

ADVERTISING FEATURE OF THE SAN FRANCISCO CHRONICLE

Transforming Care.



Creating the trauma center of the future

By Carey Sweet

As the trauma center for San Francisco and northern San Mateo counties, the new Zuckerberg San Francisco General was designed first and foremost to serve more than 1.5 million residents.

Yet as it opens its doors this weekend, it will also be a state-of-the-art home for its staff, embracing the many doctors and nurses on 24-hour duty, as well as first-responders called in during catastrophes. Critical features include six new trauma resuscitation suites as well as full internal and external decontamination areas for disasters. There are also two new CT scanners in the Emergency Department to facilitate the care of injured patients. Their close proximity allows for the doctors, nurses and staff to provide faster and better care.

During the design process we had more than 450 staff involved in user group meetings, said the hospital's Rebuild Director Terry Saltz. It's reflected in every detail, from much more efficient reusable sharps (needles) boxes nurses requested, to breakaway doors in front of each patient room to accommodate lots of equipment being rolled in, to dialysis connections in every ICU room so patients don't have to be moved.

Perhaps no one is more ready for the new trauma center than 23-year trauma team veteran Dr. Andre Campbell, Professor of Surgery at UCSF, Trauma Surgery and Acute Care Surgeon at Zuckerberg San Francisco General. He served on the Blue Ribbon Committee on San Francisco General Hospital's Future Location in 2005. Dr. Campbell was part of a panel of administrators, nurses and other stakeholders which decided what would go into the new hospital to replace the original 1976-built, outdated trauma center he had worked in for so



PHOTOS BY LAURA MORTON / SPECIAL TO THE CHRONICLE

Dr. Andre Campbell, Professor of Surgery at UCSF, Trauma Surgery and Acute Care Surgeon at Zuckerberg San Francisco General, in one of six new trauma rooms.

People depend on us. So we wanted to build the trauma center of the future, and this is it.

Dr. Andre Campbell

long.

We've had to stack patients on stretchers in hallways, he said. That was just how it was done. We had to move patients to numerous rooms over multiple floors for each evaluation and treatment. Putting the CT scanners next to the trauma rooms in the new hospital allows us to reduce the movement of injured



Artist Jetro Martinez created Amate San Francisco, a ceramic tile mosaic mural, at the entrance of the Emergency Department and Trauma Center.



Nurse station in the Emergency Department and Trauma Center.

patients around the hospital.

As he walks through the new center now, he proudly shows off the six trauma rooms, including two with dedicated CT scanners. A patient moves directly from the ambulance bay, to the evaluation room, with scanning as needed, and then directly onto one of 13 operating rooms just steps away.

The list of high-tech features expands to the intensive care units, each of which is private and outfitted with what Campbell calls "treasures" like independent computer workstations (instead of shared units on-wheels that usually needed to be tracked down), medical equipment installed on booms from the ceiling and self-contained free-rolling beds to allow doctors 360-degree patient access. Some units also feature opaque windows between patient rooms that can be flipped with a light switch to clear glass so nurses can monitor multiple patients at once.

Nurse stations are curved, mimicking the curved footprint of the building so staff can

see into many rooms at once. Hallways are wide and rounded to make navigating large equipment easier, with no blind spots.

And architect David Fong of San Francisco's Fong & Chan Architects is particularly proud of a tiny, but important detail: unobstructed wall-mounted handrails leading from beds into bathrooms, offering safety where patients historically have been most likely to fall.

With 58 beds, the emergency department more than doubles the capacity of the old unit. Each room contains double sets of all equipment needed to make private rooms into doubles in case of a large-scale emergency.

People depend on us, Campbell said. So we wanted to build the trauma center of the future, and this is it.

But the new emergency department and trauma center doesn't only have technical advances. It also keeps with the hospital's theme of interweaving art, with a ceramic tile mosaic mural by artist Jetro Martinez at the entrance.

Amate San Francisco is inspired by Mexican amate (tree bark paper) folk art painting, which acknowledges the Latino heritage of the Mission District surrounding the hospital.

The original design was inspired by amate from the states of Morelos and Guerrero, but the bird, flower and animal motifs are universal symbols used by many cultures, said Martinez. The artwork expresses the global nature of the hospital's staff, patients, visitors and city as a whole.

"In the midst of working on the Zuckerberg San Francisco General rebuild, I was involved in an accident while running to work. Instead of reporting to the office that day, I showed up on site at the hospital not for work but to undergo treatment. Upon arrival, I felt a sense of calm in spite of the trauma I had undergone. I felt I was in good hands and the care I received has enabled me to run again. Thanks to Zuckerberg San Francisco General, not only have I recovered, but I have seen a beautiful building evolve from drawings to reality."

Rachel Peters, Grateful Patient

TRAUMA CENTER POINT IN HISTORY

1968

The first Level I Emergency and Trauma Center was established at Zuckerberg San Francisco General and remains the only Level I trauma center in the city and county of San Francisco.

A Level I Trauma Center is capable of providing total care

for every aspect of injury from prevention through rehabilitation.

The hospital is the home of several innovative trauma treatment programs, such as the Traumatic Brain Injury Program and the Wraparound Project, which works with survivors of violence and community-based programs to teach young people about violent crime prevention.



COURTESY ZUCKERBERG SAN FRANCISCO GENERAL HISTORICAL ARCHIVES