

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

Facility Number:

12482

Facility Name:

California Pacific Medical Center-Pacific Campus

Address:

2333 Buchanan Street

City:

San Francisco

Hospital Owner/Licensee:

Sutter West Bay Region

Year of Reporting:

2013

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Carl Scheuerman

Submission Date:

10/4/2013 2:45:32 PM

Report Year:

2013

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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-01017	Main Hospital	2333 Buchanan Street	Rebuild	SPC5	01/01/2020	06/30/2019

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-01017	Main Hospital	Retrofit/Replacement Project:	Yes-Submitted				
Facility Number	Project Number	Sub Num	Scope	Date in	Plan Approved Date	Proj. Start Date	Proj. Completed Date	Status	CEQA Review
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	6/11/2008 12:00:00 AM		12/01/2013	06/30/2019	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-01017**Building Name: **Main Hospital****Type of Service Provided**

<input checked="" type="checkbox"/> Nursing	Inpatient Beds	<input type="text" value="259"/>	Inpatient Days	<input type="text" value="54894"/>	<input checked="" type="checkbox"/> Surgical	<input type="checkbox"/> Obstetrical Recovery
<input checked="" type="checkbox"/> IntensiveCare	Inpatient Beds	<input type="text" value="36"/>	Inpatient Days	<input type="text" value="8071"/>	<input checked="" 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 checked="" type="checkbox"/> Emergency
<input type="checkbox"/> Psychiatric Nursing	Inpatient Beds	<input type="text" value="0"/>	Inpatient Days	<input type="text" value="0"/>	<input checked="" type="checkbox"/> Radiological/Imaging	<input checked="" 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 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 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
					<input checked="" type="checkbox"/> Support Services	<input type="checkbox"/> Obstetrical Cesarean/Deliv
					<input type="checkbox"/> Obstetrical Cesarean/Deliv	<input checked="" type="checkbox"/> Central Plant
	Total Beds this Building			<input type="text" value="295"/>		

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

Building Number: BLD-01017

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**

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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-01017

Main Hospital

Rebuild



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

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

For the building or buildings to be replaced, rebuilt, removed from acute care service, provide the following:

The projected date or dates the building will be removed from service per [Section 130061 \(c\)\(2\)\(A\)](#) and provide said date or dates for replaced or rebuild buildings as well.

The planned uses of the building or buildings to be removed from acute care service per [Section 130061\(c\)\(2\)\(B\)](#) and provide said uses for replaced or rebuild buildings as well.

The inpatient service currently delivered in the building or buildings per [Section 130061\(c\)\(20\)\(C\)](#)

Building Number:

BLD-01017

Main Hospital

Removal
Date:

06/30/2019

Planned Uses for the building to be removed from acute care service:

Planned use for building:

Clinic

Jurisdiction:

Local Authority

Inpatient services currently delivered in the building:

Nursing

Surgical

Obstetrical
Cesarean/DelivRehabilitation
Therapy

IntensiveCare

Anesthesia

Obstetrical
Recovery

Renal Dialysis

Pediatric/Adol
escent

Clinical Lab

Newborn/
WellBabyOutpatient
SurgeryPsychiatric
NursingRadiological/
Imaging

Emergency

Central Plant

Obstetrical
Ante/Postprtum

Pharmaceutical

Intermediate
Care

Dietetic

Nuclear
MedicineSupport
Services

Skilled Nursing

Administration

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Submission Date: 10/04/2013

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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-01017	Building Name:	Main Hospital				
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?							
Nursing	Relocated to new building						
<u>New Building</u>	<u>RetroFitted Building</u>	<u>Other SPC2-SPC5 Building</u>					
N_1-New Hospital							
Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:	BLD-01017	Building Name:	Main Hospital				
Will general acute care services and beds will be relocated to a new, Existing or retrofitted building?							
Intensive Care	Relocated to new building						
<u>New Building</u>	<u>RetroFitted Building</u>	<u>Other SPC2-SPC5 Building</u>					
N_1-New Hospital							
Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

Surgical

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Anesthesia

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

ClinicalLab

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Radiological/Imaging

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

Pharmaceutical

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Dietetic

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

Administration

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Support Services

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

Emergency

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	

18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Nuclear Medicine

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	

18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

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Building Name:

Main Hospital

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

Rehabilitation Therapy

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Renal Dialysis

Relocated to new building

New Building

RetroFitted Building

Other SPC2-SPC5 Building

N_1-New Hospital

Facility Status Number	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

CentralPlant

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Medical/Surgical (Include GYN)

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

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Building Number:

BLD-01017

Building Name:

Main Hospital

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

Intensive Care

Relocated to new building

[New Building](#)

[RetroFitted Building](#)

[Other SPC2-SPC5 Building](#)

N_1-New Hospital

Facility Status	Project Number	Sub Num	Scope	Date Plan Approved in Date	Proj. Start Date	Proj. Completed Date	
18165	IS080885-0	0	PPR - NEW ACUTE CARE HOSPITAL	2008-06-11	11/01/2013	06/30/2019	ACTI

Building Number:

BLD-01017

Building Name:

Main Hospital

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

Coronary Care)

Removed from hospital services

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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-01017

Building Name:

Main Hospital

Type of Service Provided

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

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-01017

Building Name:

Main Hospital

Configuration:

Remove from GAC service by 1/1/2020

Type of Service Provided

Nursing

IntensiveCare

Pediatric/Adol
escentPsychiatric
NursingObstetrical
Ante/PostprtumIntermediate
Care

Skilled Nursing

Surgical

Anesthesia

Clinical Lab

Radiological/
Imaging

Pharmaceutical

Dietetic

Administration

Obstetrical
Cesarean/DelivObstetrical
RecoveryNewborn/
WellBaby

Emergency

Nuclear Medicine

Rehabilitation
Therapy

Renal Dialysis

Outpatient
Surgery

Central Plant

Support
Services

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