Plans is organized and stratified across organizational focuses and standard focuses.

Sutter System
Organizational Focus:

CLAS Standard Focus
Area(s):

CLAS Standards:



SFDPH Follow-up Questions

CLAS ASSESSMENT 2015

1. The assessment included significant staff input, but did not include patient input. Please provide information on the process CPMC uses to incorporate the patient perspective into its CLAS standards continuous improvement efforts.

CPMC has for many years engaged outside vendors to conduct patient satisfaction surveys including HCAHPS, in-patient services (adult and pediatric), Emergency Department, NICU, Skilled Nursing Facility, Oncology, and many other out-patient services to gain patient feedback. Moving forward in March 2016, CPMC will begin engaging in a collaborative effort with other Sutter Affiliates to support the development of Patient Family Advisory Committees.

This developmental opportunity is an HQI California Hospital Engagement Network (CalHEN) program entitled “Engage.” This program is sponsored by the Hospital Quality Institute (HQI) and is supported by a grant to assist hospitals in developing Patient Family Advisory Councils. This is a unique partnership opportunity with the Hospital Quality Institute (HQI) that aligns with Sutter Health’s commitment to creating Patient Family Advisory Councils (PFAC) to help strengthen quality, safety, and experience of care across our network. The program will assist Sutter affiliates in setting up a PFA Council providing standard tools for recruitment, on-boarding materials and orientation of team members. The Patient and Family Engagement Program goal is to foster the **collaboration** of Patient and Family Advisors (PFA) to share their **stories, experiences, and perspectives**.

Also as mentioned in the CLAS assessment, direct patient feedback is currently provided via the [Community Advisory Council \(Acute Rehab\) Charter](#). The key objective of the council is to obtain input from community stakeholders to enhance and improve rehabilitation services for patients served. These patient feedback avenues comment on CPMC’s high priority of responding to the real needs of a diverse community, with an intentional focus on advocacy for persons with disabilities. While these advisory councils are not available in every clinical department, there are plans to streamline and systematize this form of patient input throughout many other departments at CPMC.

Additional avenues for patient feedback are integrated into staff processes including:

- Leader Rounding on Patients
- LEAN, KAIZEN and 3P Processes (Patients participating in system improvement activities)
- Patient Relations Complaint Process
- Focus groups with MomBaby patients

2. While the assessment indicates that analysis was performed by campus, no campus-specific information was presented. Please provide the campus-specific data analyses that are identified in the assessment.

CPMC Demographic Data: All Campuses

The following tables illustrate patient demographics at each CPMC campus: Davies, Pacific, St. Luke's and California. The data provided in the tables is the count of patient discharges from inpatient (IP), outpatient (OP), and emergency room (ED) visits between January 1, 2015 and December 31, 2015. Due to the nature of discharges, the values reported per campus are the volume of discharges, not unique patients. The first table illustrates patient visit volume and the percentage of total CPMC volume for each campus.

CALIFORNIA PACIFIC MEDICAL CENTER 2015

IP & OP & ED DISCHARGE SUMMARY

FOR ALL CAMPUSES 1/1/2015-12/31/2015

ALL CPMC	% OF DAVIES	% OF PACIFIC	% OF ST LUKES	% OF CALIFORNIA	CPMC TOTAL	% of Total
Patient Volume	13.3%	33.0%	13.7%	40.0%	532318	100.00%

The following tables illustrate patient visit volume (by discharge) stratified by various demographics: ethnicity, race, religion, and language (see Question 4). Each table captures the patient volume for the demographic category and the percentage breakdown of the demographic for that campus.

ALL Service Lines: RACE	DAVIES	PACIFIC	ST LUKES	CAL	CPMC TOTAL	% CPMC
American Indian	0.3%	0.4%	0.2%	0.3%	1702	0.3%
Asian	14.1%	24.3%	15.8%	31.3%	130839	24.6%
African American	8.0%	6.3%	15.1%	3.1%	34300	6.4%
Native Hawaiian	0.2%	0.2%	1.2%	0.2%	1790	0.3%
Other	7.9%	8.3%	25.7%	6.2%	51949	9.8%
No Answer	1.1%	0.7%	0.4%	0.8%	3917	0.7%
Unknown	1.9%	3.3%	0.8%	2.8%	13727	2.6%
Caucasian	66.5%	56.6%	40.9%	55.3%	294094	55.2%
Grand Total	100.0%	100.0%	100.0%	100.0%	532318	100.0%
Total "Non-White"	30.5%	39.5%	57.9%	41.1%	220580	41.4%

ALL Service Lines: ETHNICITY	DAVIES	PACIFIC	ST LUKES	CAL	CPMC TOTAL	% CPMC
Hispanic*	9.30%	8.50%	40.30%	6.40%	64399	12.10%
Non Hispanic	87.50%	87.40%	58.10%	89.80%	449120	84.40%
Unknown/ Prefer not to answer	3.30%	4.10%	1.60%	3.90%	18799	3.50%
Grand Total	100.10%	100.00%	100.00%	100.10%	532318	100.00%

*Hispanic: Includes Cuban, Mexican, Puerto Rican, and Other Hispanic/ Latino/Spanish categories as defined by the US Census report.

SFDPH Follow-up questions: CPCM Program Details & Data

All Service Lines: RELIGION	DAVIES	PACIFIC	ST LUKES	CAL	CPMC TOTAL	% CPMC
Christian/Catholic	16.2%	19.3%	42.4%	16.7%	111628	21.0%
Christian (other denominations)	6.6%	8.2%	12.7%	5.1%	39268	7.4%
None	58.0%	53.4%	36.4%	57.9%	284876	53.5%
Buddhist	1.3%	1.9%	0.6%	1.7%	8149	1.5%
Muslim	0.3%	0.5%	0.9%	0.3%	2421	0.5%
Jewish	2.7%	3.6%	0.9%	3.1%	15436	2.9%
Other	1.0%	1.2%	0.8%	0.7%	4748	0.9%
Unknown	13.9%	11.9%	5.4%	14.6%	65792	12.4%
Grand Total	100%	100%	100%	100%	532318	100%

3. The report identifies the number of interpreter requests in 2015 (27,215), but it does not indicate what proportion of all patient services these requests represent. Please provide the proportion of patient services for which interpretation is requested by campus.

The proportion of patient services for which interpretation was requested by campus was calculated to be **16.24%**.

Interpreter Services Breakdown:

- Interpreter **requests** (filled & requester canceled pre-scheduled requests): **42,850**
- In-Person Interpreter Encounter **encounters** (only filled pre-scheduled requests): **34,981**
- Same Day In-Person Encounter (requests made same day as appointment): **10,000**
- Over the Phone (interpretation provided by 24 hour phone service): **41,478**

The CLAS report identified the number of in-person interpreter requests (pre-scheduled) as 42,850. This number is the total volume of requests made, including those cancelled by the requestor. To accurately calculate the proportion of patient services receiving interpretation, the requests cancelled by requester were subtracted from the original request number to yield 34,981 in-person interpreter encounters (pre-scheduled).

As patient interpretation is conducted both in-person and over the phone, the final volume of CPMC patient interpretation encounters was calculated by adding: **same day in-person visits (10,000), prescheduled in-person visits (34,981), and over the phone interpretation (OPI) (41,478)**. All patient interpretation at CPMC is provided by a certified interpreter.

The final CPMC interpretation Request volume (86,459) was then divided by total patient visit volume (532318) to yield the proportion of patient services receiving interpretation. CPMC does not encourage the usage of Qualified Bi-lingual Staff (QBS) or patient visitors for medical interpretation.

2015 DISCHARGES ALL CAMPUSES 1/1/2015-12/31/2015	DAV CAMPUS	PAC CAMPUS	STL HOSPITAL	CAL CAMPUS	TOTAL	% of CPMC Total
Patient Visit Volume*~	71007	175424	72710	213177	532318	100.00%
Total LEP Patient Visit Volume ⁺	----	----	----	----	84798	15.9%
In-Person Interpreter Encounter*	8786	15378	3048	7769	34981	----
Same Day In-Person Encounter**	----	----	----	----	10000	----
Over the Phone Interpretation***	----	----	----	----	41478	----
Total CPMC Interpretation Requests * ⁺					86459	16.24%

~* Patient visit volume for 2015 discharges for all of CPMC from **Jan 1 2015- Dec 31 2015**

* Filled online pre-scheduled requests for CPMC from **Jan 2015 –Dec 2015**. Note, ~14% of interpretation encounters are for physicians and clinics residing on the facilities which are not CPMC.

**Estimate Only: 35-40/day=200/week and 50 active weeks (about 10 days of holidays) 8750 to 10,000

*** Estimated based on annualized numbers for Jan-Aug 2015 and total hours of OTP interpretation for 2015

*⁺ Proportion of total interpreter requests calculated by summing all interpreter request forms and dividing by total the patient volume for all of CPMC

+ Percent of total LEP patient visits in 2015 by total patient visits in 2015

4. Similarly, the report does not include the number of patients with limited English proficiency (LEP). Please provide the number and proportion of LEP patients by campus.

The following table illustrates the patient primary language recorded at discharge. Similar to the tables in question 2, the data provided are patient discharges from inpatient (IP), outpatient (OP), and emergency room (ED) visits between January 1, 2015 and December 31, 2015. This table stratifies these visits by primary language spoken. Each column reports the data by campus and the percentage breakdown for that campus.

ALL Service Lines: LANGUAGE	DAVIES	PACIFIC	ST LUKES	CAL	CPMC TOTAL	% CPMC
Chinese	2%	7%	1%	8%	20957	5.97%
English	93%	83%	68%	87%	295247	84.07%
Non Speaking	0%	0%	0%	0%	52	0.01%
Other	1%	2%	1%	1%	4717	1.34%
Russian	1%	2%	0%	1%	3991	1.14%
Spanish	2%	3%	26%	1%	19883	5.66%
Tagalog	0%	0%	3%	0%	2375	0.68%
Vietnamese	0%	0%	0%	0%	1179	0.34%
Unknown	0%	1%	0%	1%	2806	0.80%
Grand Total	100%	100%	100%	100%	532318	100%
Total LEP	7%	17%	32%	13%	84798	15.93%

5. The report indicates that 93% of requests were filled with in-person interpreters, but does not provide the average time patients wait for those request to be fulfilled. We would like to request the average wait time for interpretation as an additional measure of access by campus.

All requests for in-person interpreters are scheduled ahead of time via the internal online scheduling system. In these cases there is no wait for an interpreter. In the event where an interpreter is needed same-day, in-person interpretation is addressed by CPMC staff onsite interpreters in the major languages (Chinese, Spanish, Russian). The wait time for these interpreters varies depending on the impacted need for interpretation that day. On average there are 50 same-day requests made each day and the wait time for each is under 30 minutes as the appointment time is coordinated between the on-site interpreter and care provider. A small portion of same day requests are forwarded to an outside vendor, and wait time varies in these cases. The final avenue for interpretation in all other cases is the 24 hour phone interpretation system. The wait time for an interpreter over the phone is less than 60 seconds as promised by the vendor.

Type of request	% of Total	Average Wait Time
Pre-scheduled Interpretation	~ 39%	0-5 minutes
Same-day request interpretation	~15%	0-30 minutes (varies)
Over the phone interpretation	~46%	<60 seconds

6. The survey findings indicate that staff prefer bilingual staff to interpreters, but provides limited information on certified bilingual staff. Please provide the number and percent of certified bilingual staff by campus, and the criteria and process for certifying bilingual staff.

The following table illustrates the volume of Qualified Bilingual Staff (QBS) at each CPMC campus. The identified QBS have passed the CPMC qualification process and received their organizational status to be acknowledged accordingly. The reported staff volume does not include bilingual staff proficient in a second language if they have not completed the organizational QBS qualification process. In this case the reported volume of bilingual and multilingual staff at CPMC is a low estimate. The details of the QBS qualification process are outlined below.

QBS Staff: LANGUAGE	DAV CAMPUS	PAC CAMPUS	STL HOSPITAL	CAL CAMPUS	QBS TOTAL	% of QBS Total
Arabic	----	----	----	1	1	0.38%
Burmese	----	1	----	----	1	0.38%
Cantonese	3	23	3	16	45	17.24%
French	----	4	----	----	4	1.53%
German	----	2	----	2	4	1.53%
Japanese	1	1	1	1	4	1.53%
Korean	----	1	----	1	2	0.77%
Mandarin	3	11	3	4	21	8.05%
Portugese	1	----	1	1	3	1.15%
Russian	----	18	----	1	19	7.28%
Spanish	52	26	52	17	147	56.32%
Tagalog	2	4	2	2	10	3.83%
Grand Total	62	91	62	46	261	100%

Human Resources' database indicates that 15.85% of all CPMC staff self identify as being bi-lingual which represents 946 employees. The interpreter services department will use this data to further develop a more robust Qualified Bilingual Staff program.

Bilingual Staff Qualification Process

Overview

Information available on the CPMC intranet for staff to be recognized with non-English language competency:

There is a **new basic conversational level competency recognition with no obligations to interpret for anyone else**

1. Contact Christine Fong at FongCX@sutterhealth.org
2. One of our certified interpreter will spend 5-15 minutes to assess your competency
3. Once deemed competent, we will acknowledge your competency with a badge and emails to you and your manager

Become a Qualified Bilingual Staff – see [details](#)

1. Take the **HealthStream** Module titled “Interpreters Skills Training”.
2. On completion, **submit the HealthStream certificate** to Interpreter Services by Fax: 415-600-2815 or email interpreter_services@sutterhealth.org
3. **Fill in the Request to be a Qualified Bilingual Staff**
4. Interpreter Services will contact you by phone to schedule your Interpreter Skills Test with Language Line University (LLU)

Note: “SH – Dual-Role Staff Interpreters” Outlook group list bilingual staff certified by outside vendor via Sutter Health

QBS Detailed Process

- **Goal:** To attain better medical outcomes, communication, and satisfaction levels for Limited English Proficient (LEP) patients and the staff that care for them.
- **Objective:** To facilitate communication between LEP patients and hospital staff/providers by making use of bilingual staff that has been qualified to be culturally and linguistically competent in a non-English culture and language.

Bilingual Staff Qualification

Qualification is a 2 step process and only after both steps have been completed is qualification official. The steps are:

1) Language Skill Testing (LST) Sutter Health uses an external vendor, Language Line University (LLU), to qualify for language and interpreting competency. This testing allows us to comply with accreditation regulatory guidelines stating we must have a process in place to assess the language proficiency and competence of bilingual staff. Via a 30 to 40 minute verbal test, the evaluation process will confirm staff language competence at one of three levels: a) no pass, b) basic, or c) medical-level. LLU provides qualification for 149 different languages. Those who pass this oral assessment at either the basic or medical-level go on to the next step, training (see Basic and Medical Level definitions below). In rare cases, native speakers who have completed a medical licensure or degree abroad may be dispensed from testing.

2) Interpreter Skill Training (IST) Five HealthStream training modules will be assigned to the prospective bilingual staff. Each module lasts 30 minutes and will be listed under the course title "Interpreter Skills Training". Staff has three months to complete all five modules.

Possible Outcomes after Testing and Training

There are 3 possible outcomes resulting from language skill testing and interpreter skill training:

If LST result was...	...and IST was...	...then Qualification Level and Appropriate Use is...
No Pass	N/A	Not qualified: Staff member did not pass the language skill testing and is informed of what language areas to strengthen before attempting to become qualified again. Meanwhile, this staff member must communicate through a certified interpreter when caring for non-English speaking patients.
Basic Level	Completed	Basic Level Qualification: Staff member is able to speak the language fluently and has some knowledge of basic medical terminology. This staff should only be used for interpretation that does not include complex medical conversations regarding health condition or symptoms, diagnosis or discharge instructions.
Medical Level	Completed	Medical Level Qualification: Staff member is able to speak the language fluently and has command of medical terminology. This staff member is best used for direct dialogue regarding health conditions or symptoms, informed consents, diagnosis and discharge planning.

After Qualification

The names of all bilingual staff that has become qualified to interpret is listed online on the website for Interpreter Services. Their accomplishment will provide managers with another opportunity to give recognition to their staff and manage-up their skills to our patients and families. The Sutter Health Bilingual Staff Qualification document is added and kept on file in each of the employee's file.

Role boundaries

Any staff member choosing to become qualified will not be obliged to interpret outside their own departments, though they may do so subject to their manager's approval in cases of emergencies for example.

7. The assessment did not include information on the conflict resolution/grievance. Please provide information on the process for handling complaints related to access to culturally or linguistically appropriate services.

The following is the official Patient Grievance procedure. Also reference the attached [Patient Rights and Responsibilities](#).

Patient Grievance Procedure

All issues regarding care and services provided by Medical Center employees that are not resolved promptly by staff present are considered grievances and will require a review by the Grievance Committee and a written response in seven (7) days to the patient/family.

- I. What complaints regarding care and services provided by Medical Center employees are considered a “patient grievance”?
 - a. All verbal complaints from patient/family not handled that moment or day by staff present.
 1. “Staff present” includes any hospital staff present at the time of the complaint or who can quickly be at the patient’s location (i.e. department/nursing manager, supervisor, concierges, etc.) to resolve the patient’s complaint at that moment or day.
 2. If the patient is satisfied with the action(s) taken, the complaint is considered resolved and will not become a grievance.
 - b. All written letters, emails or faxes from patient/family and any written attachment to a Patient Satisfaction Survey.
 - c. All complaints alleging abuse, neglect, patient harm or non-compliance with any CMS requirements.
 - d. Any time a patient/family requests a complaint regarding care and services provided by Medical Center employees be handled as a grievance.
 - e. Billing issues that are not in compliance with CMS regulations or a Medicare beneficiary billing issue related to rights and limitations provided by 42 CFR §489.
- II. What is not considered a “patient grievance”?
 - a. Change in bedding, housekeeping of a room, serving preferred food and beverages, if resolved on that day.
 - b. Information (e.g., negative comments) obtained from a Patient Satisfaction Survey.
 - c. Billing issues, unless the patient is refusing to pay the bill due to a care, safety, abuse, neglect or non-compliance issue.
- III. Presentation of a complaint or grievance shall not compromise a patient’s current or future access to care.
- IV. Data collected regarding patient grievances and complaints that are not defined as grievances are incorporated in the hospital’s continuous quality assessment and performance improvement process.

PROCEDURE:

- I. All patients are informed prior to receiving care of their right to voice a complaint or grievance through the “Patient Rights and Responsibilities” brochure and signage posted in the patient care areas.
- II. Reporting/referrals of Grievances – Grievances may be reported/referred in either verbal or written form, by the patient or any family member (including a partner or significant other) to: Patient Relations Department
- VIII. The patient shall receive a written response within seven (7) days of receipt of the grievance. The response shall provide the patient with the name of the contact person, steps taken on behalf of the patient to investigate the grievance, the results of the grievance process and the date of completion.
 - a. The Grievance Committee will provide adequate information to address each item stated in the patient’s grievance.
 - b. Although the Regulations do not require that the grievance be resolved within seven (7) days, the Grievance Committee will attempt to resolve all grievances as soon as possible.
- IX. If the grievant is dissatisfied with the written response, the grievant shall be informed in writing that he/she has the right to appeal the grievance with our licensing agent.

8. The assessment references the community health workers in St. Luke's HealthFirst program as an informal community advisory group, representative of the demographics of the patients served and providing input and guidance in the development of services to meet the language, spiritual and cultural needs of their communities. Please provide additional information on the HealthFirst program (e.g., scope, activities, population served).

Program: Health First

CLAS STANDARDS: 5, 6, 8, 10, 11, 4

In 2006 HealthFirst opened as a Center for Education and Prevention at the St. Luke's Campus. CPMC developed HealthFirst in response to the scarcity of primary care physicians, the increasing costs of medical care, and the rising number and proportion of patients with chronic illnesses. HealthFirst utilizes an innovative model where non-physicians are deployed to help manage chronically ill patients in partnership with their primary care provider. These non-physicians, Community Health Workers (CHWs), are trained and certified by nurse educators and serve as key components of the team-based model. CHWs are culturally and linguistically competent as they are recruited from the same community as the patients HealthFirst serves. CHWs provide health education, coach patients to improve their self-management skills, and encourage them to receive timely and comprehensive care. In addition to working closely with St. Luke's patients, CHWs teach community classes to parents of children at risk for obesity in the South of Market, Mission, and Bayview-Hunters Point districts. The CHW works alongside a physician, nurse educator, respiratory therapist, social worker, and the program manager. HealthFirst's primary goal is to find a more cost-effective way to support patients with chronic illnesses in a primary care setting and improve the quality of care. To do this, they offer the community access to prevention, outreach, and education services.

Key Statistics

- HealthFirst served 652 chronically ill patients with 1,913 patient visits in 2014, and 722 chronically ill patients with over 2,000 patient visits in 2015.
- HealthFirst has reduced pediatric asthma patient's emergency department utilization and improved control of their symptoms.
- HealthFirst has improved HbA1c values for adult patients with type 2 diabetes that are classified as out of control.

Patient Demographics (January- December 2015)

Patient Race	#
American Indian or Alaska Native	4
Black/African American	98
Asian/Pacific Islander	70
White/Caucasian	303
Other/Unknown/Prefer not to Answer	247
Total	722

Patient Ethnicity	#
Hispanic	497
Non Hispanic	216
Unknown/ No Answer	9
Total	722

Patient Age and Gender

Age	Male	Female	Total
1 to 9	111	52	163
10 to 19	83	77	160
20 to 29	4	14	18
30 to 39	9	33	42
40 to 49	18	40	58
50 to 59	18	62	80
60 to 69	28	64	92
70 to 79	24	57	81
80+	10	18	28
Total	305	417	722

Services

- **Prevention:** By offering services which are culturally and financially accessible, they encourage the community to seek help before it becomes an emergency situation and avoid expensive treatment in the Emergency Department.
- **Education:** By providing tailored education in nutrition, physical activity, and taking medications correctly, Health First emphasizes is on teaching self-management of chronic diseases.
- **Innovation:** This is an innovative program using CHWs and clinical information technology to support primary care physicians, placing a strong emphasis on health coaching and care coordination.

CLAS Alignment

Standard 5: Health First offers languages assistance to individuals who have limited English proficiency or other communication needs at no cost, to facilitate access to diabetes care and services.

Standard 6: Patients involved in Health First are informed of the right to free interpretation services.

Standard 7: Health First staff are trained in the ways to best communicate dietary information to patients of all educational, cultural and linguistic backgrounds.

Standard 8: Print educational materials are provided for patients in all four primary languages.

Standard 10: Health First cares for diverse patients and ensures that they receive care tailored with their linguistic and educational needs. Cultural and linguistic practices are integrated into the services provided by the diabetes center.

9. The assessment included several recommendations for further enhancing access to culturally and linguistically appropriate services. Please include updates on the implementation of these recommendations as part of CPMC's annual report on its compliance with the Development Agreement.

CPMC has continued to make substantial progress towards developing the foundation for a strategic framework to support a culturally competent care environment. A CLAS Action Planning Team was established at the request of Dr. Warren Browner on 2/17/2016, with the support of senior management. Senior leadership has approved the following areas of focus for implementation throughout 2016 and beyond. They are:

- Framework Development
- Education/ Staff Development
- Data Collection/ Management
- Communication/ Engagement

The Action Planning team has identified sub-groups to further develop key activities to support CPMC's capacity to provide a diverse, inclusive culturally competent care and work environment. Some of the activities of the team include:

- Explore educational opportunities for leadership and staff in culturally relevant community programs and volunteering.
- Develop organizational communications regarding QBS.
- Increase recruitment of bi-lingual staff.
- Develop and/or adopt a Race, Ethnicity, Ancestry, and Language (REAL) Toolkit to establish a standardized process for collecting and reporting data that supports measurement of quality, service utilization, and community-based programming within a report card format.
- Increase promotion of cultural competence education and training resources available to all staff and volunteers.
- Enhance education for senior management and leadership.
- Enhance nursing staff communications on CLAS and supporting CPMC services.
- Work with leadership to make readily available culturally sensitive discharge/educational material for patients in the appropriate language and education level.
- Develop a sustainable Patient Family Advisory Group at CPMC in conjunction with other Sutter affiliates.
- Attend monthly educational sessions to garner resources and knowledge for PFAC articulated plan development.

ATTACHMENT 2

Development Agreement

Payments Schedule/CPMC

Payments

DEVELOPMENT AGREEMENT PAYMENT SCHEDULE¹

	Agency	Effective Date + 30 days	First Installment ²	Second Installment	Third Installment	11/25/15 CPMC Payments	Fourth Installment	Fifth Installment	TOTAL
Affordable Housing Payment ³	MOH	2,400,000	6,700,000	7,000,000	8,825,000	Completed	8,100,000	3,475,000	36,500,000
Healthcare Innovation Fund ⁴	Foundation	2,000,000	1,500,000	1,125,000	1,125,000	Completed	1,725,000	1,125,000	8,600,000
Bus Rapid Transit contribution ⁵	MTA		2,100,000	2,900,000					5,000,000
Transit Fee ⁵	MTA				1,500,000	Completed	2,500,000	2,500,000	6,500,000
Bicycle Studies Contribution ⁵	MTA	400,000							400,000
Workforce training payment ⁶	Foundation	1,000,000	2,000,000	1,000,000					4,000,000
Tenderloin sidewalk widening and pedestrian lighting improvements ⁷	DPW/PUC	400,000	1,200,000	1,275,000	1,275,000	Completed	100,000		4,250,000
Tenderloin Safe Passage Grant ⁷	OEWD	200,000							200,000
Transit and safety improvements in neighborhoods around the Cathedral Hill Campus ⁷	MTA	200,000	200,000		575,000	Completed	575,000		1,550,000
Enforcement & traffic safety measures around Pacific & California Campuses ⁷	MTA	300,000	300,000	700,000	700,000	Completed	1,000,000		3,000,000
Total		6,900,000	14,000,000	14,000,000	14,000,000	Completed	14,000,000	7,100,000	70,000,000

¹ All initially capitalized terms are as defined in the Agreement, unless otherwise defined herein.

² First Installment is due thirty (30) days after the earlier of the date the Approvals are Finally Granted or the date the Cathedral Hill Campus Hospital Commences Construction, and each following Installment is due on each anniversary thereafter.

³ As set forth in Exhibit G.

⁴ The "Innovation Fund" is defined in Exhibit F.

⁵ As set forth in Exhibit K.

⁶ As set forth in Exhibit E.

⁷ As set forth in Exhibit H.



California Campus
3700 California Street

Davies Campus
Castro & Duboce
Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez
Street

Mailing Address
P.O. Box 7999
San Francisco CA
94120
415.600.6000

To: Phillip Wong
Office of Economic and Workforce Development
1 Dr. Carlton B. Goodlett Place, Room 448
San Francisco, CA 94102

Date: November 25, 2015

From Vahram Massehian
Senior Project Manager Enterprise Development
California Pacific Medical Center
633 Folsom Street, 1st Floor
San Francisco, CA 94107
415-600-7325

**Re: Development Agreement Third Installment
Payment**

By Hand Delivery

Remarks:

Pursuit to instructions we are delivering Checks No. 23706 and 23637 totaling in the amount of Twelve Million Eight Hundred Seventy-Five and 00/100 Dollars (\$12,875,000.00) to the City and County of San Francisco, in satisfaction of the Third Installment payments due under the following sections of the Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter West Bay Hospitals:

Exhibit H – Public Improvements

Tenderloin Lighting & Traffic Safety: **\$1,275,000**

CH Transit and Safety Improvements: **\$575,000**

Pacific & California Campus Traffic Enforcement & Safety: **\$700,000**

Exhibit G – Housing Program

Affordable Housing Payment: **\$8,825,000**

Exhibit K – Transportation Program

Transit Fee: **\$1,500,000**

November 25, 2015

If anything in the above is in error, please immediately contact me.

Kind Regards,

Vahram Massehian

I, Phillip C. Wong, acknowledge receipt on behalf of the City and County of San Francisco.
[Print Name]

x Phillip C. Wong Signature

CC:
Henry Yu, California Pacific Medical Center (w/o Enclosure)



California Campus
3700 California Street

Davies Campus
Castro & Duboce
Streets

Pacific Campus
2333 Buchanan Street

St. Luke's Campus
3555 Cesar Chavez
Street

Mailing Address
P.O. Box 7999
San Francisco, CA
94120
415.600.6000

To: The San Francisco Foundation
1 Embarcadero Center, Suite 1400
San Francisco, CA 94111
Attention: Myra Chow

Date: November 25, 2015

From Vahram Massehian
Senior Project Manager Enterprise Development
California Pacific Medical Center
633 Folsom Street, 1st Floor
San Francisco, CA 94107
415-600-7325

Re: Innovation Fund Third Installment

By Hand Delivery

Remarks:

Pursuant to instructions, we are delivering Check No. 23638 in the amount of One Million One Hundred and Twenty-Five and 00/100 Dollars (\$1,125,000.00) in satisfaction of the Third Installment payment due under Section 3(b) of Exhibit F (aka "The Innovation Fund") of the Development Agreement Relating to the Construction and Reconstruction of Healthcare Facilities in Furtherance of the California Pacific Medical Center Long Range Development Plan by and between the City and County of San Francisco and Sutter West Bay Hospitals, and the associated Workforce Fund Grant Agreement.

If anything in the above is in error, please immediately contact me.

Kind Regards,

Vahram Massehian

I, NILA KIM, acknowledge receipt on behalf of the San Francisco Foundation.
[Print Name]

x  Signature

CC:

Ken Rich, Mayor's Office of Economic and Workforce Development (w/o Enclosure)
Henry Yu, California Pacific Medical Center (w/o Enclosure)

May 4, 2015

Vahram Massehian
Senior Project Manager
California Pacific Medical Center
633 Folsom Street, 5th Floor
San Francisco, CA 94107-3623

Dear Mr. Massehian,

Pursuant to the Memorandum of Understanding between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies for work performed on the California Pacific Medical Center project.

Payment should be made out to the Office of Economic and Workforce Development and mailed to the attention of Phillip C. Wong (address below) for distribution amongst City Agencies and City Contractors.

Office of Economic and Workforce Development
Attn: Phillip C. Wong
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4653

Department	Invoice #	Invoice Period	Total
OEWD	CPMC11-017	January 2015 – March 2015	\$ 27,796.25
Contract Monitoring Division	Q1, FY 14-15	July 2014 – September 2014	\$ 927.61
Contract Monitoring Division	Q2, FY 14-15	October 2014 – December 2014	\$ 491.09
Contract Monitoring Division	Q3, FY 14-15	January 2015 – March 2015	\$ 327.39
City Attorney	1100299	January 2015 – March 2015	\$ 9,435.00
TOTAL AMOUNT DUE:			\$ 38,977.34

Sincerely,



Phillip C. Wong
Office of Economic and Workforce Development



September 17, 2015

Vahram Massehian
Senior Project Manager
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661-9110

Dear Mr. Massehian,

Pursuant to the Memorandum of Understanding between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies for work performed on the California Pacific Medical Center project.

Payment should be made out to the Office of Economic and Workforce Development and mailed to the attention of Phillip C. Wong (address below) for distribution amongst City Agencies and City Contractors.

Office of Economic and Workforce Development
Attn: Phillip C. Wong
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4653

Department	Invoice #	Invoice Period	Total
OEWD	CPMC11-018	April 2015 – June 2015	\$ 28,614.50
Contract Monitoring Division	Q4, FY 14-15	April 2015 – June 2015	\$ 327.39
City Attorney	1100299	April 2015 – June 2015	\$ 5,067.50
TOTAL AMOUNT DUE:			\$ 34,009.39

Sincerely,



Phillip C. Wong
Office of Economic and Workforce Development





SAN FRANCISCO PLANNING DEPARTMENT

October 5, 2015

California Pacific Medical Center
Enterprise Development Dept.
c/o Mr. Geoffrey Nelson
633 Folsom Street, 5th Floor
San Francisco, CA 94107

Subject: **CPMC Project Interim Billing**
Record ID: **2005.0555E_9 (Note to File) – 9/3/2014-9/30/2015 (Final)**
2005.0555E_11 (Addendum) – 9/11/2014-9/30/2015 (Final)

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Dear Mr. Nelson:

Following please find the interim billing summary for CPMC project. The total outstanding balance is **\$13,295.41**.

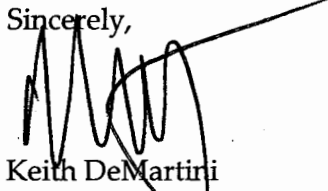
Case Number	Bill T&M Amount	Covered Period
2005.0555E_9 Note to File	\$5,180.13	9/3/2014-9/30/2015 Final Bill
2005.0555E_11 Addendum	\$8,115.28	9/11/2014-9/30/2015 Final Bill
Total	\$13,295.41	

Sub-Total of 2015 Amount **\$4,851.60**

This letter is to inform you that the above outstanding fee **\$13,295.41** is due now. Please make a check payable to "San Francisco Planning Department" and specify the project address and file number, given above, on the check, and address it to **1650 Mission Street, Suite 400, San Francisco, CA 94103 (Attn: Karen Zhu)**. Thank you for your prompt attention to this matter.

If there are any questions in regards to this billing, please do not hesitate to contact Karen Zhu at 415-558-6408 or Karen.zhu@sfgov.org.

Sincerely,


Keith DeMartini
Finance & IT Manager

cc: Vahram Massehian, CPMC
Devyani Jain, Planning Department
Susan Mickelsen, Planning Department

December 4, 2015

Vahram Massehian
Senior Project Manager
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661-9110

Dear Mr. Massehian,

Pursuant to the Memorandum of Understanding between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies for work performed on the California Pacific Medical Center project.

Payment should be made out to the Office of Economic and Workforce Development and mailed to the attention of Phillip C. Wong (address below) for distribution amongst City Agencies and City Contractors.

Office of Economic and Workforce Development
Attn: Phillip C. Wong
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4653

Department	Invoice #	Invoice Period	Total
OEWD	CPMC11-019	July 2015 – September 2015	\$ 55,395.75
Contract Monitoring Division	Q1, FY 15-16	July 2015 – September 2015	\$ 1,091.30
City Attorney	1100299	July 2015 – September 2015	\$ 1,200.00
TOTAL AMOUNT DUE:			\$ 57,687.05

Sincerely,



Phillip C. Wong
Office of Economic and Workforce Development



February 23, 2016

Vahram Massehian
Senior Project Manager
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661-9110

Dear Mr. Massehian,

Pursuant to the Memorandum of Understanding between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies for work performed on the California Pacific Medical Center project.

Payment should be made out to the Office of Economic and Workforce Development and mailed to the attention of Phillip C. Wong (address below) for distribution amongst City Agencies and City Contractors.

Office of Economic and Workforce Development
Attn: Phillip C. Wong
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4653

Department	Invoice #	Invoice Period	Total
OEWD	CPMC11-020	October 2015 – December 2015	\$ 52,512.75
Contract Monitoring Division	Q2, FY 15-16	October 2015 – December 2015	\$ 1,255.00
City Attorney	#19, 1100299	October 2015 – December 2015	\$ 4,255.00
TOTAL AMOUNT DUE:			\$ 58,022.75

Sincerely,

Phillip C. Wong

Phillip C. Wong
Office of Economic and Workforce Development



March 1, 2016

Vahram Massehian
Senior Project Manager
California Pacific Medical Center
P.O. Box 619110
Roseville, CA 95661-9110

Dear Mr. Massehian,

Pursuant to the Memorandum of Understanding between California Pacific Medical Center and the City and County of San Francisco — please find enclosed invoices from City Agencies for work performed on the California Pacific Medical Center project.

Payment should be made out to the Office of Economic and Workforce Development in **one consolidated check**, and mailed to the attention of Phillip C. Wong (address below) for distribution amongst City Agencies and City Contractors.

Office of Economic and Workforce Development
Attn: Phillip C. Wong
City Hall, Rm. 448
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4653

Department	Invoice #	Invoice Period	Total
SF Planning	2012.0403W	March 2012 – December 2015	\$ 30,193.13
TOTAL AMOUNT DUE:			\$ 30,193.13

Sub-Total of 2015 Amount:

\$20,107.57

Sincerely,

Phillip C. Wong

Phillip C. Wong
Office of Economic and Workforce Development



ATTACHMENT 3

Entry Level Operational Hiring

Process with SFOEWD/First Source Hiring Program

CPMC, in coordination with OEWD, is making the required good faith efforts regarding the First Source (FS) Entry Level Hiring Goal.

CPMC has been working with OEWD and its network of providers to build off 2014 and further refine the hiring processes and procedures that will enhance opportunities for targeted groups and accelerate the progress toward the 40% local hiring goal. The recruitment team at CPMC meets regularly with OEWD. We have developed a foundation and mutually shared vision for working together throughout the term of the Development Agreement.

Below is a summary of how CPMC has demonstrated good faith efforts to date:

Hiring	<ul style="list-style-type: none"> • CPMC made 220 entry level hires in 2015. To reach the 40% goal, 88 FS hires were needed. CPMC hired 135 FS candidates in 2015. • 70% of FS hires came from targeted neighborhoods in 2015. • Thru the first four months of 2016 CPMC has a 66% FS hiring rate, 35 FS hires out of 53 total hires. • Thru the first four months of 2016, 74% of FS hires came from targeted neighborhoods. • CPMC is actively referring every San Francisco candidate to OEWD to improve their chances for employment, whether at CPMC or elsewhere. • Exhibit A charts the local hiring percentage for 2015. • Exhibit B charts the percentage of those hires from targeted neighborhoods in 2015. • Exhibit C charts the local hiring percentage for the first four months in 2016. • Exhibit D charts the percentage of those hires from targeted neighborhoods in 2016.
Active Engagement and Resource Allocation	<ul style="list-style-type: none"> • Weekly meetings with hiring managers with constant reminders on the importance of the workforce agreement. • Engaged in approx. 59 job fairs, employer spotlights, meetings/workshops in 2015. At the time of this submittal CPMC has participated in an additional 20 engagements in 2016, see Exhibit E.

	<ul style="list-style-type: none"> In addition to one full time recruiter designated to entry level hiring, CPMC applied additional resources to effectively evaluate and process referrals.
Hiring Projections	<ul style="list-style-type: none"> Detailed Hiring Projections for Aug. 2015 thru Aug. 2016 were provided to OEWD, see Exhibit F. Detailed Hiring Projections for Aug. 2016 thru Aug. 2017 will be provided to OEWD in August 2016.

Priorities for 2016

In addition to meeting the minimum good faith efforts of providing OEWD with hiring projections, notifying OEWD of all entry level positions, giving OEWD an exclusive 10 days to refer candidates for entry level positions, considering candidates referred by the workforce system, working to meet the hiring goal of 40%, and continuing to fine-tune the systems put in place thus far, CPMC has also committed to the following:

- Participating in regular weekly check-ins with OEWD and its sector leads.
- Attending various community job fairs/events sponsored by OEWD and various CBOs targeting the priority areas noted in the Development Agreement.
- Applying approximately 50 hours per week in time and resources to monitor, track, capture, report, and effectively evaluate and process referrals.
- Prioritizing system referrals past the minimum 10 days if a requisition has not been filled.
- Expediting the application of the Workforce Training funds.

Challenges

- Current unemployment rate in San Francisco is approx. 3.4%, the lowest in 15 years.
- Strain on our CPMC workforce due to the limited pipeline of qualified San Francisco candidates.
- Delay by the SF Foundation in awarding the \$3 million in workforce training grant funds.
- Escalating cost of living and lack of affordable housing within San Francisco.

EXHIBIT A

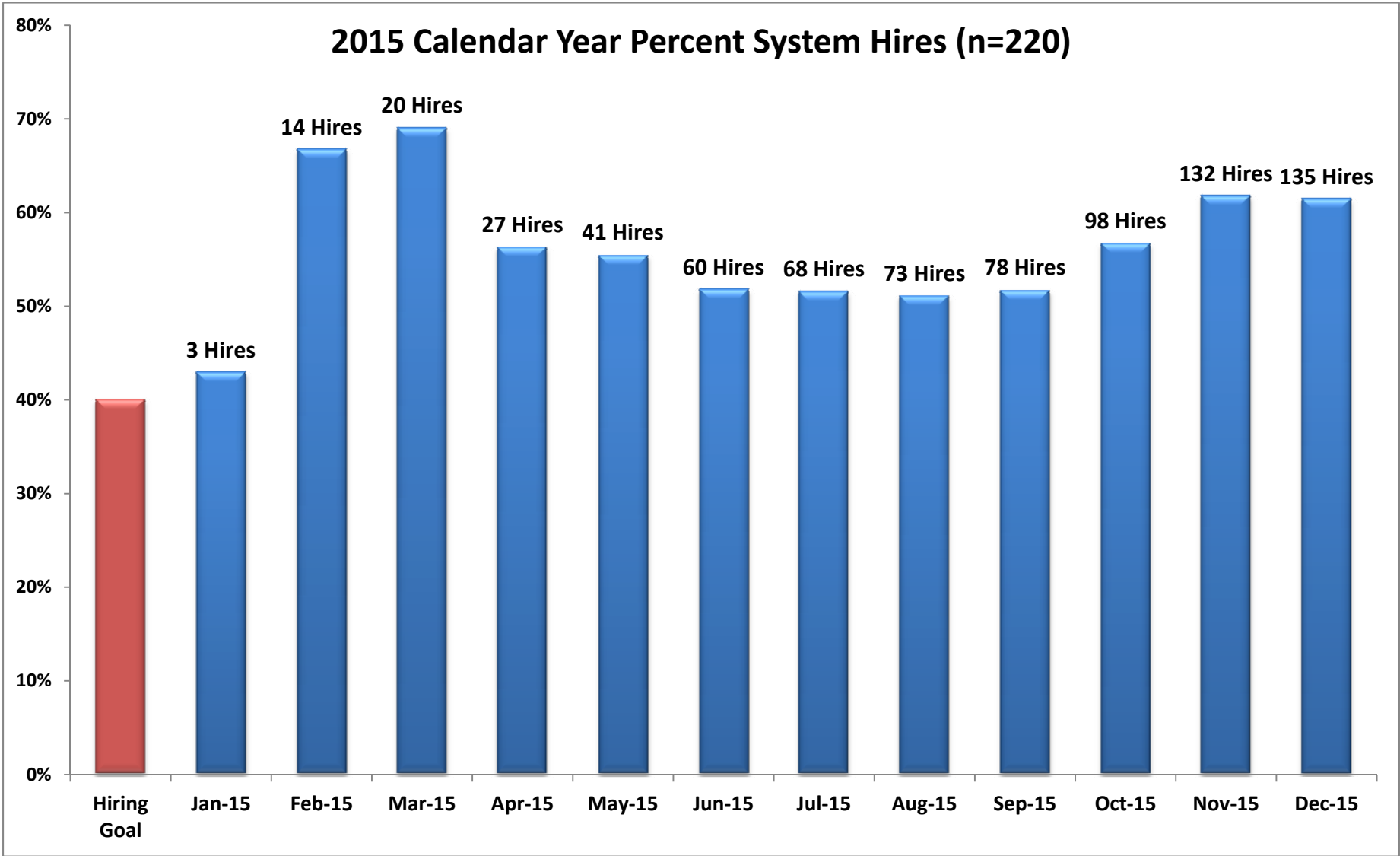


EXHIBIT B

**2015 Calendar Year - % of System Hires from Target Neighborhoods
(n=135)**

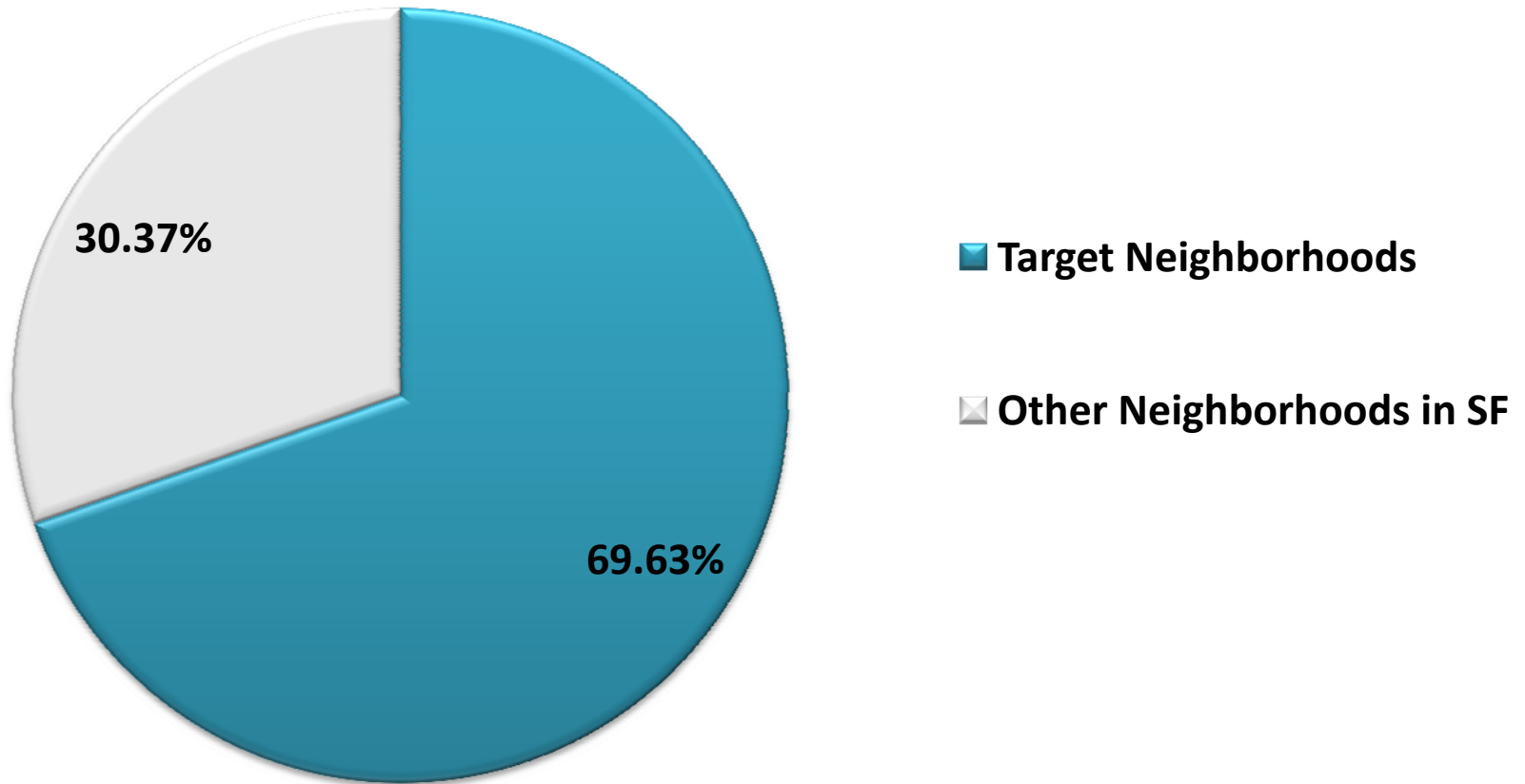


EXHIBIT C Supplemental data for 2016

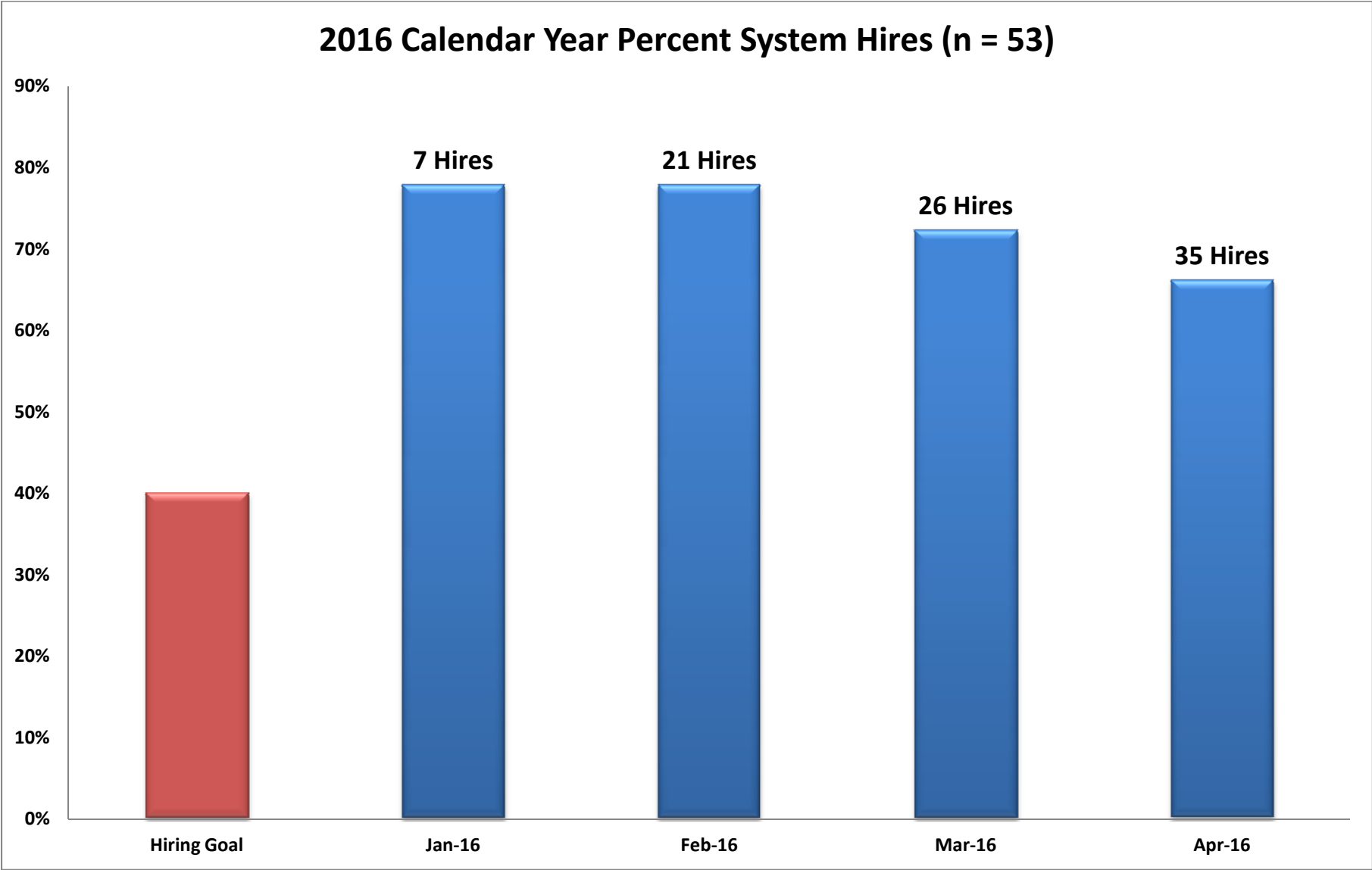


EXHIBIT D Supplemental data for 2016

**2016 Calendar Year - % of System Hires from Target Neighborhoods
(n=35)**

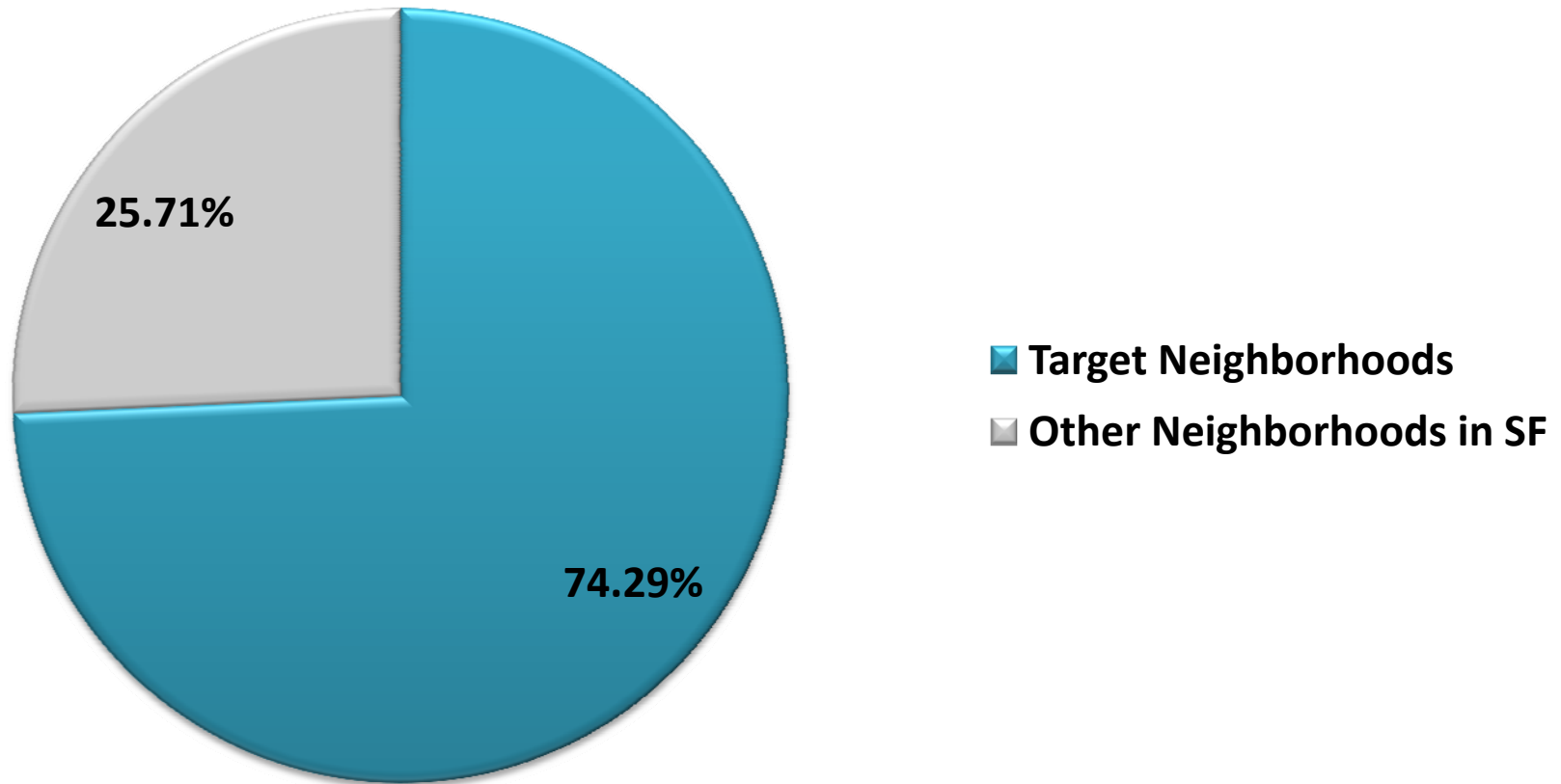


EXHIBIT E

Good Faith Efforts Log as of 05.01.2016

Date	Meeting	CPMC Participants
04/30/2016	Speak to CCSF about Housekeeping Aide positions at CPMC	Pragna Dave
04/20/2016	Speak to CCSF about CNA positions at CPMC	Pragna Dave Kevin Trang
04/19/2016	Employer Spotlight @ VVNAP	Pragna Dave Kevin Trang
04/12/2016	Employer Spotlight @ WANAP	Pragna Dave Kevin Trang
04/06/2016	Goodwill Annual Job Fair	Pragna Dave Kevin Trang
03/31/2016	JVS Pre-Screen Event	Pragna Dave Kevin Trang
03/30/2016	Meeting w/ Arriba Juntos	Pragna Dave Kevin Trang
03/29/2016	Meeting w/ Christy Coleman @ WANAP	Pragna Dave
03/24/2016	Internship/Externship Conference Call w/ JVS	Pragna Dave Vahram Massehian Edward Battista
03/18/2016	JVS Pre-Screen Event	Pragna Dave
03/17/2016	TSFF/OEWD/CPMC Meeting @ SFOEWD	Pragna Dave Vahram Massehian Edward Battista Melissa White
03/08/2016	CPMC/SFLGBT/Up Glo Meeting @ SFOEWD	Pragna Dave
03/07/2016	Meeting with Director @ WANAP	Pragna Dave Kevin Trang
03/03/2016	CPMC Employer Spotlight @ PRC	Pragna Dave
02/11/2016	Foundation Meeting	Pragna Dave Vahram Massehian Melissa White Edward Battista
02/09/2016	JVS Pre-Screen Event	Pragna Dave Kevin Trang
01/28/2016	CPMC/NAP/SF Foundation Meeting	Pragna Dave Kevin Trang
01/27/2016	CNAP Employee Spotlight & Pre-Screen Event	Pragna Dave Kevin Trang
01/25/2016	JRT Program Discussion @ MHH	Pragna Dave
01/21/2016	Quarterly CPMC Meeting @ JVS	Pragna Dave Vahram Massehian Melissa White
12/29/2015	CPMC/JVS Discussion	Pragna Dave Kevin Trang Edward Battista Ben Gover Rebecca Ostrander
12/18/2015	WANAP Pre-Screen Event	Pragna Dave Kevin Trang

12/16/2015	CPMC/CCSF Meeting	Pragna Dave Kevin Trang Rebecca Ostrander Vahram Massehian
12/03/2015	DA Hearing	Pragna Dave Edward Battista Vahram Massehian Emily Webb
11/24/2015	CPMC Spotlight @ YCD	Pragna Dave
11/20/2015	Positive Resource Center Job Fair	Pragna Dave Kevin Trang
11/16/2015	CNAP Pre-Screen Event	Pragna Dave Kevin Trang
11/05/2015	JVS Pre-Screen Event	Pragna Dave Kevin Trang
11/03/2015	FacesSF/VVNAP Pre-Screen Event	Pragna Dave Kevin Trang
10/26/2015	HC Round Table Discussion w/ SFOEWD	Pragna Dave
10/22/2015	Quarterly CPMC Meeting	Pragna Dave
10/21/2015	CPMC/NAP/SF Foundation Meeting	Pragna Dave Kevin Trang
10/19/2015	PAR Recruitment Event @ JVS	Pragna Dave Kevin Trang
10/16/2015	Completion Ceremony of Cohort #1 for CPMC PCST Training @ JVS	Pragna Dave
10/15/2015	Bay Area Medical Academy Visit	Rebecca Ostrander Pragna Dave Kevin Trang
10/14/2015	NAP Quarterly Meeting	Pragna Dave Kevin Trang
10/08/2015	CNA Recruitment Event @ JVS	Pragna Dave Kevin Trang
09/24/2015	Visitation Valley NAP - Employee Spotlight	Pragna Dave Kevin Trang
09/22/2015	Job Fair @ The Metreon, SF	Pragna Dave Kevin Trang
09/21/2015	Meeting with new director of OEWD	Edward Battista Rebecca Ostrander Vahram Massehian Melissa White Miquel Penn
09/10/2015	Western Addition NAP	Pragna Dave Kevin Trang
09/08/2015	Visitation Valley NAP	Pragna Dave
08/26/2015	Intern Assistance	Desiree Asiain Pragna Dave
08/18/2015	NAP Coordinator Meeting	Vahram Massehian
08/10/2015	CPMC 2014 Compliance	Rebecca Ostrander Vahram Massehian
07/09/2015	JVS Internship Screening	Pragna Dave
07/15/2015	Employee Spotlight	Tony Wagner
06/25/2015	Employee Spotlight	Tony Wagner
06/16/2015	Neighborhood Access Point-CPMC Meeting	Pragna Dave; Vahram Massehian; Tony Wagner
06/12/2015	Bay Area Medical	Tony Wagner

05/29/2015	New First Source Referrals	Pragna Dave; Tony Wagner
05/21/2015	Supervisor Meeting	Tony Wagner
05/20/2015	WANAP Job Fair	Tony Wagner
05/15/2015	Prep for DA Compliance hearing	Mark Beiting; Pragna Dave; Dean Fryer; Maynard Jenkins; James Macksood; Vahram Massehian; Melissa White
05/14/2015	Chinatown Employer Spotlight	Tony Wagner
05/13/2015	Women's Community Clinic	Tony Wagner
05/12/2015	Streamline/Review Reports with Nikki	Pragna Dave; Nikki Tosiello
05/08/2015	CPMC Entry-Level Workforce Needs	Pragna Dave; Abe Dosi; Ben Grover; Maynard Jenkins; Vahram Massehian; Tony Wagner; Melissa White; Hiring Managers
05/07/2015	Strictly Business Luncheon	Pragna Dave; Ben Grover; Maynard Jenkins; Vahram Massehian; Tony Wagner; Melissa White
05/06/2015	CPMC DA Hearing Prep	Pragna Dave; Maynard Jenkins; Vahram Massehian; Melissa White
05/05/2015	NAP Meeting	Pragna Dave; Tony Wagner
04/24/2015	JVS Excel presentation	Tony Wagner
04/09/2015	Healthcare Academy Graduation	Tony Wagner
04/08/2015	Goodwill Job Fair	Tony Wagner
03/18/2015	HCAB @ JVS	Tony Wagner
03/18/2015	HSA Employer Showcase	Tony Wagner
03/06/2015	Lessons Learned	Tony Wagner, Varham Massehian
03/04/2015	SF Chamber of Commerce	Tony Wagner
02/24/2015	Meeting with Executive Director of Western Addition	Tony Wagner
02/10/2015	CCSF Culinary Arts Showcase	Tony Wagner
02/09/2015	Job Fair	Tony Wagner
02/09/2015	JVS/CPMC Internship Meeting	Pragna Dave
02/06/2015	Meeting with Todd Rufo	Tony Wagner; Melissa White; Vahram Massehian
02/02/2015	JVS/CPMC Internship Meeting	Donna Sieker; Tony Wagner; Pragna Dave
01/30/2015	Meeting with NAP coordinators	Pragna Dave; Tony Wagner
01/29/2015	WISF Subcommittee meeting	Tony Wagner
01/20/2015	Meet London Breed	Tony Wagner; Melissa White; Mike Cohill
01/15/2015	Employer Spotlight	Tony Wagner
01/13/2015	Job Fair	Tony Wagner



Edwin M. Lee, Mayor

Office of Economic and Workforce Development
Workforce Development Division**NON-CONSTRUCTION FIRST SOURCE EMPLOYER'S PROJECTION OF ENTRY LEVEL POSITIONS**

By signing this form, employers agree to participate in the San Francisco Workforce Development System established by the City and County of San Francisco, and comply with the provisions of the First Source Hiring Program pursuant to Chapter 83 of the San Francisco Administrative Code. As an indication of good faith efforts to comply with First Source, the Employer must fill out this form at commencement of contract/tax year to indicate:

- For a Tenant/Sub-tenant, the number of **Entry Level Positions** in the company that are currently filled and those that are currently available on premises leased by the City of San Francisco.
- For the successful Developer, Contractor, or Subcontractor, **Entry Level Positions** that are currently filled and those that will be available during construction work.
- For a tenant of a private commercial project that falls under Chapter 83 provisions of the City Administrative Code, the number of **Entry Level Positions** that are currently filled and those that will be available within the lease holding business at project address.
- For companies applying for the Biotech Payroll Tax Exclusion and Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion, the number of **Entry Level Positions** that are currently filled and those that will be available in the current tax year.
- For a successful organization awarded a City contract in excess of \$50,000, the number of **Entry Level Positions** that are currently filled and those that will be available within the business or non-profit organization.
- If positions listed are subject to collective bargaining agreements.

Note: If an **Entry Level Position** becomes available during the term of the lease and/or contract, Employer must notify the First Source Hiring Administration.

Entry Level Position means a non-managerial position that requires either no education above a high school diploma or certified equivalency, or less than two (2) years of training or specific preparation. Apprenticeship positions should be included.

Type of Employer (check one):

- ☐ Tenant
☐ Developer
☐ Contractor
☐ Subcontractor
☐ Central Market Street and Tenderloin Area Payroll Expense Tax Exclusion applicant
- ☐ Subtenant
☐ Biotech Payroll Tax Exclusion applicant
☐ "Scene in San Francisco" Rebate applicant

Identify Project or Construction Project (if applicable):

Name of Employer: California Pacific Medical Center

Street Address: P.O. Box 7999

City: San Francisco

Telephone: 415-600-4088

Fax:

City Department (If Contract or Lease):

Contact Person: Edward Battista, Director of CPMC HR

State: CA

Zip: 94120

Email: BattisE@sutterhealth.org

August 1st 2015
Projections August 8th 02015-
August 8th 2016

Date

Signature of authorized employer representative

08/01/2015

Entry-Level Position Title	Number Currently Filled	Number Currently Available (as of 07.27.2015)	Number Projected to Become Available in the next 12 Months	Estimated Date of Next Available Position	Subject to Collective Bargaining? (Yes/No)
Housekeepers	14	0	11	Ongoing-based on facility needs	Yes
Food Service Aide	11	3	8	Ongoing-based on facility needs	Yes
Cooks	4	6	4	Ongoing-based on facility needs	Yes
Security Officer	30	0	15	Ongoing-based on facility needs	No

Transporter/Transport Aide	2	1	3	Ongoing-based on facility needs	No
Sales Gift Shop	0	0	0	Ongoing-based on facility needs	No
Phlebotomy/Specimen Handling Lab Aide	5	3	8	Ongoing-based on facility needs	No
EKG Technician	0	0	0	Ongoing-based on facility needs	No
Medical Assistant	8	3	8	Ongoing-based on facility needs	No
Rehabilitation Aide	1	2	3	Ongoing-based on facility needs	No
Aquatic Instructor	0	0	1	Ongoing-based on facility needs	No
Speech Therapy Aide	0	0	0	Ongoing-based on facility needs	No
Pathology Lab Accessioner	5	1	6	Ongoing-based on facility needs	No
Client Services Representative	0	2	3	Ongoing-based on facility needs	No
Patient Services Representative	7	1	7	Ongoing-based on facility needs	No
Patient Support Representative	2	0	1	Ongoing-based on facility needs	No
Patient Access Representative	23	8	24	Ongoing-based on facility needs	No
Point of Service Specialist	0	0	0	Ongoing-based on facility needs	No
Medical Administrative Assistant	0	0	0	Ongoing-based on facility needs	No
Health Information Technology/Billing	0	0	0	Ongoing-based on facility needs	No
PBX Operator	3	0	3	Ongoing-based on facility needs	No
Home Health Aide	0	2	2	Ongoing-based on facility needs	Yes
Certified Nursing Assistant	3	9	4	Ongoing-based on facility needs	Yes
Hospital Attendant	4	12	40	Ongoing-based on facility needs	Yes
Certified Hospital Attendant	30	3	12	Ongoing-based on facility needs	Yes
Unit Coordinator/Unit Clerk	21	10	16	Ongoing-based on facility needs	No
Emergency Dept. Technician	3	2	3	Ongoing-based on facility needs	No

Please fax, email, or mail this form SIGNED to:

Attn: Business Services

Tel: 415-701-4848

Fax: 415-701-4897



ATTACHMENT 4

Construction and Local Business Enterprise Hiring

2015 CONSTRUCTION WORKFORCE DEVELOPMENT

First Source Hiring Program for Construction

	Category	Goal	Actual	Comments
1.	New and core opportunities for union journeymen and apprentices	30% of trade hours worked by San Francisco Residents	30% (VNGH) 33% (STL) 19% (VNMOB) 31% overall	
2.	Entry-Level Positions for union apprentice candidates	50% of new hire opportunities filled with System Referrals	31%	61 out of 194 Due to unavailability of apprentice ironworkers, plumbers and electricians
3.	Workforce Development Group	Creation of Group	Meetings held January 28, 2015 May 28, 2015, November 4, 2015	
4.	Entry-Level Positions for non-union administrative and engineering candidates	50% of new hire opportunities filled with System Referrals	100%	17 out of 17 Sourced through the CAPSA – Mission Hiring Hall
5.	Entry-Level Positions for administrative and engineering internship candidates	50% of new hire opportunities filled with System Referrals	73%	11 out of 15 Sourced through SFSU - MESA Engineering Department Program
6.	Number of apprentice hours for new union apprentices	21% of hours for new union apprentices by System Referrals	40%	

Local Business Enterprise Hiring

	Category	Goal	Actual	Comments
7.	Contracting with Local Business Enterprises	14% of the value of all Contracts	11% (VNGH) 11% (STL) 3% (VNMOB) 11% Overall	\$28,370,941 VNGH \$8,506,187 STL \$141,245 VNMOB \$37,018,373 to date

- **San Francisco Resident Construction Workforce Hiring Goals:** Construction hiring goals are to have 30% of the total hire hours performed by San Francisco Workforce, including 50% for new hire apprentice opportunities. Coordinated meetings between the Office of Economic and Workforce Development (OEWD) – CityBuild, trade partners and subcontractors to develop a work plan with regards to our efforts to achieve these goals. .
- **San Francisco Workforce Hours for construction hires from Elation System**
Goal of 30%. Achieved 30% at Van Ness and Geary Hospital Project, 33% at St. Luke's Hospital Project and 19% at Van Ness MOB with a combined 31% of total through 2015 construction hours performed by San Francisco residents. **(Exhibit A)**
- **San Francisco Workforce Goal for new hire apprentices from Elation Systems**
Goal of 50%. Achieved 31% for 2015 and in compliance based on the good faith efforts. **(Exhibit B)** 40% of the new hire apprentice hours were performed by System Referrals.
- **San Francisco Workforce Goal for new hire apprentice hours from Elation Systems** Goal of 21%. Achieved 40% for 2015 and in compliance based on the good faith efforts.

Realizing in 2014 that there was a regional shortage of available ironworker apprentice HerreroBOLDT, CityBuild, Herrick Steel (structural steel trade contractor) and the ironworkers' apprenticeship program collaborated on a special training to produce welders' helpers for the needs on both projects. Graduates from this training worked on both hospital projects and continued working with Herrick once their work on the hospital projects was done.

Planning at the end of 2015 was initiated with the Glazier Union, CityBuild, Custom Engineering Openings (Glazing contractor) and HerreroBoldt to develop a training that would prepare San Francisco residents for entry level opportunities for apprentice Glaziers.

HerreroBoldt and Southland Industries have begun coordination on list trade interview preparation. This interview preparation will work to assist individual in what to say in a list trade interview.

All of the supplemental trainings were funded in part from the CPMC Construction Workforce Funding that sits with OEWD.

HerreroBOLDT is currently working with the San Francisco Unified School District's Tech21, SFCC, Asian Neighborhood Design and other CBO programs in building capacity for the apprentice pipeline. We will be hosting summer construction interns and will be mentoring graduates of the Tech21 program.

- **The Workforce Development Group** for the projects which includes HerreroBOLDT, Trade Partners, Union Representatives, CityBuild and CPMC was established and meetings were held on January 28, 2015, May28, 2015 and November 4, 2015.
- **Administrative and Project Engineer Intern Hiring:** Administrative Hires: Goal of 50%. Achieved 100% for 2015. Project Engineer Intern Hires: Goal of 50%. Achieved 73% for 2015 and in compliance based on the good faith efforts.



HerreroBoldt teaches 13 classes at the Construction Administrative and Professional Services Academy (CAPSA) each semester. These construction industry specific training modules supplement the teaching in the CAPSA program. CAPSA provides San Francisco resident jobseekers with the highest level of career development with vocational training facilitated at CCSF-Mission Campus, combined with Job-Readiness at Mission Hiring Hall.

Of the 17 first source administrative positions that have come available 17 have been filled with system referrals source through Mission Hiring Hall - CAPSA.

HerreroBoldt is sourcing candidates from the MESA Engineering Program (MEP). MEP recruits historically underrepresented students into SFSU's engineering program. Throughout their studies, the women and men in the program receive academic support and personal counseling to keep them on track toward their degrees. MEP helps participating students graduate and enter the job market with the skill and confidence they need to succeed as engineers.

Four of the San Francisco resident project engineering interns have been hired by HerreroBoldt as fulltime project engineers.

Administrative Hires in 2015

- Accounting Clerk (VNGH)
- Administrative Assistant (VNGH)
- Front Desk Coordinator (VNGH)
- Project Coordinator Workforce Development
- Administrative Assistant (STL)
- Document Coordinator (STL)
- Administrative Assistant (Rosendin)
- Document Coordinator (Southland)

Project Engineer Internships

- Site and Structure Project Engineer Intern
- MEP Project Engineer Intern
- Production Project Engineer Intern
- Site and Structure Project Engineer Intern
- MEP Project Engineer Intern
- Production Project Engineer Intern
- Interior Project Engineer Intern
- Exterior Project Engineer Intern
- Production Project Engineer Intern (STL)
- High School Intern from Build SF (SFUSD)
- High School Intern from Build SF (SFUSD)

- **LBE Program:** Goal of 14%. Achieved 11% VNGH / 11% STL / 9% VNMOB through 2015 and 11% for both projects overall with \$37,018,373. **(Exhibit C)** The goals for the Local Business Enterprise (LBE) program are 14% San Francisco based business contracting with no distinction between Contract Monitoring Division (CMD) certified and HerreroBOLDT certified. Included with report is a list of CMD certified contractors and suppliers.

HerreroBoldt volunteered to be a part of the CMD's mentor –protégé program and has gone into a mentor – protégé relationship with Empire Engineering and Construction Inc.

Over the next two years HerreroBoldt will work with Empire to build capacity in the

Collaborate, Really Collaborate

Tightly Couple Learning with Action

Increase Relatedness

Projects as Networks of Commitments

Optimize the Whole



following areas: human resources, organizational structure, safety, finance, accounting and information technology.

HerreroBOLDT has worked closely with the CMD to establish the perimeters of this customized program. HerreroBoldt and its subcontractors have contracted with an array of CMD certified contractors and suppliers. **(Exhibit D)**

- **Additional Community Engagement:**

HerreroBOLDT attended or conducted the 74 events in the community during 2015

- Public Utilities Commission Assistance Center GC Meeting 1/7/2015
- St. Luke's Community Advisory Group Meeting 1/13/2015
- SFUSD Pipeline Career Fair 1/14/2015
- Herrick – Ironworker Training Kick Off at CityBuild Academy 1/26/2015
- Sutter Health CPMC Workforce Development Group Meeting 1/28/2015
- SFSU Summer PE Summer Internship Recruitment Event 2/2/2015
- CAPSA Mixer 2/11/2015
- Mission Bernal Merchants' Association Engagement 2/12/2015
- CityBuild Academy St. Luke's Job Walk 2/19/2015
- CCSF Building Information Advisory Committee 2/20/2015
- City Hall Outreach Van Ness Avenue Closure 2/25/2015
- SFUSD TECH 21 Internship Days 2/26/2015
- Van Ness and Geary Campus Community Advisory Group Meeting 2/26/2015
- SF Chamber of Commerce City Beat Breakfast 3/4/2015
- SFUSD TECH 21 Internship Days 3/5/2015
- Bagatelos Presentation at CityBuild Academy 3/6/2015
- Young Community Developers EPA Class Presentation 3/11/2015
- SFUSD TECH 21 Internship Days 3/12/2015
- Van Ness Avenue Closure – Seniors on the Hill 3/13/2015
- Cal Drywall Training Module at CityBuild Academy 3/16/2015
- Gerdau Presentation at CityBuild Academy 3/20/2015
- CityBuild Academy VNGC Job Site Walk 3/20/2015
- San Francisco Conservation Corps - Fundraiser – Ignite 3/25/2015
- Public Utilities Commission Assistance Center GC Meeting 3/26/2015
- SFUSD TECH 21 Showcase 3/26/2015
- SF Tower Van Ness Avenue Closure Presentation 4/1/2015
- CCSF Construction Management Mixer 4/14/2015
- St. Luke's Community Advisory Group Meeting 4/15/2015
- Ironworker's Apprenticeship Selection Day 4/22/2015
- SFCC Pre-Apprenticeship Program Presentation 4/28/2015
- SFCC-Pre Apprenticeship Graduation 4/30/2015
- Southeast Community Facility 3rd Annual Career Fair 5/6/2015
- CityBuild Academy Open House 5/8/2015
- Laborer's Community Training Foundation Fundraiser 5/13/2015
- Public Utilities Commission's 9th Annual Breakfast 5/14/2015
- DA Hearing at Public Safety and Neighborhood Services Committee 5/18/2015
- Sutter Health CPMC Workforce Development Group Meeting 5/28/2015
- CityBuild – CAPSA Graduation 6/3/2015

- Van Ness and Geary Campus Community Advisory Group Meeting 6/10/2015
- Charity Cultural Services Center – Fundraiser 6/12/2015
- Job Corps Treasure Island Community Relations Council Luncheon 6/17/2015
- Mission Bernal Merchant Association - Summer Stroll 6/18/2015
- Ella Hill Hutch Love and Basketball Tournament 6/20/2015
- SFUSD TECH 21 Internship Days 6/30/2015
- SFUSD TECH 21 Internship Days 7/7/2015
- CityBuild Academy Ironworker Prospects STL Site Tour 7/28/2015
- Young Community Developer's Construction Day 8/13/2015
- St. Luke's - Replacement Hospital Community Meeting 8/19/2015
- SF Conservation Corps Job Site Tour STL 8/21/2015
- Project Open Hand Volunteer Evening 9/9/2015
- Mission Housing Development Corp Gala 9/17/2015
- SFUSD Pipeline TECH 21 Career Fair 9/22/2015
- CAPSA Mixer 10/1/2015
- Mission Hiring Hall Gala 10/6/2015
- Young Community Developers Construction Presentation 10/8/2015
- Van Ness and Geary MOB Community Meeting 10/8/2015
- National Association of Women in Construction Site Tour 10/14/2015
- City College of San Francisco BIM Curriculum Advisory Committee 10/16/2015
- Sutter Health CPMC Workforce Development Group Meeting 11/4/2015
- RenConnect Event (Renaissance Center Bayview) 11/10/2015
- National Association of Minority Contractors Event 11/12/2015
- Project Open Hand Volunteer Evening 11/18/2015
- CityBuild CAPSA Graduation 12/21/2015
- La Voz Latina del Tenderloin Winter Wonderland 12/23/2015

Exhibit

A

All Projects

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Trade	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
TOTAL	591215.99	180809.90	30.58%	105954.51	17.92%	42610.54	40.22%
A & B Construction	2463.00	779.00	31.63%				
Alamillo Rebar Inc.	9904.50	1140.50	11.51%	2818.50	28.46%	979.50	34.75%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	72.50	8.00	11.03%	8.00	11.03%		
Bear Scaffold and Services	309.00	50.50	16.34%	21.50	6.96%		
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
CAL CON PUMPING LLC	67.00						
CALIFORNIA DRYWALL COMPANY	12810.50	1461.50	11.41%	2479.00	19.35%	1092.00	44.05%
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	9037.00	165.00	1.83%	991.50	10.97%	105.00	10.59%
CF&T Concrete Pumping	1133.25						
Charles Pankow Builders, Ltd	90000.05	28045.50	31.16%	18021.50	20.02%	6697.00	37.16%
Clipper International	12318.50	4444.00	36.08%				
CMC CONSTRUCTION- 2	1408.00	111.00	7.88%	244.00	17.33%	82.00	33.61%
CMC Traffic Control Specialists dba CMC Construction	241.50			10.50	4.35%		
CONCO PUMPING	145.75						

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Concrete Wall Sawing Co., Inc.	455.00						
CONDON-JOHNSON & ASSOCIATES INC	2049.00	25.00	1.22%				
Cupertino Electric Inc.	706.50	546.00	77.28%				
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						
EVANS BROTHERS INC	5385.00	1345.00	24.98%	504.00	9.36%	504.00	100.00%
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	48.00						
F3 & Associates Inc.	409.00			102.50	25.06%		
Ferma Corporation	34474.50	8830.00	25.61%	1411.50	4.09%	841.50	59.62%
Gerdau Reinforcing Steel	32973.00	2886.50	8.75%	10821.00	32.82%	2886.50	26.67%
Giron Construction	8816.50	5078.00	57.60%	1919.50	21.77%	1081.00	56.32%
H&M Fire Protection, Inc.	1141.00	359.00	31.46%	368.00	32.25%		
Harrison Drywall Inc.	2237.50	382.50	17.09%	155.00	6.93%		
Hatton Crane & Rigging, Inc.	166.50						
Herrero Contractors, Inc.	53030.45	23446.70	44.21%	11651.45	21.97%	6454.25	55.39%
HVAC Controls Corporation	7.00						
John Jackson Masonry	457.50	16.00	3.50%	61.50	13.44%		
K.M. McRae, Inc.	31.50						
KING CRANE SERVICE	1494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
Kwan Wo Ironworks Inc. - San Francisco, CA	6229.00	5268.00	84.57%	2528.00	40.58%	2400.00	94.94%

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Liquidyn, Inc.	8378.00	2116.00	25.26%	2893.00	34.53%	905.00	31.28%
Malcolm Drilling Company, Inc.	29663.00	7596.00	25.61%	1795.00	6.05%	1165.00	64.90%
MARTIN M. RON ASSOC. INC.	3376.00	579.00	17.15%	29.00	0.86%	29.00	100.00%
McGill Erection and Welding, Inc.	400.00	32.00	8.00%				
MCGUIRE & HESTER	10425.50	1514.00	14.52%	597.00	5.73%	162.00	27.14%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	284.00			78.00	27.46%		
Morrow Equipment Company	722.75						
NTK Construction, Inc.	7691.00	5392.50	70.11%	275.50	3.58%	275.50	100.00%
OLSON & CO. STEEL	5466.00	1054.50	19.29%	1311.00	23.98%	773.00	58.96%
PACIFIC ERECTORS, INC	19681.00	3166.00	16.09%	7682.00	39.03%	3166.00	41.21%
Peterson Mechanical, Inc.	1248.00	4.00	0.32%	518.50	41.55%	4.00	0.77%
Phoenix Electric Company	911.50	424.25	46.54%	182.00	19.97%	149.50	82.14%
QOL Corp DBA Custom Engineered Openings Windows and Doors	1465.50	1010.50	68.95%				
Ransome Company	61.50						
RLH FIRE PROTECTION	6378.00	664.00	10.41%	3377.50	52.96%	470.00	13.92%
Rosendin Electric, Inc.	28381.00	2615.50	9.22%	4254.00	14.99%	455.50	10.71%
Ryan Engineering, Inc.	32062.25	18863.50	58.83%				
Safway Services, LLC - Burlingame	2335.50	562.00	24.06%	942.00	40.33%	420.50	44.64%
Scaffold Solutions	145.00	39.00	26.90%	9.00	6.21%	1.00	11.11%
Sheedy Drayage Co	2567.50	230.50	8.98%	402.00	15.66%		

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Southland Industries	15788.00	2455.50	15.55%	5617.00	35.58%	1518.50	27.03%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	19.50	13.00	66.67%				
SUPERIOR GUNITE	2394.50	64.50	2.69%	79.00	3.30%		
TC STEEL	226.00			134.00	59.29%		
The Boldt Company	11153.50	3897.00	34.94%				
The Herrick Corporation	78318.50	25645.00	32.74%	15123.50	19.31%	6905.00	45.66%
THE LAWSON ROOFING CO., INC.	18060.99	9254.95	51.24%	5631.06	31.18%	3001.79	53.31%
Van Mulder Sheet Metal, Inc.	418.50						
WPCS International-Suisun City, Inc.	1302.00			76.00	5.84%		
Yolanda's Construction Management and Traffic Control	9599.00	8835.50	92.05%				

** NOTES: Projects List **

--St. Lukes Replacement Hospital

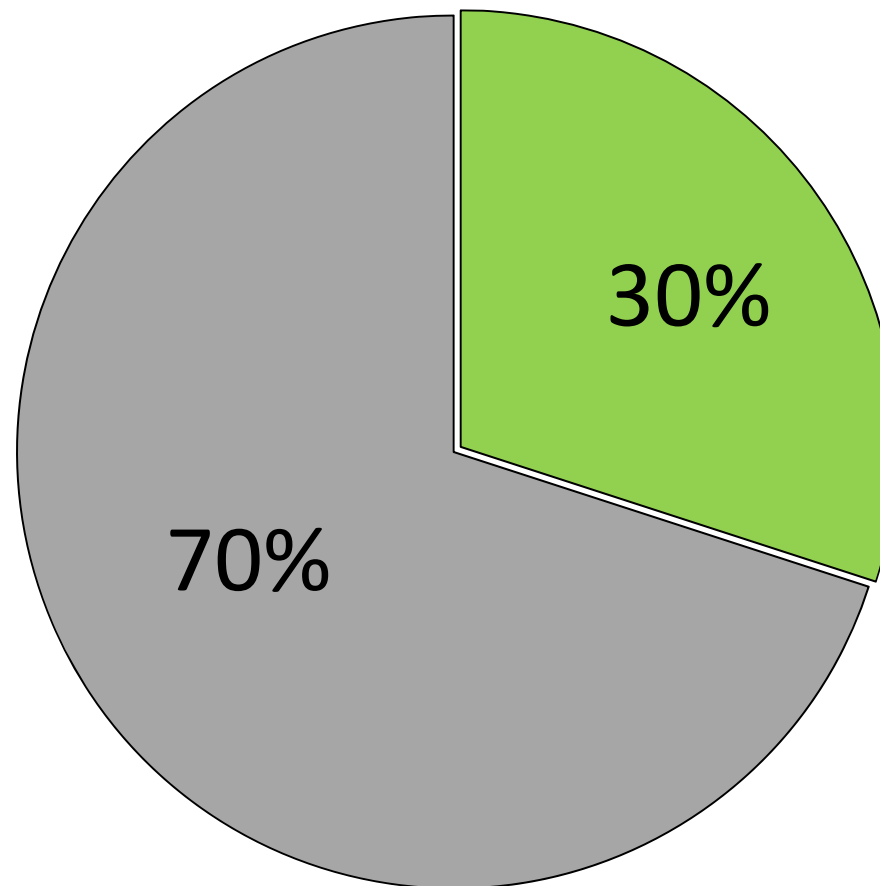
--Van Ness and Geary Hospital

--Van Ness Garage and Medical Office Building

Van Ness and Geary Hospital Project

VNGC Hospital Summary Overall - December 2015

■ SF Resident Hours ■ Non San Francisco Resident Hours



Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Trade	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
TOTAL	453950.74	136464.40	30.06%	86545.51	19.06%	31293.54	36.16%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	58.00	8.00	13.79%	8.00	13.79%		
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
CALIFORNIA DRYWALL COMPANY	12810.50	1461.50	11.41%	2479.00	19.35%	1092.00	44.05%
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	7396.50	133.00	1.80%	778.00	10.52%	105.00	13.50%
CF&T Concrete Pumping	885.25						
Charles Pankow Builders, Ltd	64074.55	20483.00	31.97%	15960.50	24.91%	5905.00	37.00%
Clipper International	10605.50	3689.50	34.79%				
CMC CONSTRUCTION- 2	1408.00	111.00	7.88%	244.00	17.33%	82.00	33.61%
CMC Traffic Control Specialists dba CMC Construction	241.50			10.50	4.35%		
Concrete Wall Sawing Co., Inc.	455.00						
De Haro Ramirez Group	260.00	99.50	38.27%				
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	48.00						
F3 & Associates Inc.	381.00			88.50	23.23%		

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Ferma Corporation	34474.50	8830.00	25.61%	1411.50	4.09%	841.50	59.62%
Gerdau Reinforcing Steel	32973.00	2886.50	8.75%	10821.00	32.82%	2886.50	26.67%
Giron Construction	8816.50	5078.00	57.60%	1919.50	21.77%	1081.00	56.32%
H&M Fire Protection, Inc.	1031.00	309.00	29.97%	336.00	32.59%		
Harrison Drywall Inc.	1914.00	382.50	19.98%	144.00	7.52%		
Herrero Contractors, Inc.	36383.45	15539.20	42.71%	8021.95	22.05%	2824.75	35.21%
HVAC Controls Corporation	7.00						
John Jackson Masonry	457.50	16.00	3.50%	61.50	13.44%		
K.M. McRae, Inc.	31.50						
KING CRANE SERVICE	1494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
Kwan Wo Ironworks Inc. - San Francisco, CA	3734.00	3173.00	84.98%	1481.00	39.66%	1481.00	100.00%
Liquidyn, Inc.	8152.00	1890.00	23.18%	2667.00	32.72%	679.00	25.46%
Malcolm Drilling Company, Inc.	25891.00	7256.50	28.03%	1783.50	6.89%	1165.00	65.32%
MARTIN M. RON ASSOC. INC.	2432.00	328.00	13.49%	29.00	1.19%	29.00	100.00%
MCGUIRE & HESTER	10425.50	1514.00	14.52%	597.00	5.73%	162.00	27.14%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	284.00			78.00	27.46%		
Morrow Equipment Company	503.50						
OLSON & CO. STEEL	5466.00	1054.50	19.29%	1311.00	23.98%	773.00	58.96%
PACIFIC ERECTORS, INC	16099.00	2791.00	17.34%	6620.00	41.12%	2791.00	42.16%
Peterson Mechanical, Inc.	1210.50			496.50	41.02%		

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Phoenix Electric Company	911.50	424.25	46.54%	182.00	19.97%	149.50	82.14%
QOL Corp DBA Custom Engineered Openings Windows and Doors	1465.50	1010.50	68.95%				
RLH FIRE PROTECTION	5918.00	464.00	7.84%	3173.50	53.62%	456.00	14.37%
Rosendin Electric, Inc.	27100.00	2559.50	9.44%	3607.00	13.31%	455.50	12.63%
Ryan Engineering, Inc.	15022.00	11476.50	76.40%				
Safway Services, LLC - Burlingame	2335.50	562.00	24.06%	942.00	40.33%	420.50	44.64%
Sheedy Drayage Co	2154.50	164.00	7.61%	380.00	17.64%		
Southland Industries	9163.00	2160.00	23.57%	4195.00	45.78%	1314.00	31.32%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	19.50	13.00	66.67%				
SUPERIOR GUNITE	1644.50	64.50	3.92%	45.00	2.74%		
TC STEEL	226.00			134.00	59.29%		
The Boldt Company	10528.50	3777.00	35.87%				
The Herrick Corporation	60956.00	21599.00	35.43%	11124.50	18.25%	4155.00	37.35%
THE LAWSON ROOFING CO., INC.	13497.49	6652.95	49.29%	4508.06	33.40%	2358.79	52.32%
Van Mulder Sheet Metal, Inc.	418.50						
WPCS International-Suisun City, Inc.	1302.00			76.00	5.84%		
Yolanda's Construction Management and Traffic Control	8957.00	8217.50	91.74%				

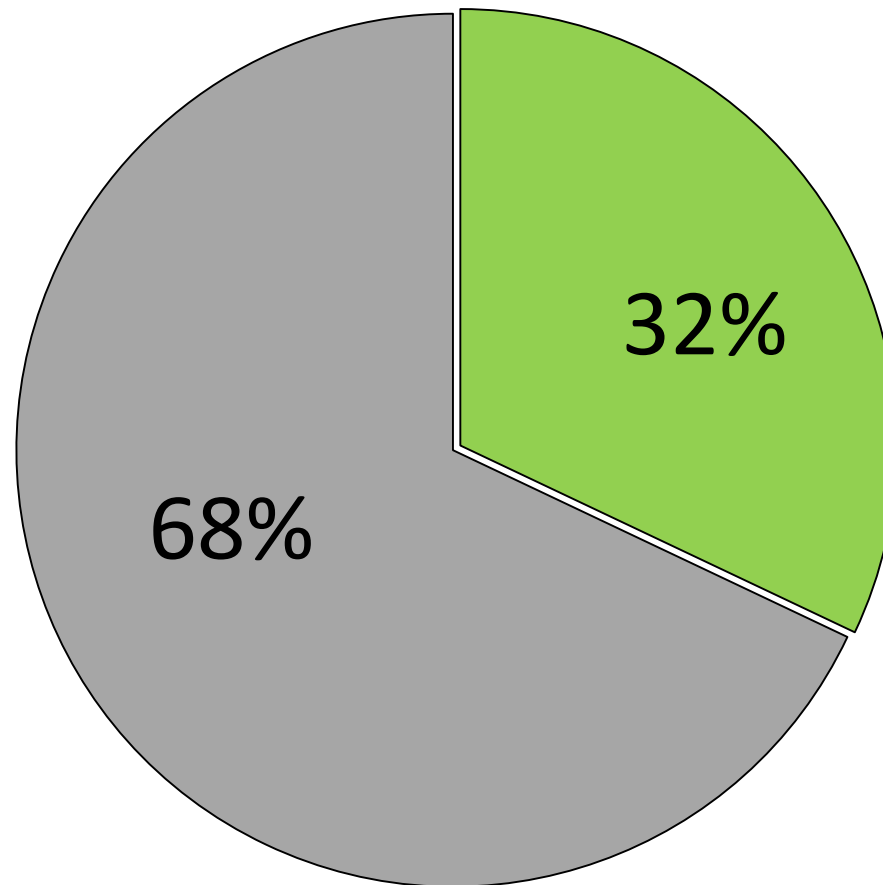
** NOTES: Projects List **

--Van Ness and Geary Hospital

St. Luke's Hospital Project

The Replacement Hospital at the St. Luke's Campus Summary Overall - December 2015

■ SF Resident Hours ■ Non San Francisco Resident Hours



Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Trade	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
TOTAL	125070.25	42056.50	33.63%	18840.00	15.06%	10813.00	57.39%
A & B Construction	2463.00	779.00	31.63%				
Alamillo Rebar Inc.	9904.50	1140.50	11.51%	2818.50	28.46%	979.50	34.75%
Bay Line Cutting & Coring, Inc.	14.50						
CAL CON PUMPING LLC	67.00						
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	1640.50	32.00	1.95%	213.50	13.01%		
CF&T Concrete Pumping	248.00						
Charles Pankow Builders, Ltd	23903.00	7554.50	31.60%	2029.00	8.49%	792.00	39.03%
Clipper International	1713.00	754.50	44.05%				
CONCO PUMPING	145.75						
CONDON-JOHNSON & ASSOCIATES INC	2049.00	25.00	1.22%				
De Haro Ramirez Group	76.00	8.00	10.53%				
Del Secco Diamond Core & Saw, Inc.	7.50						
F3 & Associates Inc.	28.00			14.00	50.00%		
H&M Fire Protection, Inc.	110.00	50.00	45.45%	32.00	29.09%		
Harrison Drywall Inc.	323.50			11.00	3.40%		
Hatton Crane & Rigging, Inc.	166.50						

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Herrero Contractors, Inc.	16647.00	7907.50	47.50%	3629.50	21.80%	3629.50	100.00%
Kwan Wo Ironworks Inc. - San Francisco, CA	2495.00	2095.00	83.97%	1047.00	41.96%	919.00	87.77%
Liquidyn, Inc.	226.00	226.00	100.00%	226.00	100.00%	226.00	100.00%
MARTIN M. RON ASSOC. INC.	944.00	251.00	26.59%				
McGill Erection and Welding, Inc.	400.00	32.00	8.00%				
Morrow Equipment Company	219.25						
NTK Construction, Inc.	7691.00	5392.50	70.11%	275.50	3.58%	275.50	100.00%
PACIFIC ERECTORS, INC	3582.00	375.00	10.47%	1062.00	29.65%	375.00	35.31%
Peterson Mechanical, Inc.	37.50	4.00	10.67%	22.00	58.67%	4.00	18.18%
Ransome Company	61.50						
RLH FIRE PROTECTION	460.00	200.00	43.48%	204.00	44.35%	14.00	6.86%
Rosendin Electric, Inc.	1281.00	56.00	4.37%	647.00	50.51%		
Ryan Engineering, Inc.	17040.25	7387.00	43.35%				
Scaffold Solutions	145.00	39.00	26.90%	9.00	6.21%	1.00	11.11%
Sheedy Drayage Co	413.00	66.50	16.10%	22.00	5.33%		
Southland Industries	6625.00	295.50	4.46%	1422.00	21.46%	204.50	14.38%
SUPERIOR GUNITE	750.00			34.00	4.53%		
The Boldt Company	625.00	120.00	19.20%				
The Herrick Corporation	17362.50	4046.00	23.30%	3999.00	23.03%	2750.00	68.77%
THE LAWSON ROOFING CO., INC.	4563.50	2602.00	57.02%	1123.00	24.61%	643.00	57.26%
Yolanda's Construction Management and Traffic Control	642.00	618.00	96.26%				

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

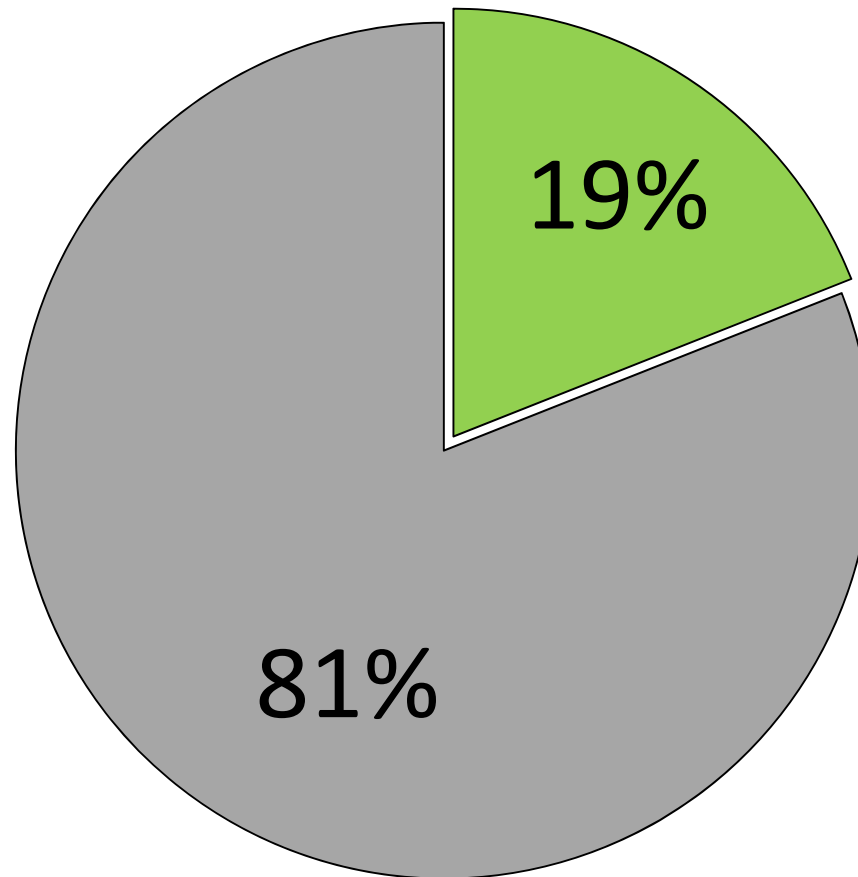
** NOTES: Projects List **

--St. Lukes Replacement Hospital

Van Ness and Geary Medical Office Building Project

VNGC MOB Summary Overall - December 2015

■ SF Resident Hours ■ Non San Francisco Resident Hours



Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Trade	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
TOTAL	12195.00	2289.00	18.77%	569.00	4.67%	504.00	88.58%
Bear Scaffold and Services	309.00	50.50	16.34%	21.50	6.96%		
Charles Pankow Builders, Ltd	2022.50	8.00	0.40%	32.00	1.58%		
Cupertino Electric Inc.	706.50	546.00	77.28%				
EVANS BROTHERS INC	5385.00	1345.00	24.98%	504.00	9.36%	504.00	100.00%
Malcolm Drilling Company, Inc.	3772.00	339.50	9.00%	11.50	0.30%		

** NOTES: Projects List **

--Van Ness Garage and Medical Office Building

HerreroBoldt Projects

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

Trade	Total Hours			Apprentice Hours			
	Total	SF City	SF City%	Total	Total%	SF City	SF City%
Categories							
Selected Projects							
TOTAL	579020.99	178520.90	30.83%	105385.51	18.20%	42106.54	39.95%
A & B Construction	2463.00	779.00	31.63%				
Alamillo Rebar Inc.	9904.50	1140.50	11.51%	2818.50	28.46%	979.50	34.75%
Art Alger Inc., DBA Peninsula Crane & Rigging	740.00			162.00	21.89%		
Bay Area Lightworks, Inc.	281.00	273.00	97.15%	81.50	29.00%	81.50	100.00%
Bay Line Cutting & Coring, Inc.	72.50	8.00	11.03%	8.00	11.03%		
Bryant Surveys, Inc.	22.00	5.00	22.73%	5.00	22.73%	5.00	100.00%
CAL CON PUMPING LLC	67.00						
CALIFORNIA DRYWALL COMPANY	12810.50	1461.50	11.41%	2479.00	19.35%	1092.00	44.05%
CASEY-FOGLI CONCRETE CONTRACTORS, INC.	9037.00	165.00	1.83%	991.50	10.97%	105.00	10.59%
CF&T Concrete Pumping	1133.25						
Charles Pankow Builders, Ltd	87977.55	28037.50	31.87%	17989.50	20.45%	6697.00	37.23%
Clipper International	12318.50	4444.00	36.08%				
CMC CONSTRUCTION- 2	1408.00	111.00	7.88%	244.00	17.33%	82.00	33.61%
CMC Traffic Control Specialists dba CMC Construction	241.50			10.50	4.35%		
CONCO PUMPING	145.75						
Concrete Wall Sawing Co., Inc.	455.00						

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

CONDON-JOHNSON & ASSOCIATES INC	2049.00	25.00	1.22%				
De Haro Ramirez Group	336.00	107.50	31.99%				
Del Secco Diamond Core & Saw, Inc.	7.50						
EXARO TECHNOLOGIES CORPORATION	690.00	8.00	1.16%				
F.D. Thomas, Inc.	48.00						
F3 & Associates Inc.	409.00			102.50	25.06%		
Ferma Corporation	34474.50	8830.00	25.61%	1411.50	4.09%	841.50	59.62%
Gerdau Reinforcing Steel	32973.00	2886.50	8.75%	10821.00	32.82%	2886.50	26.67%
Giron Construction	8816.50	5078.00	57.60%	1919.50	21.77%	1081.00	56.32%
H&M Fire Protection, Inc.	1141.00	359.00	31.46%	368.00	32.25%		
Harrison Drywall Inc.	2237.50	382.50	17.09%	155.00	6.93%		
Hatton Crane & Rigging, Inc.	166.50						
Herrero Contractors, Inc.	53030.45	23446.70	44.21%	11651.45	21.97%	6454.25	55.39%
HVAC Controls Corporation	7.00						
John Jackson Masonry	457.50	16.00	3.50%	61.50	13.44%		
K.M. McRae, Inc.	31.50						
KING CRANE SERVICE	1494.00			570.00	38.15%		
Kingsborough Atlas Tree Surgery, Inc.	42.50						
Kwan Wo Ironworks Inc. - San Francisco, CA	6229.00	5268.00	84.57%	2528.00	40.58%	2400.00	94.94%
Liquidyn, Inc.	8378.00	2116.00	25.26%	2893.00	34.53%	905.00	31.28%
Malcolm Drilling Company, Inc.	25891.00	7256.50	28.03%	1783.50	6.89%	1165.00	65.32%
MARTIN M. RON ASSOC. INC.	3376.00	579.00	17.15%	29.00	0.86%	29.00	100.00%

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

McGill Erection and Welding, Inc.	400.00	32.00	8.00%				
MCGUIRE & HESTER	10425.50	1514.00	14.52%	597.00	5.73%	162.00	27.14%
McMillan Electric Co.	30.50			13.00	42.62%		
Mission City Rebar, Inc.	284.00			78.00	27.46%		
Morrow Equipment Company	722.75						
NTK Construction, Inc.	7691.00	5392.50	70.11%	275.50	3.58%	275.50	100.00%
OLSON & CO. STEEL	5466.00	1054.50	19.29%	1311.00	23.98%	773.00	58.96%
PACIFIC ERECTORS, INC	19681.00	3166.00	16.09%	7682.00	39.03%	3166.00	41.21%
Peterson Mechanical, Inc.	1248.00	4.00	0.32%	518.50	41.55%	4.00	0.77%
Phoenix Electric Company	911.50	424.25	46.54%	182.00	19.97%	149.50	82.14%
QOL Corp DBA Custom Engineered Openings Windows and Doors	1465.50	1010.50	68.95%				
Ransome Company	61.50						
RLH FIRE PROTECTION	6378.00	664.00	10.41%	3377.50	52.96%	470.00	13.92%
Rosendin Electric, Inc.	28381.00	2615.50	9.22%	4254.00	14.99%	455.50	10.71%
Ryan Engineering, Inc.	32062.25	18863.50	58.83%				
Safway Services, LLC - Burlingame	2335.50	562.00	24.06%	942.00	40.33%	420.50	44.64%
Scaffold Solutions	145.00	39.00	26.90%	9.00	6.21%	1.00	11.11%
Sheedy Drayage Co	2567.50	230.50	8.98%	402.00	15.66%		
Southland Industries	15788.00	2455.50	15.55%	5617.00	35.58%	1518.50	27.03%
Statewide Construction Sweeping	121.50						
Superior Coring & Cutting Inc.	19.50	13.00	66.67%				

Workforce Contractor Summary

California Pacific Medical Center

Date before 12/31/2015

SUPERIOR GUNITE	2394.50	64.50	2.69%	79.00	3.30%		
TC STEEL	226.00			134.00	59.29%		
The Boldt Company	11153.50	3897.00	34.94%				
The Herrick Corporation	78318.50	25645.00	32.74%	15123.50	19.31%	6905.00	45.66%
THE LAWSON ROOFING CO., INC.	18060.99	9254.95	51.24%	5631.06	31.18%	3001.79	53.31%
Van Mulder Sheet Metal, Inc.	418.50						
WPCS International-Suisun City, Inc.	1302.00			76.00	5.84%		
Yolanda's Construction Management and Traffic Control	9599.00	8835.50	92.05%				

** NOTES: Projects List **

--St. Lukes Replacement Hospital

--Van Ness and Geary Hospital

Exhibit B

Total New Apprentice Hires on CPMC Projects: 194

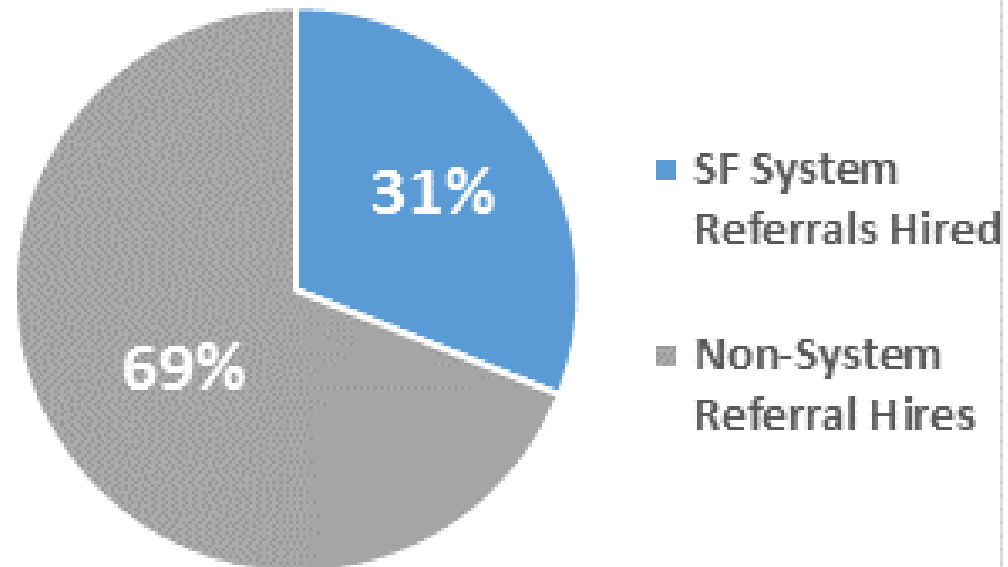


Exhibit C

Van Ness and Geary Campus Hospital Project LBE Reporting 2015

LBE Company



Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15

HERREROBOLDT	40,348	51,392	106,511	45,062	42,598	61,976	91,076	48,497	76,469	1,223,682	34,551	91,022
Total LBE Billing - HB	982,699	760,019	957,408	726,963	1,397,622	1,306,018	1,254,378	3,011,300	2,298,324	2,885,704	2,392,089	1,778,777
Cumulative LBE Billing	9,602,338	10,362,357	11,319,764	12,046,728	13,444,350	14,750,368	16,004,746	19,016,046	21,314,370	24,200,074	26,592,164	28,370,941
HerreroBoldt Billing	8,534,373	8,660,099	10,148,526	15,039,259	10,005,279	14,224,534	13,284,902	21,918,269	17,107,046	17,831,286	23,495,541	16,729,610
Cumulative HB Billing	86,777,591	95,437,690	105,586,216	120,625,475	130,630,754	144,855,288	158,140,190	180,058,459	197,165,505	214,996,791	238,492,332	255,221,942
% LBE Monthly	11.5%	8.8%	9.4%	4.8%	14.0%	9.2%	9.4%	13.7%	13.4%	16.2%	10.2%	10.6%
% LBE Total - HB	11.1%	10.9%	10.7%	10.0%	10.3%	10.2%	10.1%	10.6%	10.8%	11.3%	11.2%	11.1%

The Replacement Hospital at the St. Luke's Campus Project LBE Reporting 2015



Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15

Total LBE Billing - HB Hosp + MR	449,367	109,699	341,865	265,662	540,812	309,709	379,531	1,593,697	498,255	501,105	547,213	741,732
Cumulative LBE Billing	2,798,532	2,908,231	3,250,096	3,515,758	4,056,570	4,366,279	4,745,810	6,339,508	6,837,763	7,338,868	7,886,081	8,627,813
HerreroBoldt Billing	2,727,567	3,520,719	3,342,561	3,561,918	2,730,609	3,262,358	3,445,317	6,570,570	4,806,040	4,599,962	6,102,701	5,134,192
Cumulative HB Hosp + MR Billing	21,213,915	24,734,634	28,077,195	31,639,113	34,369,722	37,632,080	41,077,397	47,647,967	52,454,007	57,053,969	63,156,670	68,290,862
% LBE Monthly	16.5%	3.1%	10.2%	7.5%	19.8%	9.5%	11.0%	24.3%	10.4%	10.9%	9.0%	14.4%
% LBE Total - HB Hosp + MR	13.2%	11.8%	11.6%	11.1%	11.8%	11.6%	11.6%	13.3%	13.0%	12.9%	12.5%	12.6%

Collaborate, Really Collaborate
Tightly Couple Learning with Action

Increase Relatedness
Projects as Networks of Commitments

Optimize the Whole



Van Ness and Geary Campus MOB Project LBE Reporting 2015



LBE Report

Month	Year	Garage Billing	MOB Billing	EBI	Pankow	Cupertino	Total Billing	Total LBE \$'s	% LBE \$'s
	2015	\$ 5,524,025.00	\$ 12,197.25	\$ 74,748.83	\$ 66,496.07	\$ -	\$ 5,536,222.25	\$ 141,244.90	2.55%

Collaborate, Really Collaborate

Tightly Couple Learning with Action

Increase Relatedness

Projects as Networks of Commitments

Optimize the Whole

Exhibit D

CMD Certified LBEs on CPMC Hospital Construction Projects	
DLD Lumber	Lumber Supplier
The Supply Closet	Construction Material
SF Paint Company	Paint Supplier
City Source Rental & Supply	Construction Material
TBC Safety	Safety Supplier
Mike O'Brien Trucking	Trucking
Ark Sign	Sign Supplier
LiquiDyn	Plumbing Contractor
Modulus Consulting	Consulting Supplier
Muller Construction Supply	Construction Material
JRM Equipment	Equipment Supplier
Everyday Janitorial	Janitorial Supplier
Giron Construction	General Contractor
David Schmitt	Fire stopping Contractor
YCAT-C	Traffic Control
CMC Traffic Control	Traffic Supplier
Baylight	Electrical Contractor
Martin Ron	Surveying Contractor
Merriweather & Williams	Human Resources
BergDavis Public Affairs	Public Affairs
Borden Decal	Decal Supplier
Center Hardware	Hardware Supplier
The M-Line	Media and Website Services
Wireless Voice & Data	Construction Material
Black Bear	Security
Linoleum Larry's, Inc.	Flooring Contractor
United CA Glass & Door	Glazing Contractor
AJS Painting	Painting Contractor
Phoenix (M&H Sub)	Electrical Contractor
Reliance Engineering	Electrical Contractor
H & M Fire Protection	Fire Sprinkler Contractor
Municon	Monitoring Services
Front Line	Structural Contractor
Harrison Drywall	Metal Framing Contractor
Team North	Trucking

Clipper International	Operator Contractor
Eco Bay Environmental	Abatement Contractor
Vibro Acoustic	Monitoring Services
A R Sanchez Corea & Assoc Inc	Regulatory Compliance
A1 Protective Services	Security
Level Construction	Material Supplier
NTK Construction	General Engineering
Fluid Gauge	Material Supplier

ATTACHMENT 5

Transportation Demand Management Summary

Transportation Demand Management 2015 Program Summary

- **Hired a full-time TDM Manager**
- **Conducted employee/physician commute survey resulting in a 70% return rate**
- **Reintroduced the San Francisco Emergency Ride Home Program (ERH)**
- **Collaborated with Human Resources and Communications to enhance educational TDM outreach through CPMC intranet, weekly Take 5 updates, Hands@Work newsletter and new employee orientation (NEO)**
- **Dedicated TDM information bulletin boards at each campus**
- **Review of current shuttle operations for both last mile solutions and inter-campus to improve operation efficiencies, service standards and meet increasing BART ridership demands**
- **Improved white zone at Pacific Campus (Clay/Buchanan) to better accommodate CPMC shuttles and San Francisco Paratransit services**
- **Increased the number of bike racks in and around the campuses**
- **Installed a bicycle security cage at Pacific campus**
- **Evaluation of all employee parking both onsite/offsite to recommend rate increases that will support SOV trip and parking demand reduction goals**
- **Inventory of all employee onsite/offsite parking and current utilization**
- **Vanpool Pilot Program approved with \$100/mo. per rider incentive to launch January 2016**
- **Assessment of all vanpool/carpool parking spaces at each campus**
- **Review of current carshare services and preparing to expand carshare footprint at each campus**
- **Evaluation of current courtesy ride home program including its service limitations and opportunities to expand the service and partner with a TNC provider**
- **Forged stronger working relationship with SFMTA traffic enforcement to mitigate pedestrian and vehicle congestion at Pacific campus**

2015 Employee/Physician Commute Survey Results Summary

A major component of the TDM Plan and a requirement of the DA is the annual employee/physician commute survey. The survey provides baselines for CPMC relative to reporting data to the SFMTA.

CPMC conducted an employee/physician commute survey of approximately 6,250 who work at our campuses, July 1-September 1, 2015. The survey was administered through our intranet Healthstream platform.

Survey return rate was 70% or 4,375 completed the online survey. CPMC was required to have at a 30% return rate at each of the four campuses.

- CPMC **SOV (drive alone)** baseline for 2015 is **48%**
- CPMC **public transit** utilization baseline for 2015 is **24%**
- CPMC **bicycle/walk** to work baseline for 2015 is **9%**
- CPMC **carpooling to work** baseline for 2015 is **7%**
(includes drop-offs estimated to be approximately 3%)

CPMC employees/physicians reside throughout the greater Bay Area with the greatest concentration being in the East Bay (Oakland, Berkeley, Hayward, Richmond, San Pablo, Vallejo, Hercules, American Canyon, Fairfield) at 38%

CPMC has almost 30% of their workforce living in San Francisco and living within 1-5 miles from their workplace.

Rounding out the greater Bay Area commuting origins are:

Daly City/South Bay	20%
North Bay	11%
Other	1%

2015 CPMC ON-SITE PARKING, CARPOOL AND BICYCLE FACILITIES			
CAMPUS	ON-SITE PARKING SPACES	EMPLOYEES REGISTERED CARPOOL	BIKE PARKING SPOTS
PAC	477	2	30
CAL	282	22	34
DAV	431	1	38
STL	212	3	18
VISITORS PARKING RATE		\$ 5.00	PER HOUR (w/increment of \$2 per 1/2 hr) Up to a maximum of \$30.00 per day
PATIENT PARKING RATE		\$ 12.00	FLAT RATE - ALL DAY (Requires coupon issued by Department)
EMPLOYEE DAILY RATE		\$ 20.00	FLAT RATE - ALL DAY
EMPLOYEE MONTHLY RATE		\$ 120.00	MONTHLY
The on-site parking rate structure is the same for Visitors/Patients/Employees across all CPMC owned facilities.			

2015 CPMC OFF-SITE PARKING SUBSIDIES			
CAMPUS	OFF-SITE PARKING LOCATION	OFF-SITE CONTRACTED SPACES	EMPLOYEES WITH PARKING SPOTS
PAC	Japan Center 1610 Geary Boulevard San Francisco 94114	400	395
CAL	Geary Mall Garage 5200 Geary Blvd. San Francisco 94114	80	67
F O L S O M	777 Harrison St. San Francisco 94107	16	16
	350 2nd Street San Francisco 94107	7	7
	75 Hawthorne St. San Francisco 94105	7	7
	24 Hrs Fitness San Francisco 94107	6	6
1825 Sac	Staples Garage San Francisco 94109	50	45
DAV	No current employee parking leases	N/A	N/A
STL	No current employee parking leases	N/A	N/A
1375 Sutter	No current employee parking leases	N/A	N/A
Off-Site parking rates are not under CPMC's control. CPMC employees who park at off-site facilities pay subsidized rates that vary by facility.			