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

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Facility Number:

12463

Facility Name:

San Francisco General Hospital

Address:

1001 Potrero Avenue

City:

San Francisco

Hospital Owner/Licensee:

City and County of San Francisco

Year of Reporting:

2012

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Kathy Jung

Submission Date:

1/8/2013 2:38:05 PM

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

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
BLD-01069	Main Hospital	1001 Potrero Avenue	Replace	SPC5	01/01/2020	12/31/2019
BLD-01070	M Wing	1001 Potrero Avenue	Replace	SPC2	01/01/2020	12/31/2019

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

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

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

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**Building Number: **BLD-01069**Building Name: **Main Hospital****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="330"/>	Inpatient Days	<input type="text" value="66556"/>	<input checked="" type="checkbox"/> Surgical	<input checked="" type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="42"/>	Inpatient Days	<input type="text" value="8961"/>	<input checked="" type="checkbox"/> Anesthesia	<input checked="" type="checkbox"/> Newborn/WellBaby
<input checked="" type="checkbox"/> Pediatric/Adolescent	Inpatient Beds	<input type="text" value="8"/>	Inpatient Days	<input type="text" value="354"/>	<input checked="" type="checkbox"/> Clinical Lab	<input checked="" type="checkbox"/> Emergency
<input checked="" type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="106"/>	Inpatient Days	<input type="text" value="21521"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input type="checkbox"/> Nuclear Medicine
<input checked="" type="checkbox"/> Obstetrical Ante/Postpartum	Inpatient Beds	<input type="text" value="23"/>	Inpatient Days	<input type="text" value="3777"/>	<input checked="" type="checkbox"/> Pharmaceutical	<input checked="" type="checkbox"/> Rehabilitation Therapy
<input type="checkbox"/> Intermediate Care	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Dietetic	<input checked="" type="checkbox"/> Renal Dialysis
<input checked="" type="checkbox"/> Skilled Nursing	Inpatient Beds	<input type="text" value="30"/>	Inpatient Days	<input type="text" value="9270"/>	<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Outpatient Surgery
				Total Beds this Building	<input type="text" value="539"/>	<input checked="" type="checkbox"/> Support Services
						<input checked="" type="checkbox"/> Obstetrical Cesarean/Deliv
						<input type="checkbox"/> Central Plant

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

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

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

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

Building Number:

BLD-01069

Building Name:

Main Hospital

**Medical / Surgical (Include GYN)**

Inpatient Bed  Inpatient Days

**Acute Respiratory Care**

Inpatient Bed  Inpatient Days

**Acute Psychiatric**

Inpatient Bed  Inpatient Days

**Perinatal (exclude Newborn / GYN)**

Inpatient Bed  Inpatient Days

**Burn**

Inpatient Bed  Inpatient Days

**Skilled Nursing**

Inpatient Bed  Inpatient Days

**Pediatric**

Inpatient Bed  Inpatient Days

**intensive Care Newborn Nursery**

Inpatient Bed  Inpatient Days

**Intermediate Card**

Inpatient Bed  Inpatient Days

**Intensive Care**

Inpatient Bed  Inpatient Days

**Rehabilitation Center**

Inpatient Bed  Inpatient Days

**Int. Care / development Disabled**

Inpatient Bed  Inpatient Days

**Coronary Care**

Inpatient Bed  Inpatient Days

**Chemical Dependency**

Inpatient Bed  Inpatient Days

**Total Beds this Building Per Unit**

**Total Beds this Building Per Service**

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

Building Number: BLD-01070

Building Name: M Wing

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

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

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

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

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



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

Building  
Number:

BLD-01069

Building Name: Main Hospital

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

Nursing

N/A

Building  
Number:

BLD-01069

Building Name: Main Hospital

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

Intensive Care

N/A

Building  
Number:

BLD-01069

Building Name: Main Hospital

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

Pediatric Adolescent

N/A

Building  
Number:

BLD-01069

Building Name: Main Hospital

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

Psychiatric Nursing

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Obstetrical Ante  
Postprtum

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Skilled Nursing

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Surgical

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Anesthesia

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

ClinicalLab

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Radiological/Imaging

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Pharmaceutical

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Dietetic

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Administration

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Support Services

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Obstetrical  
Cesarean/Deliv

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Obstetrical Recovery

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Newborn/Well Baby

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Emergency

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Rehabilitation  
Therapy

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Renal Dialysis

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

OutpatientSurgery

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Medical/Surgical  
(Include GYN)

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Perinatal (exclude  
Newborn / GYN))

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Pediatric

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Intensive Care

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Coronary Care)

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Intensive Care  
Newborn Nursery

N/A

Building  
Number:

BLD-01069

Building Name:

Main Hospital

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

Acute Psychiatric

N/A

Building  
Number:

BLD-01069

Building Name: Main Hospital

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

Skilled Nursing

N/A

Building  
Number:

BLD-01070

Building Name: M Wing

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

ClinicalLab

N/A

Building  
Number:

BLD-01070

Building Name: M Wing

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

Administration

N/A

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

Building Number:

BLD-01069

Building Name:

Main Hospital

### Type of Service Provided

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

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

Building Number:

BLD-01070

Building Name:

M Wing

### Type of Service Provided

 Nursing

 IntensiveCare

 Pediatric/Adol  
escent

 Psychiatric  
Nursing

 Obstetrical  
Ante/Postprtum

 Intermediate  
Care

 Skilled Nursing

 Surgical

 Anesthesia

 Clinical Lab

 Radiological/  
Imaging

 Pharmaceutical

 Dietetic

 Administration

 Obstetrical  
Cesarean/Deliv

 Obstetrical  
Recovery

 Newborn/  
WellBaby

 Emergency

 Nuclear  
Medicine

 Rehabilitation  
Therapy

 Renal Dialysis

 Outpatient  
Surgery

 Central Plant

 Support  
Services

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

Building Number: BLD-01069

Building Name: Main Hospital

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

**Type of Service Provided**

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

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

Building Number: BLD-01070

Building Name: M Wing

Configuration: N/A

**Type of Service Provided** Nursing IntensiveCare Pediatric/Adol  
escent Psychiatric  
Nursing Obstetrical  
Ante/Postprtum Intermediate  
Care Skilled Nursing Surgical Anesthesia Clinical Lab Radiological/  
Imaging Pharmaceutical Dietetic Administration Obstetrical  
Cesarean/Deliv Obstetrical  
Recovery Newborn/  
WellBaby Emergency Nuclear Medicine Rehabilitation  
Therapy Renal Dialysis Outpatient  
Surgery Central Plant Support  
Services

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

Building Number: BLD-01071

Building Name: Service Building

Configuration: N/A

**Type of Service Provided**

Nursing

Surgical

Obstetrical  
Cesarean/DelivRehabilitation  
Therapy

IntensiveCare

Anesthesia

Obstetrical  
Recovery

Renal Dialysis

Pediatric/Adol  
escent

Clinical Lab

Newborn/  
WellBabyOutpatient  
SurgeryPsychiatric  
NursingRadiological/  
Imaging

Emergency

 Central PlantObstetrical  
Ante/Postprtum

Pharmaceutical

Nuclear Medicine

Support  
ServicesIntermediate  
Care

Dietetic

Administration

Skilled Nursing

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

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

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

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

Building Number:

BLD-01071

Building Name:

Service Building

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

Report Year:

2012

12463

San Francisco General Hospital

San Francisco

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Report Status: **Data Last Update:** 01/04/2013

**Submission Date:** 01/08/2013

**Print Date:** 1/9/2013 6:25 AM