

File No. 210144

Committee Item No. 3

Board Item No. 14

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date March 3, 2021

Board of Supervisors Meeting

Date March 9, 2021

### Cmte Board

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- Resolution
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- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

### OTHER (Use back side if additional space is needed)

- Narrative Report - July 26, 2019
- \_\_\_\_\_
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Completed by: Linda Wong

Date February 26, 2021

Completed by: Linda Wong

Date March 5, 2021

1 [Accept and Expend Grant - Retroactive - Kaiser Permanente - Adoption of Enterprise  
2 Electronic Health Record System - \$4,545,455]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$4,545,455 from Kaiser Permanente through the San**  
5 **Francisco General Hospital Foundation to participate in a program, entitled “Adoption**  
6 **of Enterprise Electronic Health Record System,” for the period of November 1, 2019,**  
7 **through October 31, 2021.**

8  
9 WHEREAS, Kaiser Permanente (KP), through the San Francisco General Hospital  
10 Foundation (SFGHF) as a pass-through entity, has agreed to fund the Department of Public  
11 Health (DPH) in the amount of \$4,545,455 for participation in a program, entitled “Adoption of  
12 Enterprise Electronic Health Record (EHR) System,” for the period of November 1, 2019,  
13 through October 31, 2021; and

14 WHEREAS, The installation and adoption of Epic will provide DPH with an EHR to  
15 provide and coordinate care for patients, clients, and residents of San Francisco and beyond;  
16 and

17 WHEREAS, Real-time access to clinical information from health systems throughout  
18 San Francisco and the ability to initiate correct treatment faster will have immeasurable  
19 impacts on efficiency and effectiveness to care for the most vulnerable individuals in San  
20 Francisco; and

21 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

22 WHEREAS, A request for retroactive approval is being sought because DPH received  
23 a memorandum of understanding on November 24, 2020, for a project start date of November  
24 1, 2019; and

25

1           WHEREAS, The Department proposes to maximize use of available grant funds on  
2 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

3           RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in  
4 the grant budget; and, be it

5           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
6 expend a grant in the amount of \$4,545,455 from KP through SFGHF; and, be it

7           FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the  
8 grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

9           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
10 Agreement on behalf of the City.

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1 Recommended:  
2  
3 /s/ \_\_\_\_\_  
4 Department Head

Approved: /s/ \_\_\_\_\_  
Mayor

Approved: /s/ \_\_\_\_\_  
Controller

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**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: **Adoption of Enterprise EHR System**
- 2. Department: **Department of Public Health**
- 3. Contact Person: **Eric Raffin** Telephone: **(916) 258-7288**
- 4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: **\$4,545,455**
- 6a. Matching Funds Required: **\$N.A.**  
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **Kaiser Permanente**  
b. Grant Pass-Through Agency (if applicable): **San Francisco General Hospital Foundation**

8. Proposed Grant Project Summary:  
**Department of Public Health’s “Street Medicine Team” (SMT) is a multidisciplinary team of health care professionals who serves the most vulnerable individuals in San Francisco. Currently, this team of 40 professionals sees on average 50 patients daily and an annual estimate of 5,000 unduplicated persons. They do this currently without access to real-time clinical information, which impacts negatively on their diagnostic and treatment decisions**

**The installation and adoption of Epic will provide Department of Public Health (DPH) with an enterprise electronic health record to provide and coordinate care for patients, clients, and residents of San Francisco and beyond. Specifically, we will use Epic to serve Primary Care patients, Zuckerberg San Francisco General Hospital patients, Laguna Honda Hospital residents, and the San Francisco Community Clinic Consortium patients that were referred to Zuckerberg San Francisco General Hospital for specialty, diagnostics and inpatient services.**

**Real-time access to clinical information from health systems throughout San Francisco and the ability to initiate correct treatment faster will have immeasurable impacts on our staff’s efficiency and effectiveness to care for the most vulnerable individuals in San Francisco, many of whom are living with medical, mental, behavioral, and substance use disorders.**

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **11/01/2019**    End-Date: **10/31/2021**

10a. Amount budgeted for contractual services: **\$4,545,455**

b. Will contractual services be put out to bid? **No.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?

d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much?

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **10% of Direct Costs**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to November 1, 2019. The department received the MOU on November 24, 2020. This grant does not require an ASO amendment.**

Fund: 11580  
Dept: 162643  
Auth: 10001  
Proj Desc: SFGH Foundation EHR  
Proj: 10034839  
Activity: 0001

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 2/1/2021 | 10:38 AM PST

DocuSigned by:  
  
70420277331P44D  
 (Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 2/2/2021 | 5:29 PM PST

DocuSigned by:  
  
02587527331P44D  
 (Signature Required)

Greg Wagner, COO for

10/24/2019

Melissa Moore  
Senior Development Officer  
San Francisco General Hospital Foundation  
2789 25th Street, Suite 2028  
San Francisco California 94110

Re: Grant Award Letter for Grant Number 12444

Dear Ms. Moore:

On behalf of Kaiser Permanente's Northern California Community Benefit Programs, we are pleased to inform you that a grant in the amount of \$5,000,000.00 has been awarded to San Francisco General Hospital Foundation ("Grantee"). The purpose of these funds is to support the EHR Integration into Primary Care Clinics (the "Grant").

Kaiser Permanente has a 65-year history and our mission includes improving the health of the communities we serve. As a nonprofit integrated healthcare delivery organization, we make investments in our communities. We believe in supporting organizations like yours that make a difference in people's lives.

**Grant Period and Reporting**

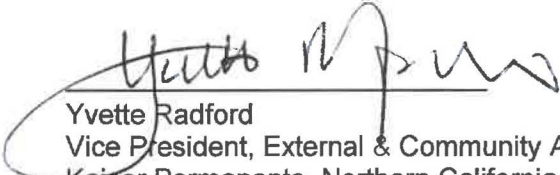
The Grant period (or term of the Grant) is: 11/1/2019 to 10/31/2020 and a final report is due no later than 30 days after the project end date. If a mid-term progress report is required, your grant manager will notify you of the timing. Instructions for submitting reports will be provided prior to deadlines dates.

**Documents to Sign and Send Back**

Please review the enclosed Grant Agreement (pages 1-4) and Communications Guidelines (page 5) which describe the terms and conditions of your grant. In order to receive your payment, please sign and return this award letter and the attached Grant Agreement promptly. You may upload the signed grant agreement through the online Mosaic portal.

If you have questions or require additional information, please contact your grant manager, Michael Cox at Michael.P.cox@kp.org or send inquiry to: NCAL-CB-Programs@kp.org.

Sincerely,




Yvette Radford  
Vice President, External & Community Affairs  
Kaiser Permanente, Northern California

10/24/2019

Date

**ACCEPTED AND AGREED**



Ann Lazarus  
Interim CEO

December 13, 2019

Date



**Kaiser Foundation Hospitals, Northern California Region**  
**- Grant Agreement -**

In addition to the specific terms of the Grant Award Letter for Grant Number 12444, Kaiser Foundation Hospital's ("KFH") award of this Grant, managed by the KFH Northern California Community Benefit Programs Division, is contingent upon Grantee's compliance with the following terms and conditions, and Grantee agrees to all these terms and conditions. Together, the Grant Award Letter and these terms and conditions are "the Agreement."

**1. Tax-Exempt Status**

Grantee is a (i) tax-exempt organization currently recognized by the Internal Revenue Service ("IRS") as a public charity described in section 501(c)(3), (8), (10) or (19) or 501(k) or 509(a)(1), (2), or (3) of the Internal Revenue Code of 1986, as amended (the "Code") or (ii) a local, state or federal government agency. If Grantee is a public charity as described in (i), then Grantee represents and warrants that

- Grantee's tax-exempt status under the Code has not been revoked or modified since the issuance of the IRS determination letter provided to KFH and shall not be revoked or modified during the term of this Grant; and
- there is no issue presently pending before any office of the IRS that could result in any proposed changes to Grantees' tax-exempt status under the Code; and
- Grantee shall immediately notify KFH if Grantee's tax-exempt status is revoked, suspended or modified during the term of this Grant.

**2. Expenditure of Funds**

This Grant must be used for the project identified in the Grant Award Letter, as described in the Grantee's proposal and related correspondence, and may not be expended for any other purposes without KFH's prior written approval. If the Grant is intended to support a specific project or to provide general support for a specific period, any portion of the Grant unexpended at the completion of the project at the end of the period shall be returned immediately to KFH, unless otherwise agreed by KFH in writing. Grantee may not expend any Grant funds for any purpose that is not charitable or educational, for any political or lobbying activity, or for any purpose other than one specified in Section 170(c)(2)(b) of the Code. Grantee must obtain prior written approval from KFH for changes to budgetary allocations that amount to 10% or more of the total budget of the Grant award or for changes to the Grant period.

Grantee may not use any portion of this grant in connection with the enrollment of individuals in any Qualified Health Plan or non-Qualified Health Plan. If Grantee serves as a Certified Enrollment Entity or Navigator funded by the California Health Benefit Exchange (Covered California), Grantee will fully comply with any applicable state and federal statutes, regulations, and sub-regulatory guidance requiring disclosure of receipt of this funding to Covered California and consumers receiving application assistance from Grantee's personnel.

**3. No Assignment or Delegation**

Grantee may not assign, or otherwise transfer, its rights or delegate any of its obligations under this Grant without prior written approval from KFH.

**Kaiser Foundation Hospitals, Northern California Region**  
**- Grant Agreement -**

**4. Records and Reports**

Grantee is required to keep a record of all receipts and expenditures relating to this Grant and to provide KFH with written reports summarizing the progress made, as detailed on KFH's reporting requirements outline. KFH may also require additional interim reports. Grantee's reports should describe its progress in achieving the purposes of the Grant and include a detailed accounting of the uses or expenditure of all Grant funds. Grantee also agrees to provide any other information reasonably requested by KFH. If Grantee obtains any audited financial statements covering any part of the Grant period, Grantee shall provide a copy to KFH as well. Grantee is required to keep the financial records with respect to this Grant, along with copies of any reports submitted to KFH, for at least four years following the year in which all Grant funds are fully expended.

**5. Required Notification**

Grantee is required to provide KFH with immediate written notification of: (1) any changes in its tax-exempt status; (2) its inability to expend the Grant for the purposes described in the Grant Award Letter; (3) any expenditure from this Grant made for any purpose other than those for which the Grant was intended; (4) any modification of the budget, Scope of Work of timeline; and (5) any significant changes in Grantee's leadership or staffing.

**6. Reasonable Access for Evaluation**

Grantee is expected to actively participate in the evaluation of Kaiser Permanente's Community Benefit Program, including KFH's evaluation of Grantee's project within that program. At KFH's request, Grantee will permit KFH and its representatives to conduct site visits and have reasonable access during regular business hours to Grantee's files, records, accounts, personnel and clients or other beneficiaries for the purpose of making financial audits, verifications or program evaluations as KFH deems necessary or appropriate concerning this Grant award.

**7. Publicity**

Whenever possible, Grantee shall obtain KFH's prior written or oral consent of any proposed publicity concerning this Grant prior to the release of such publicity. When acknowledging this Grant, Grantee will incorporate the following text: "*The project is supported by Kaiser Permanente Northern California Community Benefit Programs.*"

KFH may include information regarding this Grant, including the amount and purpose, photographs provided by Grantee, Grantee's logo or trademark, or other information or materials about Grantee's organization and activities, in KFH's periodic public reports, newsletters, online channels, and news releases.

**8. Right to Modify or Revoke Payments**

Payments made under this Grant are contingent upon Grantee's compliance with the terms of this Agreement. KFH reserves the right to discontinue, modify or withhold any payments to be

**- Grant Agreement -**

made under this Grant award or to require a total or partial refund of any Grant funds if, in KFH's sole discretion, such action is necessary: (i) because Grantee has not fully complied with the terms and conditions of this Grant, including without limitation, Grantee's loss of tax-exempt status or Grantee's use of Grant funds for purposes other than those designated; (ii) to protect the purpose and objectives of the Grant or any other charitable activities of KFH or the Kaiser Permanente Medical Care Program; or (iii) to comply with the requirement of any law, regulation, or regulatory agency policy applicable to Grantee, KFH or this Grant.

**9. Termination**

KFH may terminate this Grant for convenience upon 30 days' written notice to Grantee and may terminate this Grant immediately for the reasons specified in Section 8 or for Grantee's engagement in willful misconduct or negligence.

**10. Independent Contractors**

With respect to administration of this Grant, the parties understand and agree that each is at all times acting and performing as an independent contractor with respect to the other. Except as expressly set forth in this Agreement, neither party, nor any of its employees, shall be construed to be the agent, employee or representative of the other for any purpose, or liable for any acts or omissions of the other.

**11. Compliance**

Grantee shall (i) maintain, in full force and effect, all required governmental or professional licenses and credentials for itself, its facilities and its employees and all other persons engaged in work in conjunction with this Grant, and (ii) perform its duties and obligations under this Agreement according to industry standards and in compliance with all applicable laws. As an organization with numerous contracts with the federal government, KFH and its affiliates are subject to various federal laws, executive orders and regulations regarding equal opportunity and affirmative action. This Section constitutes notice that Grantee may be required to comply with the following Federal Acquisition Regulations (each a "FAR") at 48 CFR Part 52, which are incorporated herein by reference: (a) Equal Opportunity (April 2002) at FAR 52.222-26; (b) Equal Opportunity for Special Disabled Veterans, Veterans of the Vietnam Era, and Other Eligible Veterans (Sept. 2006) at FAR 52.222-35; (c) Affirmative Action for Workers with Disabilities (June 1998) at FAR 52.222-36, and (d) Utilization of Small Business Concerns (May 2004) at FAR 52.219-8. In addition, Executive Order 13495 concerning the obligations of federal contractors and subcontractors to provide notice to employees about their rights under Federal labor laws, or its successor, shall be incorporated herein by reference.

**12. Miscellaneous**

This Agreement shall be governed by the laws of the State of California. This Agreement may be executed in one or more counterparts, each of which shall be deemed to be one and the same instrument. Grantee may not assign any right, duty or obligation under this Agreement without prior written approval from KFH. Any change of ownership or control of Grantee shall be deemed an assignment. This Agreement shall be binding upon and inure to the benefit of

**Kaiser Foundation Hospitals, Northern California Region  
- Grant Agreement -**

the parties and their respective, permitted successors and assigns. This Agreement, including any exhibits and attachments (all of which are incorporated into this Agreement by this reference), is the entire agreement of the parties with respect to the subject matter herein, and supersedes any and all other agreements, promises, negotiations or representations, whether oral or written. This Agreement, including exhibits and attachments, may not be amended except in a writing signed by each party.

**ACCEPTED AND AGREED by duly authorized officers of KFH and Grantee:**

**KFH:**

Kaiser Foundation Hospitals  
Northern California Community Benefit Programs

**By:**

  
Yvette Radford

**Title:** Vice President

**Date:** 10/24/2019

**Grantee:**

San Francisco General Hospital Foundation

**By:**

  
Ann Lazarus

**Title:** Interim CEO

**Date:**

December 13, 2019

**Kaiser Foundation Hospitals, Northern California Region**  
**– Communications Guidelines –**

Congratulations on your Kaiser Permanente Northern California Region grant. We appreciate the opportunity to partner with you and to help others learn about your important work. Please review the information below concerning communications and publicity and contact your grant manager if you have any questions.

**How to acknowledge your grant.** To make it easy to communicate about your grant, we have prepared language describing our partnership. This language can be used for newsletters, websites, or other communications. ***Please use this description when acknowledging your Kaiser Permanente grant.*** You can also find this text on our grantee website at [about.kaiserpermanente.org/community-health/communities-we-serve/northern-california-community/grants](http://about.kaiserpermanente.org/community-health/communities-we-serve/northern-california-community/grants).

**Short credit:**

*The project is supported by Kaiser Permanente Northern California Community Benefit Programs.*

**Longer credit:**

***About the Kaiser Permanente Northern California Community Benefit Grants Program***

*Kaiser Permanente's community involvement uniquely pairs grant funding with 65 years of clinical expertise, medical research, and volunteerism to support prevention-focused, evidence-based programs that are expanding access to care and creating healthy environments. Kaiser Permanente recently awarded SAN FRANCISCO GENERAL HOSPITAL FOUNDATION a \$5,000,000.00 grant that will help more people in this community get access to the resources they need to lead a healthy life. For more information about Kaiser Permanente's work in the community, visit [about.kaiserpermanente.org/community-health](http://about.kaiserpermanente.org/community-health).*

**Logo.** If you would like to use a Kaiser Permanente logo, please contact your grant manager. Tell them your preferred file type (JPEG or EPS) and color (blue or black). As a nonprofit organization, the Kaiser Permanente logo cannot be used on materials that imply endorsement of legislation or a candidate.

**Promoting your Kaiser Permanente grant.** Your new grant is an excellent time to tell the story of your important work—to your partners, the community, and the media. There are many ways to communicate, including via a press release, newsletter, Web site, social media, and donor communications. If you are interested in doing outreach or promotion, our communications team may be available to help. Please contact your grant manager to discuss this further.

**Collecting stories about your work.** Personal stories and testimonials are particularly effective ways to illustrate the value of your work—for fundraising, donor and board communications, and grant reports. The reporting requirements for this grant include capturing and relaying at least one story about your work, but we also appreciate your sharing stories with us at any point.

**Free online training resources.** At [about.kaiserpermanente.org/community-health/communities-we-serve/northern-california-community/grants](http://about.kaiserpermanente.org/community-health/communities-we-serve/northern-california-community/grants) you will find a "story capture sheet" and storytelling tips. This special website for our grantees has many other useful resources, including trainings and resource lists on storytelling, messaging, social media, and more.



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

## Memorandum of Understanding

This Memorandum of Understanding (MOU) between San Francisco General Hospital Foundation herein after called "Foundation" and the City and County of San Francisco Department of Public Health, herein after called "DPH", is made and entered into as of 11/24/2020.

### PURPOSE AND SCOPE

The Purpose of this MOU is to identify the roles and responsibilities of each party as they relate to the disbursement of funds for expenses incurred in carrying out the purpose of the Kaiser Permanente gift agreement with San Francisco General Hospital Foundation, namely to support the EHR (Epic) integration into primary care clinics.

### MOU TERMS

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The expected timeframe of the **Epic integration into primary care** begins November 1, 2019 and ends October 31, 2021.

### DPH RESPONSIBILITIES UNDER THIS MOU

DPH is a sub-awardee under the Kaiser Permanente gift agreement, providing personnel resources to assist with carrying out the purpose of this gift, specifically for Epic license costs and implementation, software integration, and operational readiness.

The non-personnel expenses allowed are up to a maximum of \$4,545,455 between November 1, 2019 and October 31, 2021. There are no personnel expenses supported by this gift.

DPH shall comply with the Foundation Disbursement Request Policies and Procedures (Exhibit A). Any exceptions to the disbursement request procedures, including requests for advance payments, must be requested in advance and agreed upon in writing by the Foundation.

### MODIFICATION AND TERMINATION

IT IS MUTUALLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES THAT:

This agreement may be terminated with or without cause by either party upon 30 days prior written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

Any and all amendments must be made in writing and must be agreed to and executed by the parties before becoming effective.

Either party may terminate this agreement immediately on written notice if the other party has committed a material breach of this MOU and has not cured the breach within thirty (30) days after receiving written notice of the breach by the non-breaching party, or the parties cannot reach an agreement to amend this MOU.

If the Kaiser Permanente budget of the current year or any subsequent years covered under this agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the Foundation shall have no liability to pay any funds whatsoever to DPH and DPH shall not be obligated to perform any provisions for which they are not reimbursed.

**CONTACT INFORMATION**

All notices hereunder shall be addressed to the other party as follows:

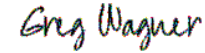
Gerry Chow  
Vice President, Finance  
San Francisco General Hospital Foundation  
2789 25th Street, Suite 2028  
San Francisco, CA 94110



\_\_\_\_\_  
Kim Meredith  
Chief Executive Officer  
San Francisco General Hospital Foundation  
2789 25th Street, Suite 2028  
San Francisco, CA 94110

Date: 11/24/2020

DocuSigned by:



\_\_\_\_\_  
SFDPH Authorized Signer  
Greg Wagner  
Chief Operating Officer  
101 Grove Street, Suite 308  
San Francisco, CA 94102

Date: 12/17/2020 | 3:18 PM PST

**EXHIBIT A****Disbursement Request Policy and Procedure**

For each disbursement requested, a disbursement request form must be completed and authorized by the individual named on the Establishment of Restricted Funds document. Valid documents, such as vendor invoices, receipts,\* payroll reports etc., verifying the expense, must be submitted along with the disbursement request form.

The cost categories allowed for use in identifying expenses are as follows:

Salaries & benefits**Acc#	7500	Software	7524
Consultants	7510	Equipment/Remodeling	7530
Graphic Design	7511	Permits/Fees/Inspection	7532
Translation Services	7512	Meals/Refreshment	7540
Supplies	7520	Transportation & Lodging	7560
Incentives	7521	Conference & Training Fee	7570
Stipend	7522	Patient Assistance	7580
Printing	7523	Other (please specify):	7590

\*Reimbursements: the receipt must show the following information: name of the person who paid it, item purchased, amount and date of purchase. Estimates are not accepted.

\*\*Salaries and benefits: the report provided as part of the disbursement request must clearly list the name of the individual, the period or periods covered. The compensation and benefit amounts must be also listed separately.

*The Foundation recommends submitting authorized disbursement requests within 30 days of date of expenditure. All expenses must be submitted on or before July 15<sup>th</sup> in order to close the June 30 fiscal year. **Expenses that do not fall within the open fiscal year will not be reimbursed.***

The disbursement form can be submitted several ways:

1. Email to [accounting@sfgfhf.org](mailto:accounting@sfgfhf.org)
2. Interoffice mail
3. Dropped off at Foundation office location
4. Mailed to PO Box 410836, SF CA 94141.

Once the completed form is received, the disbursement check will be issued within 5 to 10 business days.



# Budget and Budget Justification

**Organization Name:** Department of Public Health

**Project Title:** Adoption of Enterprise EHR System

**Budget Contact Name & Phone:** Eric Raffin (916) 258-7288

PROJECT BUDGET	Amount	Budget Justification (Narrative)
<b>Project Expenses</b>		
Epic License Costs and Implementation	\$ 2,000,000	Mobile device data plan, EPIC license fees, yearly EPIC maintenace fees
Third Party Software Integration	\$ 1,045,455	Clinical decision support notification tools (example: Cipher); 3rd party video integration options (UCSF Zoom subcontract price - \$15/yr/person); Medical transcription services; eMPI clean up tool; Codesets used in EHR Tool (example: ICD-10, SNOMED, Current Procedural Technology (CPT) file used for billing)
Operational Readiness	\$ 1,500,000	At the Elbow Go-Live Support-contractual costs
<b>Project Expense Total</b>	<b>\$ 4,545,455</b>	



SAN FRANCISCO  
GENERAL HOSPITAL  
FOUNDATION

Organization Name:	San Francisco General Hospital Foundation		
Project Name:	Adoption of Enterprise EHR system		
Grant #:	20190208	Grant Amount:	\$5,000,000
Grant Period:	7/1/2018 - 7/1/2019	Date of Report:	7/26/2019
Contact Name:	Melissa Moore	Contact e-mail:	mmoore@sfg hf.org

### NARRATIVE REPORT

Please submit a narrative report (approx. 2-4 pages) addressing the following questions for the project or activities.

1. Referring to the proposed number served in your original application, please list the final number of people directly served by this project (the number of individuals directly touched by the funded programs/activities, and generally referring to more intensive programs and services). Please list as 'Final Number served: \_\_\_\_\_.'

**\*Optional\*** If the project also had 'indirect' reach, please describe, and list the number of people reached indirectly. Indirect reach refers to individuals that benefit from the funded activities, but are not directly touched by the "program" or are touched very lightly (e.g. policy advocacy, media, public awareness campaigns).

San Francisco Department of Public Health (DPH) set its Wave One go live date on Saturday, August 3, 2019, and we expect to be on schedule. The installation and adoption of Epic will provide DPH with an enterprise electronic health record to provide and coordinate care for patients, clients, and residents of San Francisco and beyond.

Specifically, we will use Epic to serve (total annual count):

- Primary care patients – 58,984
- ZSFG hospitalized patients – 107,521
- LHH residents – 920
- SF Community Clinic Consortium patients referred to ZSFG for specialty, diagnostics and inpatient services – 33,100

2. Referring to your original proposed impact outcomes, please list 5-10 highlights demonstrating the impact of the project. Please list in bullet format.

As noted above, we are on schedule to go live with Epic on August 3<sup>rd</sup>, 2019. There are many notable milestones achieved since DPH's initial launch of the Epic implementation on January 2<sup>nd</sup>, 2018. They include :

- Epic system configuration items built - 24,421
- Epic system design decisions made - 1,945
- Core workflows redesigned - 726
- Interface function tests completed - 1,161
- Integrated testing issues resolved - 2,182

- Devices deployed - 4,778
  - Patient appointments converted from current systems to Epic - 66,468 (47,295 automated, 19,173 manual)
  - Staff trained - 7,296 (ZSFG 2,960, LHH 1,145, Primary Care 467, UCSF 2,141)
  - Learning classes completed - 114,149 (web-based 104,940, in-person 9,209)
  - Go live support personnel onboarded and trained - 746 (internal Super Users 383, external At-The-Elbow consultants 363)
  - Epic MyChart patient portal support - 24/7 multi-lingual coverage
  - Labor engagement meetings and agreements signed - 40 plus and 4 respectively
  - 17 community-based partner organizations, spanning 50 locations throughout San Francisco with 1,029 initial non-DPH users provisioned to have limited, web-based access to DPH's Epic health information.
3. In addition to measuring the outcomes of the funded project, we are interested in how grants directly improve the lives of the people in your community. Please share one or more stories or quotes that show how this project has made a difference in the lives of the people your program serves.

DPH's "Street Medicine Team" (SMT) is a multidisciplinary team of health care professionals who serves the most vulnerable individuals in San Francisco. Currently, this team of 40 professionals sees on average 50 patients daily and an annual estimate of 5,000 unduplicated persons. They do this currently without access to real-time clinical information, which impacts negatively on their diagnostic and treatment decisions; for example, they cannot see that the poor historian in front of them lying on the street had just left an emergency room be it from ZSFG, Kaiser San Francisco or Dignity Health Saint Francis Memorial Hospital. Even after they return to a physical location, where they can record their assessment and treatment decisions, they still struggle to ensure complete information is available across our continuum of care due to myriad clinical documentation systems currently deployed within DPH. Since the SMT is often the first and most often point of contact with these patients, their assessment and treatment decisions are invaluable to health care providers across our systems of care at ZSFG, behavioral health programs and primary care clinics.

On August 3<sup>rd</sup>, 2019, this team of 40 professionals will have 89 laptops and mobile devices with connectivity and access to not just DPH clinical information but also to health information from outside systems such as Kaiser San Francisco or Dignity Health through Epic's health information exchange. Moreover, the SMT will be able to place orders, perform tests, and initiate treatments with pharmacies. Real-time access to clinical information from health systems throughout San Francisco and the ability to initiate correct treatment faster will have immeasurable impacts on our staff's efficiency and effectiveness to care for the most vulnerable individuals in San Francisco, many of whom are living with medical, mental, behavioral, and substance use disorders.

4. Include an updated copy of your grant budget with actual expenditures and all sources of revenue.

You are welcome to submit photos, news clippings or other media associated with the project.

# EHR Integration into Primary Care Clinics

Status: Under Consideration

Date: 6/14/2019

## Organization Information

The ID for this Proposal is #12444. Please make a note of it for future reference.

Application Contact First Name	Melissa
Application Contact Last Name	Moore
Application Contact Prefix	
Application Contact Title	Senior Development Officer
Application Contact Phone Number	628-206-5928
Application Contact Email Address	mmoore@sfgfhf.org
Organization Legal Name	SAN FRANCISCO GENERAL HOSPITAL FOUNDATION
Federal Tax ID or Employer Identification Number	94-3189424
(IRS): Classification	1000
(IRS): Affiliation	3
(IRS): Foundation Code	15
(IRS): Assets	50,000,000 to greater
(IRS): Income	10,000,000 to 49,999,999
(IRS): NTEE Code	E20Z
(IRS): NTEE Activity	Health – General and Rehabilitative
Tax Status	501(c)(3)
Upload Your Organization's W9 Form	<a href="#">SFGHF W-9 Form.pdf</a>
Organization Website	www.sfgfhf.org
Organization Primary Address (line 1)	San Francisco General Hospital Foundation
Organization Primary Address (line 2)	2789 25th Street, Suite 2028
Organization City	San Francisco
Organization State	California
Organization Zip Code	94110
Is your Primary Address the same as your Mailing Address?	Yes
Is the person submitting the application also the CEO/Executive Director of the organization?	No
Organization CEO/Executive Director Contact First Name	Ann
Organization CEO/Executive Director Contact Last Name	Lazarus
Organization CEO/Executive Director Contact Prefix	Mrs.
Organization CEO/Executive Director Contact Title	Interim CEO

Organization CEO/Executive Director Contact Phone Number	628-206-5943
Organization CEO/Executive Director Contact Email	ALazarus@sfgfhf.org
What is your organization's mission statement?	San Francisco General Hospital Foundation is dedicated to promoting excellence in research, education and care for all at Zuckerberg San Francisco General Hospital and Trauma Center.
Please provide a brief overview of your organization's history.	San Francisco residents have benefited from Zuckerberg San Francisco General for well over a century. From the Gold Rush to the 1906 earthquake to the AIDS epidemic, San Franciscans have received exemplary care from renowned medical staff known for their compassion and excellence. San Francisco General Hospital Foundation was formed in 1993 to raise philanthropic support for ZSFG.
What year was your organization founded?	1993
Does your organization have a Board of Directors?	Yes
Upload a listing of your Board of Directors, including their affiliations	<a href="#">SFGHF Board of Directors 3.19.pdf</a>
Upload a listing of your Executive Officers or Leadership Team	<a href="#">SFGH Foundation Leadership Team.pdf</a>
Is your organization engaged in one or more active contractual agreements for supplier/vendor or member services with Kaiser Permanente?	No
Do any Kaiser Permanente employees or physicians serve as a Board member or employee of the organization?	Yes
Provide the person(s) name, position with Kaiser Permanente, and the nature of their relationship with your organization.	Dionne Cruz Miller, MPH Chief Operating Officer Kaiser Permanente San Francisco Medical Center Ms. Miller joined as a member of the San Francisco General Hospital Foundation Board of Directors in 2018.
Does Kaiser Permanente currently provide a significant amount of technical assistance, supplies, equipment, or other resources to support this organization and/or project?	No

### Fiscal Sponsor

Does your application include a fiscal sponsor? No



### Request Overview

Is the person submitting the application also the contact for questions about the proposed project? Yes

Project Title	EHR Integration into Primary Care Clinics		
Grant Term	<b>Proposed start date of grant term</b>	<b>Proposed end date of grant term</b>	<b>Duration of grant term in months</b>
Enter Info	11/1/2019	10/31/2020	12
Grant Range	Tier 3		
Enter the exact grant amount requested from	5,000,000.00		

Kaiser Permanente.

What is the total cost of the project for which you are requesting support? 58,474,274.00

Please attach the Project Budget [SFGH Foundation - Kaiser proposal - Epic Project Budget.pdf](#)

### Project Information

Briefly describe the population(s) and location(s) who will be impacted by this project

All patients who receive primary care within the San Francisco Health Network (SFHN) will benefit. SFHN primarily serves low-income, uninsured working individuals and families, immigrants and the homeless in addition to anyone requiring trauma care at ZSFG. 75% are from racial, ethnic minority and immigrant families and more than 80% are either uninsured or receiving publicly funded health insurance.

Please select the city or cities within the Kaiser Permanente service area where your project activities will take place. If your request is not related to a specific project, select the city or cities that your organization serves.

Option	Percentage	Primary
All cities in San Francisco County	75	Yes
San Mateo	25	

Please select the Community Health Need which your project will address. If your request is not for a specific project, select the Community Health Need(s) most aligned with your organization's work.

Option	Primary
Access to Care & Coverage	Yes

Is your project intended to benefit a particular age group?

No

Is your project intended to benefit a particular racial or ethnic group?

No

Please provide a 1-2 sentence executive summary of your project, including your organization's full name, the project title, goal(s), and target population and communities. If your request is not related to a specific project, please refer to your organization's overall work.






The San Francisco General Hospital Foundation is assisting the City of San Francisco and the SFHN to integrate a unified, electronic health record (EHR), namely Epic, within its 14 primary care clinics. Key components of this project will include patient engagement to connect with patients, families, and clinicians as well as Epic coordinated care management application.

Please provide a high-level overview of the project activities and explain how the project will address the identified Community Health Need. Please note any evidence-based strategies utilized in the project design. If your request is not related to a specific project, please refer to your organization's overall work.

Epic will create value for SFHN primary care patients, families, communities, and SF Department of Public Health (DPH) staff with the adoption and use of both Epic MyChart and coordinated care management applications to improve the overall health of the SFHN primary care population, while driving down cost of care and enhancing the patient experience. Records will be more easily accessed for patients who receive their health care within the SF Health Network, whether through trauma or through transition with their employer-based coverage requiring them to temporarily seek public assistance for their medical care.

A 2014 study reported that federally funded health center patients are just as likely to benefit from EHR-enhanced care as other health center patients (Enabling Quality: Electronic Health Record Adoption and Meaningful Use Readiness in Federally Funded Health Centers, Journal for Healthcare Quality, February 25, 2014). Early AHRQ research (HealthIT.gov) reported better self-management and access to care outcomes for patients with chronic disease conditions such as diabetes, cancer and heart disease – all which are common conditions to the SFHN population – after implementing an EHR system. Locally, Epic is practice-proven and widely used by other healthcare institutions in our

area. Kaiser, Stanford, UCSF Health and Sutter all use Epic. Additionally, Santa Clara Valley Health System and Contra Costa County Health System have been using Epic for many years. Both systems report excellent satisfaction with Epic and that it is easier to report and analyze data for quality improvement and for pay-for-performance programs. Alameda Health System will also be going live with Epic in September, 2019.

Measurable Objectives: List up to 5 concise "SMART" objectives for the proposed request. If you are responding to a request for proposals that does not require you to determine measurable objectives at this time, please enter N/A.	<b>List of Objectives</b> 	<b>Activities</b> 	<b>Timeline</b> 	<b>Outcomes</b> 	<b>Measurement</b> 
Objective 1	Increase patient awareness about the value of Epic MyChart and establish governance to drive DPH's device deployment strategy	<ul style="list-style-type: none"> <li>• Create a marketing campaign for MyChart activation access</li> <li>• Create governing bodies to provide strategic and operational oversight</li> </ul>	Q2 2019 - Q4 2019	<ul style="list-style-type: none"> <li>• Marketing campaign and corresponding print collaterals</li> </ul>	<ul style="list-style-type: none"> <li>• Predictable cadence and minutes from planning meetings</li> </ul>
Objective 2	Complete Epic CCM Planning Groundwork – Wave 2 Phase 0	<ul style="list-style-type: none"> <li>• Create a CCM implementation project plan</li> <li>• Confirm Key Organizational Scope decisions</li> <li>• Complete key organizational kick-off meetings</li> <li>• Establish Direction Setting schedule</li> </ul>	Q1 2020 - Q2 2020	<ul style="list-style-type: none"> <li>• Key organization scope defined.</li> <li>• CCM project plan and direction setting schedule established.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly and monthly planning sessions to monitor progress of project plans</li> <li>• Regular status report to EHR Governance decision bodies</li> <li>• Report to SF Health Commission</li> </ul>
Objective 3	Secure required contracts and organizational resources to implement DPH's mobile device strategy	<ul style="list-style-type: none"> <li>• Organize clinical and operational teams to operationalize the deployment strategy</li> </ul>	Q2 2020 - Q3 2020	<ul style="list-style-type: none"> <li>• DPH operational teams and Domain Groups engagement and oversight of deployment strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly and monthly planning sessions to monitor progress of project plans</li> <li>• Regular status report to EHR Governance decision bodies</li> <li>• Report to SF Health Commission</li> </ul>
Objective 4	Complete Epic CCM System Configuration	<ul style="list-style-type: none"> <li>• Complete application and interface</li> </ul>	Q3 2020 - Q4 2020	<ul style="list-style-type: none"> <li>• Adoption of Epic design and system</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly and monthly planning sessions to</li> </ul>

	n and Adoption – Wave 2 Phase 2	functional testing scripts <ul style="list-style-type: none"> <li>Complete configuration and adoption sessions</li> <li>Initiate integration testing scripts including 3rd party applications</li> </ul>		configuration	monitor progress of project plans <ul style="list-style-type: none"> <li>Regular status report to EHR Governance decision bodies</li> <li>Report to SF Health Commission</li> </ul>
Objective 5	Complete Epic CCM System Integrated Testing – Wave 2 Phase 3	<ul style="list-style-type: none"> <li>Complete Independent application review</li> <li>Complete required integrated testing and resolve issue remediation</li> <li>Complete revenue cycle testing scripts</li> <li>Complete 120-day and 90-day GLRA (go-live readiness assessment)</li> <li>Complete credentialed trainer training</li> </ul>	Q4 2020 - Q1 2021	<ul style="list-style-type: none"> <li>All integrated testing completed</li> <li>Credentialed trainers trained</li> <li>Two GLRA</li> </ul>	<ul style="list-style-type: none"> <li>Weekly and monthly planning sessions to monitor progress of project plans</li> <li>Regular status report to EHR Governance decision bodies</li> <li>Report to SF Health Commission</li> </ul>

How many people will be directly served by this funding? 70000

Upload any additional information that you would like Kaiser Permanente to consider (annual report, strategic plan, relevant media coverage, success stories, etc.) [SFGH Foundation Project Workplan - Kaiser - Epic 2019.pdf](#)

### Program Information

Please list key partners who have a significant role in this project, and indicate whether an MOU (Memorandum of Understanding) or a Letter of Agreement is in place. If your project does not involve key partners, please enter N/A.

In addition to the main institutions listed below who are involved in the coordination of this project, private philanthropy, particularly Kaiser Permanente, is also playing a significant role in making this public-private partnership a reality:

-San Francisco Department of Public Health

-San Francisco Health Network (includes ZSFG, Laguna Honda Hospital, 14 primary care clinics and community behavioral health programs)

-University of California, San Francisco

Describe how you will evaluate the success of The implementation of Epic will be deemed successful when sufficient



the program, including the methods that will be used to collect and analyze the data measurements listed in your workplan. Please identify the internal or external evaluator and be clear on how we will know that the project is successful. If your application does not require an evaluation plan at this time, enter N/A.

funding is secured to ensure full installation, adoption and optimization across the entire SFHN, starting with the primary clinics. Additionally, data analytics will be able to support performance tracking of strategic priorities and metrics. Lastly, there will be effective and sustainable staff development, change management and communication strategies in place.

Provide a brief overview of your organization's goals for the next three years. How does this project fit in with those goals?

True North is ZSFG's unwavering commitment to its mission, vision, values, strategies and metrics that represent its commitment to becoming the health care organization of choice for patients and staff. To ensure movement in the right direction, ZSFG developed a True North Scorecard, which mirrors goals and values of the SFHN. The True North goals for at least the next three years include: Equity; Safety; Quality; Care Experience; Developing our People; and Financial Stewardship.

Plans to implement a new enterprise EHR system falls under the True North goals of Equity, Financial Stewardship, and Patient Safety. With this improvement strategy, ZSFG aims to effectively implement and adopt a system-wide EHR by coordinating workflows with DPH and SFHN primary care clinics.

In 2017, the City and County of San Francisco conducted a citywide Digital Equity Survey to measure technology access, use, and perception among a representative sample of San Francisco residents. The survey found that most San Francisco's residents are online, have high-speed home Internet connections, smartphones with data plans, and key Internet-related skills. However, significant digital divide disparities still exist for seniors, low-income residents, and those speaking a primary language other than English at home; all common characteristics of patients receiving care from our network of 14 community and Zuckerberg San Francisco General Hospital primary care facilities.

In summary, the digital divide is a combination of several different issues, with digitally excluded individuals facing different barriers. Some don't know how to use technology at all. Others have the basic digital skills but need situational help, maybe navigating a complicated patient portal or troubleshooting a malfunctioning smartphone. Finally, there are those with all the skills but are unable to afford adequate connectivity and devices.

A successful digital equity strategy must address common barriers to access and use of the internet, computer or tablet, and related technologies such as video conferencing. Although Epic offers several tools including the MyChart patient portal, which DPH has scoped the initial August 3, 2019 go live including all DPH primary care clinics, MyChart activation and maximum use by patients or their proxy require resources, tools, and governance. Epic MyChart offers many features that can enable primary care teams to better engage patients to become partners in their own care. Engaging patients in their care has consistently demonstrated to improve the overall health of the population while driving down cost of care and enhancing the patient experience.

Furthermore, primary care plays a central role in connecting patients to community resources and helping them navigate our complex delivery system for diagnostic, ancillary and specialty services. When DPH certified the Epic contract in January 2018, the Coordinated Care Management (CCM) application was not yet released. Consequently, DPH's current contract does not cover any Epic CCM license, maintenance or implementation fees. Epic CCM provides case

management tools that can compile and organize a comprehensive set of health and social care records, enabling care teams in primary care to establish both patient and population-level health, social, and community interventions to improve the health and well-being of patient through care management and outreach.

Epic CCM will add value to DPH patients with functionalities that can enable primary care teams to address patients' social determinants of health gaps, map support networks, connect people to community services, and measure outreach and program effectiveness. Epic CCM will also play a critical role in addressing care coordination issues among San Francisco's residents who are homeless and living with social, mental and behavioral health issues.

Please describe how you engage community constituents in your organization's planning, goal-setting, or other activities that help determine the organization's overall direction.

Patient and Family Advisory Councils are a productive way for patients and families to partner with the San Francisco Health Network to provide guidance on how to improve the patient and family experience. The unique perspectives from patients and families can positively impact care and assist with engineering a more customer-centered approach to the work of the San Francisco Health Network.

If there are any significant challenges or risks which could affect the success of the project, please describe and explain how you will mitigate those risks. What organizational or community assets will help you ensure success for the project?

Major challenges and risks during implementation include contractual delays and competing demand on clinical and operational teams. To mitigate these risks, the team will work closely with the Contracts team to fully understand each step. Additionally, the team will prioritize competing demands through True North and ensure each member understands the dependencies and timelines.

#### Financial Information

Indicate the start and end of your organization's fiscal year.

**Start**

**End**

Fiscal Year start/end

July

June

Did your organization have an operating surplus or an operating deficit on your income statement for the previous fiscal year?

Operating Surplus

Enter the dollar amount of the surplus for the previous fiscal year, using only numbers, no currency symbols.

483,175.00

What is the amount of your organization's total operating expenses for the current and previous fiscal year?

**Current**

**Previous**

Enter Info

5,183,604.00

5,898,754.00

From your balance sheet, what are your organization's current assets?

92,732,083.00

From your balance sheet, what are your organization's current liabilities?

2,368,232.00

From your balance sheet, what was your organization's total cash at the end of your previous fiscal year?

6,583,126.00

#### Attestation

Non-Discrimination Policy - Applicant: Does the applicant organization have a documented policy which prohibits discrimination in its programs, services, policies, hiring practices and administration on the basis of race, color, ethnicity, ancestry, national origin, age, gender, gender identity or expression, sexual orientation, marital status, or physical or mental

Yes

disability?

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Non-Proselytizing Policy - Applicant: If the applicant organization is a religious or faith-based organization, will any portion of the grant be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?

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N/A - not a religious or faith-based organization

Non-political activity policy: Will any portion of the grant be used for political advocacy, partisan activities, gifts to or on behalf of state and federal government officials, lobbying, election campaigns, or participation in fundraising events for the purpose of supporting a political action committee (PAC) or committee on political education (COPE)?

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No

**From:** [Lindsay, Claire \(DPH\)](#)  
**To:** [Haney, Matt \(BOS\)](#); [Safai, Ahsha \(BOS\)](#); [Mar, Gordon \(BOS\)](#)  
**Cc:** [Wong, Linda \(BOS\)](#); [RivamonteMesa, Abigail \(BOS\)](#); [Morris, Geoffrea \(BOS\)](#); [Quan, Daisy \(BOS\)](#); [Raffin, Eric \(DPH\)](#); [Wagner, Greg \(DPH\)](#); [Louie, Jenny \(DPH\)](#); [Wong, Greg \(DPH\)](#); [Patil, Sneha \(DPH\)](#)  
**Subject:** 3/3 Budget & Finance: DPH Item  
**Date:** Monday, March 1, 2021 9:22:34 AM

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Hello Supervisors Haney, Safai and Mar,

The Department of Public Health (DPH) will request approval for one (1) retroactive accept and expend grant at the March 3<sup>rd</sup> Budget & Finance Committee meeting. Please see below for a brief description of the item and our DPH representative who may be contacted should you have any questions.

**Agenda item #3 - File no. 210144 - Accept and Expend Grant - Retroactive - Kaiser Permanente - Adoption of Enterprise Electronic Health Record System - \$4,545,455** - Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$4,545,455 from Kaiser Permanente through the San Francisco General Hospital Foundation to participate in a program, entitled "Adoption of Enterprise Electronic Health Record System," for the period of November 1, 2019, through October 31, 2021.

- **Description:** The purpose of this grant is to support continued implementation and optimization costs related to DPH's new Electronic Health Record, Epic. Since 2016, the department has been preparing for this multiyear project that replaces multiple legacy clinical and billing systems into a unified health record. As part of the planning for this new system, DPH has been collaborating with the Zuckerberg San Francisco General Foundation and the Kaiser Foundation over the last several years to fundraise for a portion of the project implementation costs. DPH received an initial award of \$4.5 million in 2018 for the period of July 1, 2018 – July 1, 2019 to support the first phase of implementation of the EHR that went live in August 2019, which was accepted by the Board of Supervisors. Following successful completion of the grant, DPH was invited to apply in the fall of 2019 for an additional round of funding to cover expenses in the second phase of the Epic project, from October 2019 to November 2021. During this period, the department has incurred and will continue to incur expenses that are eligible uses for this grant. These two grants from the Kaiser Foundation have been assumed as a key part of our funding plan as we move forward with optimization and Waves 2 and 3 which includes the transition of Behavioral Health Services to Epic.
- **Reason for Retroactive Request:** The request is retroactive due to the gap in time between the application process and the final award. While DPH has been working with the Foundation and Kaiser since 2019 and was optimistic about receiving this second \$4.5 million grant, the Department did not have a final the grant agreement in hand until November of 2020. The department introduced the resolution to accept the grant in February of 2021. Under the award, grant funds can be used to pay for costs during the period of October, 2019 and November 2021. Because the grant agreement was finalized mid-way through this period, the

term is partially retroactive. The process to finalize the agreement was delayed by several months due to COVID-19 activities, and without that delay could potentially have been submitted to the Board earlier during the term of the grant. However, even without that delay, because the grant was awarded after the start of the term, it would not have been possible for the department to seek Board approval prior to October 2019 and avoid a retroactive request. This second award of \$4.5 million continues support for our optimization and maintenance costs from October 2019 to November 2021.

- **DPH Representative:**

- Eric Raffin | Chief Information Officer, San Francisco Department of Public Health | email: [eric.raffin@sfdph.org](mailto:eric.raffin@sfdph.org)

Thank you for your time and consideration,  
Claire

**Claire Lindsay, MPH**

Senior Health Program Planner | Office of Policy and Planning  
San Francisco Department of Public Health

[claire.lindsay@sfdph.org](mailto:claire.lindsay@sfdph.org) | desk: 415-554-2667 | mobile: 831-239-1094



London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Dr. Grant Colfax  
Director of Health  
**DATE:** 2/2/2021  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Accept and Expend Grant - Adoption of Enterprise EHR System - \$4,545,455

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain): Email from Grantor approval of extension

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No

**From:** [Peacock, Rebecca \(MYR\)](#)  
**To:** [BOS Legislation, \(BOS\)](#); [Groffenberger, Ashley \(MYR\)](#)  
**Cc:** [Kittler, Sophia \(MYR\)](#); [Wong, Greg \(DPH\)](#); [Duning, Anna \(MYR\)](#)  
**Subject:** Mayor -- [Resolution] -- [Accept and Expend Grant - Retroactive - Kaiser Permanente - San Francisco General Hospital Foundation - Adoption of Enterprise EHR System - \$4,545,455]  
**Date:** Tuesday, February 9, 2021 5:00:50 PM  
**Attachments:** [\(3\) A&E\\_DPH\\_Electronic Health Record System.zip](#)

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Attached for introduction to the Board of Supervisors is a **resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$4,545,455 from Kaiser Permanente through the San Francisco General Hospital Foundation to participate in a program, entitled "Adoption of Enterprise Electronic Health Record System," for the period of November 1, 2019, through October 31, 2021.**

[@Groffenberger, Ashley \(MYR\)](#), please reply-all to this email to indicate your approval. Thanks!

This is the final piece of legislation from the Mayor's Office. Please let me know if you have any questions.

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**Rebecca Peacock** ([they/them](#))  
(415) 554-6982 | [Rebecca.Peacock@sfgov.org](mailto:Rebecca.Peacock@sfgov.org)  
Office of Mayor London N. Breed  
City & County of San Francisco