C. SAN FRANCISCO GENERAL HOSPITAL

BACKGROUND

San Francisco General Hospital (SFGH) is one of two major hospital affiliations UCSF maintains, the other being the Veterans Affairs Medical Center. This relationship has existed for over 120 years. UCSF’s role at SFGH was renewed in the affiliation agreement executed with the City on August 1, 1994. As a result of the affiliation agreement, UCSF maintains approximately 250 active staff physicians and 553 courtesy staff physicians at SFGH, and UCSF’s postgraduate medical training programs at SFGH now include about 300 students. At any given time, approximately 100 medical students are at SFGH. UCSF faculty train about 800 interns and residents each year who rotate through SFGH in 17 residency programs. Approximately 43% of the UCSF interns and residents are in primary care residency programs. SFGH contains 582 licensed beds.
As a County hospital, SFGH’s mission, as stated in its 1994 Strategic Plan, is to deliver humanistic, cost-effective and culturally-competent health services to the residents of the City and County of San Francisco. SFGH is an essential provider for people throughout the city without access to care because of economic and social issues. In keeping with this mission, SFGH provides health care to the 20% of the city’s population without health insurance and to about half the MediCal and low income uninsured in the city. SFGH is the largest single provider of inpatient mental health services and of essential medical services to patients in jail or prison.

SFGH maintains an Emergency Department qualified to receive patients with a variety of particular medical problems: burns, critical pediatric care, sexual assault, trauma and psychiatric disorders among them. It operates the only 24-hour Psychiatric Emergency Service in San Francisco, a Poison Control Center and the sole trauma center for the county. It also runs the 911 ambulance system and operates the busiest Emergency Department in Northern California, receiving about 50% of all 911 ambulance transports in the city.

HIV and AIDS research and clinical care at SFGH have been a central focus of the institution since the earliest days of the outbreak of the disease. As a result, SFGH has been recognized as having some of the finest AIDS-related programs in the country; at present about 25% of the inpatient population at SFGH suffers from AIDS.

SFGH is facing challenges to remain competitive in a managed care environment in which MediCal managed care patients will be able to enroll in competing provider systems in San Francisco. SFGH thus expects its patient census to vary significantly. Even if it maintains its current market share, a decrease in inpatient population is likely, as with all other hospitals. Because of its high dependence on MediCal and its reliance on state and city budgets for operating income, SFGH could be vulnerable to further budget cuts under managed care unless it can maintain its patient base and increase outpatient revenues. In anticipation of these trends, SFGH is increasing primary care outreach and treatment activities in those fields where SFGH has traditionally been strong, and strengthening its outpatient clinics.

**THE IMMEDIATE SURROUNDINGS**

SFGH is located in the center-east portion of San Francisco, in the Mission District. It is bounded by U.S. 101 to the north, 23rd Street to the south, Vermont Street and U.S. 101 to the east and Potrero Avenue to the west (see Figure 11). The immediate area is residential, with pockets of light industrial or manufacturing facilities and with some neighborhood commercial activity, especially on 24th Street. The immediate residential area surrounding SFGH is a mix of modest single and multiple-family homes. Twenty-third Street passes over U.S. 101 and is a means of access to the neighborhood east of the site.
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Figure 11
San Francisco General Hospital Site Map
Nearby 24th Street is a large neighborhood commercial street, with many small shops and restaurants catering to the largely Hispanic population. Some condominiums, professional offices and restaurants also exist in the general vicinity.

SFGH is very well-served by public transit. Within a four-block area there are six MUNI bus lines. SamTrans travels between Redwood City and downtown San Francisco along Potrero Avenue. UCSF shuttle service connects the SFGH site to BART. A shuttle service also links SFGH to other major UCSF sites throughout the day.

Nearby SFGH is the heavily used Cesar Chavez Street (formerly Army Street) exit from U.S. 101; Potrero Street is a direct connector from the South of Market area to the Mission and U.S. 101. Thus, this portion of the Mission District has considerable through-traffic.

**PHYSICAL LAYOUT OF THE SITE**

SFGH is a 1.3 million gsf complex of buildings on 21 acres of land (see Figure 11). The Main Hospital (Building 5), located at the eastern edge of the site, includes the inpatient units, the Emergency Room, and administrative space. To the north of the Main Hospital is Building 100, which houses clinics, clinical labs and UCSF research space. Just west of Building 100 is Building 3, which contains research labs of the Gladstone Institutes, pathology, and other support space. Fronting Potrero Avenue are the original brick wards (Buildings 1, 9, 10/20, 30/40 and 80/90) which are now used as clinics, UCSF research labs, research labs of independent institutes, and some administrative and support space. A new Skilled Nursing Facility is located north of 22nd Street. At the southern edge of the site, a parking garage currently is under construction. The mix of space types occupied by UCSF at SFGH is shown in Table 18.

**PLANNING HISTORY**

Since the original buildings were built at SFGH in the 1870s, the site has been extensively rebuilt or significantly modernized four times: 1915, 1928, 1954 and 1965. Most of the 16 original buildings were replaced beginning in 1915. All the new buildings of that time were designed in a neo-Italian Renaissance style, with patterned red brick exteriors, terra-cotta and marble trim and ornamentation. By 1987, many of the buildings erected between 1915 and 1928 had been demolished and replaced with more modern structures. Under the 1987 Institutional Master Plan for the site, SFGH added three significant buildings:

- An AIDS research center (Gladstone Institute of Virology and Immunology in Building 3) was built atop the former Pathology Building. This has permitted SFGH to extend its nationally respected HIV work by building modern laboratories for basic biomedical research on the virus.
CHAPTER 5: PLANS FOR EXISTING SITES

TABLE 18: UCSF EXISTING SPACE PROFILE AT SAN FRANCISCO GENERAL HOSPITAL, DECEMBER 1994 (GSF) /a/

<table>
<thead>
<tr>
<th>Type of Space</th>
<th>GSF</th>
<th>Percent of Total</th>
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<tr>
<td>Instruction</td>
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<tr>
<td>Research</td>
<td>97,700</td>
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<tr>
<td>Clinical</td>
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<td>Academic Support</td>
<td>12,900</td>
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<td>Academic/Campus Administration</td>
<td>23,000</td>
<td>13%</td>
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<tr>
<td>Campus Community</td>
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<td>Subtotal Support</td>
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<td>Housing</td>
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<tr>
<td>Vacant/Alteration Space</td>
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<td>5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>174,000</td>
<td>100%</td>
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</tbody>
</table>

/a/ Includes space at SFGH leased by UCSF (approximately 89,000 gsf) and space covered by the “exchange agreement” between UCSF and SFGH (85,000 gsf). The exchange agreement provides UCSF clinical faculty, in exchange for space at SFGH in which to practice.


- A 185-bed, 90,000 gsf Mental Health Skilled Nursing Center in parking lot ‘E’ was completed in 1994 to house San Francisco patients within the City proper.
- Phase 1 of a new parking garage, accommodating 800 cars, is now under construction. This project, sought for many years, is seen as the key to solving parking congestion at the site. Phase 2 would accommodate an additional 400 cars.

CAMPUS PROGRAMS

UCSF faculty at SFGH conduct wide-ranging research programs. They pioneered investigations into HIV and clinical treatment of AIDS-ARC. Tuberculosis, lung biology, alcohol-related diseases, trauma, psychiatry, and sickle cell all are diseases where faculty have done important work. Research centers located at SFGH include the Gladstone Institute of Virology and Immunology, the Gladstone Institute of Cardiovascular Disease, the Gallo Clinic and Research Center, the Rosalind Russell Arthritis Research Laboratory and the General Clinical Research Center.
UCSF faculty at SFGH recently formed a new Clinical Practice Group to extend their ability to provide primary care in an outpatient setting. This initiative is part of an SFGH-wide effort to offer their services to patients enrolling in managed care entities outside of state or federal programs.

1995 INSTITUTIONAL MASTER PLAN

In 1992, SFGH began to develop a baseline of needs for its future planning. SFGH projects are being developed separately from the LRDP, but in tandem with UCSF in an effort to meet important needs of both institutions. SFGH’s plans over the next 15 years or so are not as yet finalized. As currently understood, the general goals they have identified, with UCSF participation, include the following:

- Promote SFGH/UCSF collaboration in meeting clinical, teaching, research and public service missions.
- Strengthen the community/SFGH dialogue throughout the planning and implementation of all significant projects.
- Plan the SFGH site to place most of the clinics space to the south portion of the site and most of the research and animal care space to the north.
- Improve internal circulation at the site.
- Promote increased primary care offered at SFGH and rehabilitate clinic space.
- Reserve a building site, long-term, for a combined research/clinic facility, to meet some of the research needs of the existing SFGH faculty now housed in Building 100. This is likely to be at parking lot ‘A.’ Short-term, the site may be used to site temporary modular buildings.
- Provide additional research space, plus space for teleconferencing, teaching and animal care.
- Replace or rehabilitate the historic brick buildings over a period of time, likely to exceed the 15-year planning period of the LRDP. Reuse or replace these buildings either for research, clinics, or a combination of both.
- Work toward eventual consolidation of the animal care facilities.
- Plan for upgrading the hospital in accordance with changing hospital code requirements; reserve parking lot ‘B/C’ for future clinical expansion.
- Provide parking commensurate with demand resulting from the program implementation.
DETERMINANTS OF THE 1996 LRDP

The SFGH component of the 1996 LRDP is guided by the following determinants: 1) the LRDP’s Goals and Objectives; 2) constraints and opportunities presented by the SFGH Institutional Master Plan; and 3) program needs related to UCSF programs at the site.

SFGH FACILITIES NEEDS AND PLANS

SEISMICALLY VULNERABLE AND OBSOLETE BUILDINGS

The City and County of San Francisco has determined that many of the structures at SFGH no longer meet current seismic code requirements. In the case of the former brick wards (Buildings 1, 9, 10/20, 30/40, 80/90 and 100) additional problems include floorplates that are inefficient for modern uses, extensive deferred maintenance and buildings that do not perform well as modern laboratories, clinics or office space.

Adaptive reuse, involving reconstruction and building links to join the former brick wards, would provide both adequate seismic strength and good-sized floor plates. However, this approach would cost approximately twice that of demolition and replacement on the site with new buildings. Nonetheless, given the age and architectural history of the buildings, SFGH is sensitive to the need to preserve some of the historic character in any rebuilding program.

Although no decision has been made by SFGH as to whether the historic brick buildings should be reconstructed or demolished and replaced, many UCSF activities are located in these buildings, in space leased from SFGH. UCSF must therefore plan for the eventuality that, in time, many of its units will be moved—either temporarily or permanently—into other facilities.

PROGRAM SPACE AND INFRASTRUCTURE IMPROVEMENTS

Clinical teaching and clinical research space will remain in SFGH facilities. As more outpatient activity is generated the need to train medical students, residents and interns using the outpatient setting also will increase. As with Parnassus Heights and other clinical settings, teaching space will have to be fashioned in this setting.

UCSF faculty at SFGH seek new laboratory research space, consolidated animal care space, teleconferencing capability, improved teaching and library space. Of these, the need for additional modernized laboratory space is the most immediate need. All told, recent estimates of long-term space needs for the UCSF faculty at SFGH are 200,000 gsf of replacement space and new space. This amount would be required to meet decompression, expansion and consolidation program needs at SFGH. This space need is included in UCSF’s overall identification of campus-wide space needs.
It is unlikely that these needs can all be met at SFGH within the time frame of the LRDP. Possibly up to two-thirds, however, could be met, and some rehabilitation of existing space could eliminate or mitigate the obsolescence of some buildings.

**New Research Space with New Academic Support and Instruction** UCSF foresees the potential to work with the City and County of San Francisco Department of Public Health on its plan to construct new research space and consolidate animal care space at SFGH. Several alternatives are possible. For purposes of this LRDP, UCSF considers it reasonably foreseeable that up to 200,000 gsf of additional program space could be developed on the ‘A’ parking lot immediately west of Building 3, and the Building 100 and/or Building 10/20 sites.

Under one possible approach, a new clinics and research building would be built on the “A” parking lot, into which programs currently in Building 100 would move. Building 100 would then be demolished. Then, new program space would either be rebuilt on the Building 100 site or as infill to Building 10/20, by enclosing and developing the area between the wings of Building 10/20. This would offer an opportunity to add further research space, animal care, support and additional teleconferencing, instruction, and some amenities such as a fitness room or child care area. Total UCSF space at SFGH would grow from about 174,100 gsf to about 375,000 gsf under this scenario.

UCSF clinical space would, under this approach, either be absorbed into other SFGH space, leased off-site or provided in a program of rehabilitation of other brick buildings fronting Potrero (80/90, 10/20, 30/40) at some later period.

Under this approach, UCSF would gain about 200,000 gsf of research and related facilities, including animal care, teleconferencing, instructional and library space at SFGH. Building 100 would be demolished, at least one of the brick buildings would be rehabilitated, and a plan would be put forward to eventually rebuild or rehabilitate all seismically compromised buildings at the site.

**LRDP PROPOSALS:** UCSF expects to maintain its activities as an affiliated institution at SFGH, and develop up to 200,000 gsf of new UCSF space at SFGH through the following:

- Study the development of a new research and clinics building on the “A” parking lot.
- Study the demolition of Building 100 and the construction of contemporary research space on its site.
- Study the potential to develop the area between the wings of Building 10/20 with contemporary research space.

Implementation of the LRDP proposals described above would result in the space profile shown in Table 19.
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TABLE 19: UCSF PROPOSED SPACE PROFILE AT SAN FRANCISCO GENERAL HOSPITAL (GSF)

<table>
<thead>
<tr>
<th>Type of Space</th>
<th>GSF</th>
<th>Percent of Total</th>
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<tbody>
<tr>
<td>Instruction</td>
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<td>Research</td>
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<tr>
<td>Clinical /*</td>
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<tr>
<td>Support:</td>
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</tr>
<tr>
<td>Academic Support</td>
<td>40,000</td>
<td>11%</td>
</tr>
<tr>
<td>Academic/Campus Administration</td>
<td>38,000</td>
<td>10%</td>
</tr>
<tr>
<td>Campus Community</td>
<td>30,000</td>
<td>8%</td>
</tr>
<tr>
<td>Logistics</td>
<td>17,000</td>
<td>5%</td>
</tr>
<tr>
<td>Subtotal Support</td>
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<td>34%</td>
</tr>
<tr>
<td>Housing</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL /*</td>
<td>374,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

/\* Clinical space would be absorbed into existing SFGH space or added back beyond the LRDP time frame.

/\* It is assumed that at any given time some space will serve as vacant/alteration space to accommodate routine departmental moves and temporary vacancies during space alterations.

AMENITIES AND SERVICES

SFGH faculty, staff and students do not now have easy access to the variety and quality of amenities and services enjoyed at the Parnassus Heights site and at some other UCSF sites. In particular, they are interested in having additional recreation and fitness programs and child care. The Millberry Union Advisory Council is in the process of developing a Recreation and Fitness Master Plan to evaluate campus needs for recreation and fitness facilities. UCSF will explore with SFGH and possibly other employers and institutions in the vicinity ways to improve access to these amenities.

SFGH’s administration has begun an intensive program to provide pleasant outdoor gathering places, improve landscaping, lighting, security and shelter from inclement weather. UCSF intends to remain actively involved with SFGH to further enhance these features of the physical setting.

[THE FOLLOWING LANGUAGE WAS ADDED BY LRDP AMENDMENT #2]

UCSF has engaged in discussions with the San Francisco Department of Public Health (DPH) regarding the potential co-location of UCSF’s and DPH’s inpatient facilities at Mission Bay. Such an arrangement would be contingent on a variety of factors, including the ability of DPH and UCSF to secure additional land in Mission Bay to accommodate co-location; agreement between UCSF and DPH regarding the extent of any shared facilities or services; agreement between the parties on the appropriate contractual terms for any joint endeavors; and ability of the City and County of San Francisco to finance DPH’s portion of any collocation scheme. Those discussions are ongoing and no conclusions have yet been reached.

As part of the planning process to address options for UCSF’s research programs in the seismically compromised brick buildings at SFGH, the need for a critical mass of 100,000 asf of replacement research space has been identified by UCSF faculty at SFGH. The appropriate location for such research space will be determined when DPH identifies its preferred location for replacing SFGH’s inpatient facilities, and funding for the preferred replacement plan is secured.