[THIS CHAPTER REFLECTS NEW LANGUAGE ADDED BY LRDP AMENDMENT #2]

CHAPTER 3: CLINICAL PROGRAMS

A. BACKGROUND

UCSF has conducted an extensive, four-year planning process to determine how to best replace the UCSF Medical Center's aging and seismically-deficient inpatient facilities at Parnassus Heights and Mount Zion in a manner that would be consistent with the long-term vision for the academic and clinical enterprise of the campus. This planning process was guided by a broad cross-section of faculty and staff in two sequential campus committees, and involved campus-wide participation including the Academic Senate, as well as external community participation through UCSF's Community Advisory Group.

This comprehensive planning process was guided by several important clinical and academic drivers. Among the clinical drivers are imperatives for the UCSF Medical Center to: 1) ensure that inpatient facilities meet stringent state-mandated earthquake safety standards; 2) address the functional obsolescence of existing inpatient facilities to ensure the continued delivery of high-quality, state-of-the-art care; and 3) increase inpatient and outpatient capacity to meet objectives of the Medical Center Strategic Plan.

In order to maintain the successful integration of clinical and academic programs, planning for clinical facilities was considered together with academic planning for UCSF's research programs and the institution as a whole. Among the academic drivers are the desire to 1) foster the integration of research and clinical care; 2) provide opportunities to develop a major translational research initiative at UCSF; 3) develop vibrant education, research and clinical care at all major sites; and 4) maximize the use of existing campus sites.

As a result of this deliberative process, five campus locations were evaluated against detailed screening criteria, and a long-term vision for the clinical and research configuration of the San Francisco campus was developed. Consistent with that long-term vision, a preferred plan has been identified that proposes two major integrated campus sites with clinical care co-located with basic and translational research programs. The first phase of the preferred development plan would include three contiguous specialty hospitals containing a total of approximately 210 beds with children's, women's and cancer programs at Mission Bay, together with a major ambulatory and translational research component. The second phase of the preferred development plan would include a new hospital pavilion at Parnassus Heights.

B. NEED FOR REPLACEMENT OF HOSPITAL FACILITIES

The majority of the UCSF Medical Center's inpatient facilities are located at Parnassus Heights in the 538-bed Moffitt/Long Hospital, which is composed of two adjoining 15-story buildings which function as one structure: Moffitt, built in 1955, and Long, built in 1982. Moffitt/Long Hospital, like the rest of UCSF's Parnassus Heights site, currently lacks adequate space and will not continue to meet the growing demand for highly specialized patient care. In addition, the buildings' space configuration and layouts are functionally obsolete, inefficient, and too inflexible to adapt to changing patient care needs. The buildings are costly to operate and maintain, and the utility systems are aging, making it difficult to meet growing demands for new technology.

The UCSF Medical Center also maintains a small inpatient presence in the "A" and "B" buildings built in 1948 at Mount Zion in San Francisco's Western Addition neighborhood consisting of 53 active cancer surgery beds, which also need to be replaced for the same reasons articulated above.

All inpatient facilities in California, including those of the UCSF Medical Center at Parnassus Heights and Mount Zion, are subject to the Alfred E. Alquist Hospital Facilities Seismic Safety Act (Senate Bill 1953) which imposes deadlines for new state-mandated seismic and life safety standards. Senate Bill (SB) 1953 requires hospitals to retrofit facilities to meet new seismic standards by 2008, and to retrofit or rebuild to meet even stricter standards by 2030. A five-year extension of the 2008 deadline, to 2013, is possible if a hospital elects to replace, rather than retrofit, a non-compliant facility.

Moffitt/Long Hospital can continue to operate beyond 2008 until 2030 with relatively modest Year 2008 structural and non-structural improvements. However, while the Long building is able to meet the more stringent Year 2030 seismic requirements with some non-structural work, the Moffitt building needs to be replaced, rather than retrofitted. Because the Moffitt and Long buildings are physically and functionally integrated and cannot operate independently from one another, the continued use of the Long building for inpatient activities beyond 2030 would require that inpatient functions currently housed in the Moffitt building be replaced in a seismically compliant structure by 2030.

Similarly, inpatient functions in the "A" and "B" buildings at Mount Zion are physically and functionally integrated and cannot operate independently from one another. Therefore, achieving SB 1953 compliance at Mount Zion would involve retrofitting the "A" building and replacing the functions in the "B" building in a new structure by 2013, followed by replacement of the functions in the "A" building in another new structure by 2030. Because of the expense associated with implementing such a plan relative to the small number of beds there, inpatient use at Mount Zion is not planned to continue beyond 2013.

C. HOSPITAL REPLACEMENT PLANNING PROCESS

In order to ensure that the UCSF Medical Center's inpatient facilities meet modern operational needs and the increasingly stringent seismic standards of SB 1953, UCSF has developed a plan to replace the aging and deficient inpatient facilities at Moffitt/Long Hospital and Mount Zion. This comprehensive plan incorporates academic planning for UCSF's research programs and the institution as a whole as they relate to the clinical facilities, and strategic planning of the UCSF Medical Center and the clinical enterprise.

The Medical Center Strategic Plan was developed to determine how the Medical Center could best achieve the financial position necessary to support needed infrastructure investments in the short term and the replacement of Moffitt/Long Hospital and Mount Zion Hospital over the long term. The Plan calls for an incremental increase in bed capacity in existing facilities in the short term, along with the growth of targeted services and a variety of operating performance and customer service initiatives. Based on the Medical Center Strategic Plan that considered multiple factors including Bay Area demographics, current and projected demand and UCSF's market share of specific services, the Medical Center plans to increase its number of licensed beds to approximately 650 by 2013, and a hospital replacement bed planning target of 650 beds was incorporated into the planning process.

Two sequential campus committees were convened to guide the hospital replacement planning process: the Hospital Replacement Committee and the Chancellor's Advisory Committee on the LRDP Amendment. The Hospital Replacement Committee convened in August 2000 to explore options for the replacement of Moffitt/Long Hospital and to identify a range of possible single-site replacement scenarios at Parnassus Heights, Mount Zion and Mission Bay. Each scenario was systematically evaluated against preliminary screening criteria that considered site characteristics, costs, programmatic, market and logistical considerations, parking and traffic issues, and community and governmental relations. Five sites were advanced for further evaluation, including two at Parnassus Heights, two at Mission Bay, and one at Mount Zion, as follows:

- Parnassus East: The area adjoining and incorporating the current location of UCSF Medical Center.

- Parnassus West: The western edge of the UCSF main campus, at the opposite end of Parnassus Avenue from the current UCSF Medical Center.

- Mount Zion South: An assemblage of parcels comprising the block to the south of the existing "Main Block" at Mount Zion, bounded by Geary Boulevard and Divisadero, Post, and Scott Streets.

- Mission Bay North: The northern most portion of the 43-acre UCSF Mission Bay campus site, bounded by Gene Friend Way on the south, Owens Street on the west, Mission Bay Boulevard on the north, and Third Street on the east.

- Mission Bay South: An assemblage of blocks comprising approximately 14.5 acres adjacent to the southern edge of UCSF Mission Bay campus, on the south side of 16th Street.

In order to evaluate these scenarios at a greater level of detail, and to engage in a broader academic planning process, the Chancellor's Advisory Committee on the LRDP Amendment was convened in March 2001. The Chancellor's Advisory Committee, comprised of broad campus representation, examined the sites in light of the current and potential future configurations of UCSF's academic programs and the relationships of various academic programs to the hospital facilities. The Advisory Committee also considered input from UCSF's Community Advisory Group, which has been participating in a concurrent public process regarding the potential academic, physical, and clinical service effects of hospital replacement.

Central to the hospital replacement planning process is the recognition that planning for clinical facilities must occur together with planning for related research facilities, in order to maintain the successful integration of clinical and academic programs. Due to physical capacity constraints, it was determined that the entire 650 bed planning target could not be accommodated solely at Parnassus Heights without seriously disrupting and displacing academic programs there, and could not be achieved in time to replace beds at Mount Zion which must be taken out of service by the December 31, 2012 seismic deadline. An evaluation of the Mount Zion site concluded that even with the purchase of the entire block to the south of the Main Block there, a 250-bed hospital and related clinical research and support facilities could not be comfortably accommodated there, and there would be no space for future expansion. Furthermore, it was determined that the research campus at Mission Bay would benefit greatly from a clinical presence there, particularly through the collocation of clinical facilities with basic and translational disease oriented research programs. As a result, several split-site scenarios (whereby inpatient facilities would be split between two sites) were identified for consideration. The split-site approach also supports the need to implement the hospital replacement program over time in phases due to financial and operational constraints.

In order to support the development of programmatic recommendations for replacement clinical facilities, extensive strategic planning has been conducted which addressed the sizing of inpatient and outpatient facilities, their programmatic composition, and their relationship to major related research programs. A variety of programmatic options were vetted within the planning goal of 650 total beds, and each option was assessed against a set of hospital replacement site selection evaluation criteria. The evaluation criteria, which are included herein as Appendix I, were used to systematically assess each option against a variety of important topics including site characteristics, academic considerations, logistical considerations, parking and circulation, preliminary environmental considerations, market and financial aspects, and access to care.

D. COMMUNITY PARTICIPATION

UCSF's Community Advisory Group (CAG), a diverse group of neighborhood, labor, ethnic and business leaders with an active interest in UCSF's role in local neighborhoods and San Francisco as a whole participated in the site selection evaluation process described above. The CAG's action team on hospital replacement met regularly throughout the planning process to provide guidance on community issues related to hospital replacement. In addition to 17 meetings, two joint meetings of the CAG action team and the Chancellor's Advisory Committee were held in November 2001 and May 2003 to discuss issues of mutual concern.

Public meetings were conducted in 2003 and 2004 to solicit feedback from the San Francisco community at large regarding UCSF's hospital replacement planning process. In May 2003, meetings were held at three different locations in San Francisco to ensure broad participation: Parnassus Heights, Mount Zion/Western Addition, and Mission Bay. One hundred and fifteen neighbors attended the meetings to provide feedback on the potential hospital replacement scenarios. In September 2004, two additional meetings were held at Parnassus Heights and Mission Bay to share the campus recommendations with members of the public. In addition, two environmental "scoping meetings" were held in June 2003 and July 2004 to discuss the scope of the analysis to be included in the Environmental Impact Report on LRDP Amendment #2.

E. CAMPUS RECOMMENDATIONS

As a result of the deliberative process described above, the Chancellor's Advisory Committee has identified a preferred plan that calls for two major integrated campus sites with clinical care co-located with basic and translational research programs. One site would house specialty hospitals, and the other site would house a tertiary/quaternary hospital with an Emergency Department. Both sites would contain ambulatory care facilities, and both would be populated with basic and translational disease oriented research programs. The full text of the Chancellor's Advisory Committee's recommendations are included herein as Appendix J, and are summarized below.

LRDP PHASE (THROUGH 2011-2012)

The first phase of the preferred plan, which would be implemented during the timeframe of the current LRDP (through 2011-12), would develop three contiguous specialty hospitals containing a total of approximately 210 beds for integrated UCSF Children's Hospital, UCSF Women's Hospital and the initial phase of UCSF Cancer Hospital services, along with adjacent ambulatory care facilities, translational research facilities and parking. This first phase hospital would:

1) Provide replacement space for inpatient services currently at Mount Zion hospital which must be decommissioned by the December 31, 2012 seismic deadline;

2) Provide state-of-the art facilities and growth capacity for the UCSF Children's Hospital and women's and cancer surgery services; and

3) Allow for the growth of targeted inpatient services in space released at Moffitt/Long Hospital by the UCSF Children's Hospital and women's programs there.

Accompanying the first phase hospital would be a translational research center, where clinician scientists would test novel therapies in association with basic scientists already at Mission Bay and additional researchers who would move to Mission Bay. This linkage with basic science programs is expected to create a rich environment for new discoveries in treating a range of medical disorders.

During this first phase, major renovations to Moffitt/Long Hospital would occur at Parnassus Heights within the existing physical envelope of that facility to ensure the continued delivery of quality care there until the second phase described below. Adult medical and surgical specialty programs, such as cardiovascular, neurosciences, and transplant services would be primarily located at Parnassus Heights and supported by the comprehensive adult emergency department and other services dedicated to complex conditions there.

The Chancellor's Advisory Committee has identified the Mission Bay South site as the preferred location for the first phase hospital, subject to the acquisition of the site by UCSF, completion of environmental review and further space planning. However, because the University does not yet own that site, the Mission Bay North and Mount Zion sites have been identified as backup locations for a first phase hospital. Accordingly, the Environmental Impact Report on the Hospital Replacement LRDP Amendment analyzes the development of a first phase hospital at the Mission Bay South and Mission Bay North sites, and as an alternative, the Mount Zion site.

FUTURE PHASE (2012 AND BEYOND)

The second phase of the preferred plan, which would be implemented beyond the timeframe of the current LRDP (i.e., after 2012), anticipates the development of a new hospital pavilion on the order of 128 beds adjacent to Moffitt/Long Hospital at Parnassus Heights on the site of the Langley Porter Psychiatric Institute (LPPI) after relocation of that facility. The hospital pavilion would provide replacement space for inpatient services currently in the Moffitt portion of Moffitt/Long Hospital which must be decommissioned by the December 31, 2029 seismic deadline.

It is important to note that a new hospital pavilion at Parnassus Heights is not proposed as part of this current LRDP, as the new pavilion would not be developed until the timeframe of the next LRDP (after 2012). The planning

will include specific analyses to support the proposal for a pavilion including its effect on the Parnassus Heights space ceiling (the limit of space that may be developed at Parnassus Heights under the 1976 Regents Resolution). It is assumed that the future construction of a new pavilion at Parnassus Heights would require the demolition of a corresponding amount of space in other buildings, to be identified during planning process for the next LRDP, due to the space ceiling.

Although inpatient facilities at Mount Zion would be decommissioned after December 31, 2012 under the preferred plan, the Mount Zion site would continue to serve as a hub for ambulatory care, specializing in outpatient surgery, women's health, primary care, dermatology, the Osher Center for Integrative Medicine, dialysis, diagnostic services, select cancer services, and related clinical and translational research.

F. RATIONALE

The rationale for the proposed hospital facilities is based on the University's commitment to providing excellent patient care, meeting increased patient demands for services, and meeting clinical research and medical education needs.

UCSF CHILDREN'S HOSPITAL

UCSF Children's Hospital is ranked the 11th best in the nation, making it the highest ranked pediatric center in Northern California. UCSF Children's Hospital was selected for the first phase of the preferred plan for several important reasons. Children's is the largest single program that can be relocated from Parnassus Heights, and would free two floors of space for expansion of adult specialty services in Moffitt/Long Hospital, consistent with UCSF's strategic clinical and academic goals. In addition, pediatric patients make up about 25 percent of all hospitalized patients treated at UCSF, and this volume provides a critical mass of clinical activity which can be separated from other services, which is necessary to ensure clinical and financial feasibility. The majority of UCSF's pediatric patients come from outside San Francisco, and placing UCSF Children's Hospital at Mission Bay would provide convenient regional access.

UCSF Children's Hospital was also selected for the first phase because a separate children's facility would provide visibility and identity for UCSF Children's Hospital that has been lacking as a "hospital within a hospital" at Moffitt/Long, thereby improving its competitive position. In addition, children's hospitals have demonstrated strong fundraising potential. Finally, an analysis of operating costs for a free-standing children's hospital compares favorably relative to other options.

UCSF WOMEN'S HOSPITAL

UCSF is a designated National Center of Excellence in Women's Health. UCSF's national reputation in maternal-fetal and neonatal medicine is founded upon close collaborative care involving obstetrics, gynecology, neonatology and pediatric surgery. A UCSF Women's Hospital was selected for the first phase because co-location with UCSF Children' s Hospital would ensure continued excellence in the care of complex maternal conditions, the diagnosis and treatment of birth defects, and clinical investigation in maternal-fetal surgery. In addition, the co-location of a women's hospital with pediatric and cancer services affords unique opportunities to develop new collaborative models of women-centered inpatient and outpatient care for a range of conditions, including infertility, high-risk pregnancy, gynecologic disorders, continence therapies, and breast and gynecologic cancers. Moves of Women's services from Parnassus Heights would free an additional floor in Moffitt/Long for the expansion of adult specialty services there, consistent with strategic clinical and academic goals.

UCSF CANCER HOSPITAL

UCSF is designated as a Comprehensive Cancer Center by the National Cancer Institute and is ranked as one of the ten best institutions in the country for cancer care. A Cancer Hospital was selected as a specialty hospital to be built as part of the first phase because patients receiving care at UCSF Children's Hospital and a Women's Hospital would greatly benefit from the presence of cancer specialists. Collocating a Women's Hospital with a Cancer Hospital will ensure that women with cancer diagnoses, including breast and gynecologic cancer, have immediate access to the appropriate specialists. In addition, a large majority of all children's hospitalizations at UCSF Children's Hospital are attributable to cancer and cancer-related issues.

Much of UCSF's leading research seeks to understand the cancer mechanism - beginning at birth - so that cancer can be detected and treated early in life, and the location of the Cancer Hospital proximate to the Helen Diller Family Cancer Research Building planned for Mission Bay will provide expanded opportunity for the discovery and development of new treatments. Cancer hospitals are also one of the two best options, along with Children's hospitals, for fundraising.

INTEGRATION OF MULTIPLE SPECIALTY HOSPITALS

Integrating multiple specialty hospitals including Children's, Women's and Cancer will allow for collaboration between translational research and the delivery of patient care. "Bench to bedside" collaboration among basic scientists, clinical researchers and physicians (the translational care spectrum), and the collaboration of multidisciplinary medical specialists (*e.g.*, perinatologists, fetal surgeons, cardiologists, cancer specialists, neurologists), will create a rich environment for new discoveries in the care of fetal, pediatric, maternal, women and cancer patients.