AIDS Supplemental, August 1984

Jeff Amary

City and County of San Francisco

Department of Public Health

San Francisco General Hospital
Medical Center

-AIDS SUPPLEMENTAL-
August 1984

Presented By: Geoffrey Lang
Executive Administrator

Contact Person: Diane Miller-Brazas
Assistant Administrator

/wj
#87.0

1001 Potrero Ave., San Francisco, CA 94110

SAN FRANCISCO GENERAL HOSPITAL - A.I.D.S. SUPPLEMENTAL

FISCAL YEAR 1984-85

San Francisco General Hospital is recommending the funding of the following AIDS activities:

Sub-Object	Description	Amount
	Contractual Services U.C. Contract. (See Attachment "A"	$220,973
	Addition to UC's Contract (See Attachment "D")	99,831
	Materials and Supplies Purchase variable Medical Supplies Equipment & Furniture	40,181
	Equipment Purchased To purchase various Equipment as shown in Attachment "B"	168,596
	Facilities Maintenance In-House Renovation of additional clinic space ($100,000) and research space ($14,000)	114,000
	Permanent Salaries To provide patient care services due to increase in work load. (See Attachment "C".	$203,672
	Mandatory Fringe Benefits	_____

TOTAL SUPPLEMENTAL .....$ _____

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ATTACHMENT "A"

UCSF CONTRACT
SFGH AIDS OUTPATIENT CLINIC SERVICE

Personnel	%	Title	Sal-Mo	Sal-Anl	FB	TOTAL	
Physician	30	Clinical Inst	625	7,499	1,702	9,201	
	37.5	FTE Physician	1,703	20,436	4,639	25,075	
						$ 34,276	
Nursing Staff	50	Nurse Practitioner	1,231	14,766	3,352	18,118	
	192/hr	Per Diem CNII	275	3,302	0	3,302	
						$ 21,420	
Support Med Staff	50	Nutritionist	1,150	13,800	3,133	16,933	
Bldg 80	100	Hosp. ___ Aide	1,189	14,268	3,239	17,507	
	100	Staff Pharmacist	3,116	37,392	8,488	45,880	
	50	Hosp. ___ Asst I	654	7,848	1,782	9,630	
						$ 89,950	
ADM/CLR Staff	100	Secretary II	1,258	15,096	3,427	18,523	
	100	PRN Typist	1,258	15,096	3,427	18,523	
	100	PRN Clerk	1,258	15,096	3,427	18,523	
						$ 55,569	
		TOTALS	$13,717	164,599	36,616	201,215	

SFGH AIDS RESEARCH LABORATORY

Support	50	Lab Technician	1,341	16,103	3,655	19,758
					UCSF CONTRACT TOTAL	$220,973

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JUSTIFICATION

PHYSICIAN

30% Clinical Instructor - To assist with treatment evaluation physicals & follow-up for AIDS.

NOSS

37% FTE - To assist with epidemiological studies funded in part by the State and City.

NURSING STAFF NOSS

50% Nurse Practitioner - To assist with epidemiological studies funded in part by the State and City.

192 hours per year Per Diem Nurse - To be available for vacation leave and extended sick time of nursing staff.

SUPPORT MEDICAL STAFF

50% Nutritionist - To replace the defunded nutrition assistance formerly provided by SFGH for AIDS patients.

100% Hosp. ___ Aide - To provide messenger service for clinical labs, medical records, UCSF specimens, escort patients, bi-lingual patient assistance etc.

100% Staff Pharmacist - To provide assistance with drugs and formularies for AIDS treatment studies.

50% Hosp. ___ Asst. - To provide 50% additional phlebotomy service needed for additional studies.

ADM/CLERICAL STAFF

100% Secretary - To provide additional secretarial support for the physicians providing care for AIDS.

100% Principal Typist - To provide additional help for AIDS clinic notes.

100% Principal Clerk - To provide additional help for AIDS clinics and administration for AIDS.

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#87.2

AIDS/ONCOLOGY CLINIC SFGH

CLINIC STATISTICS

PATIENT CENSUS

900 ESTABLISHED PATIENTS SINCE THE ONSET OF THE AIDS OUTPATIENT CLINICS (CHART ESTIMATE) JANUARY 1983

600 CURRENT ACTIVE CASES INCLUDING AIDS, R/O AIDS, SCREENING PATIENTS, ARC AND LYMPHADENOPATHY APRIL 1984

CLINIC CENSUS

0	NUMBER OF PATIENTS SEEN	JANUARY 1982	NO CLINIC ESTABLISHED
113	NUMBER OF PATIENTS SEEN	JANUARY 1983	MONDAY AIDS CLINIC ONLY
394	NUMBER OF PATIENTS SEEN	JANUARY 1984	MONDAY AIDS CLINIC ONLY
315	NUMBER OF PATIENTS SEEN	APRIL 1984	MONDAY AIDS CLINIC ONLY

TYPES OF ENCOUNTERS

MONTH	AIDS DR. APPTS	AIDS NURSE SCRN	AIDS NEW PT	TOTAL AIDS
4-83	282	36	47	365
5-83	248	33	40	321
6-83	342	25	39	406
7-83	490	28	88	606
8-83	524	37	90	651
9-83	422	17	61	500
10-83	429	14	63	506
11-83	288	15	43	346
12-83	319	17	58	394
1-84	364	30	31	425
2-84	299	90	46	435
3-84	354	97	69	520
4-84	626	31	75	732

Memo

TO: Roberta Gonzalez-Wilson

FROM: Andrew Moss

SUBJECT: Epidemiology addition to clinic budget proposal, FY 1984-5

As you know the epidemiology studies at the clinic, which are funded by the city and the state of California, have generated an increasing load on the clinic itself. During the 1984-85 fiscal year we may even have to increase this load in order to accomodate the following studies:

(1) Prospective study of 450 gay men (funded by the State)

(2) Health worker study (Funded by the State clinical center)

(3) Study of intravenous drug users. (Funded by the VA and possibly by NIDA)

Since we are placing an increasing load on the clinic, we would like to obtain specific funding for epidemiological activities carried out through the clinic. As we discussed, it would be easier for us if these funds were added to the clinics budget request to the city, rather than us submitting an independent proposal. I would therefore like to request that you add the following to your budget submission to the city.:

(1) 15 hrs of hourly physician time per week x 52	$26.20 hr	=$20,436
(2) 50% time nurse practitioner	$18,118	
(3) Supplies, include tubes, semen cups, phlebotomy		$ 5,000
(4) Statistical consulting: 10 days @200/day		$ 2,000
	total direct costs	$45,554

CC: Dean Echenberg M.D.

ATTACHMENT "B"

SFGH EQUIPMENT

Hospital Department	Equipment	Cost
A.I.D.S. Clinic		
(Ward 86)	CBC Instrument and Platelet Counter	$25,454
	Sterile Exam Table	888
	EKG Monitor	1;527
	Suction Machine	1,728
	Electrical Hospital Beds (2)	1,065
	Pagewriter EKG Machine	6,000
	SUB-TOTAL	36,662
AIDS Research	Flourescent Activated Cell Sorter	76,000
Dental	Cavatron (for Cleaning Instruments)	~~11,000~~ 1,100
	Low Speed Hand Piece	700
	High Speed Hand Piece	400
	SUB-TOTAL	~~12,100~~ 2,200
ENT	Exam Chair (for laser treatment)	3,000
	Laser Hand Piece	2,500
	SUB-TOTAL	5,500
Gastroenterology	Mobile Disinfection Station	825
	Gastroentestinal Fiberscope	~~8,839.50~~ 8,840
	Sigmoidoscope	~~5,431.50~~ 5432.
	Light Source	~~1,767.90~~ 1768.
	TOTAL	~~$40,834.28~~ 16,865
	EQUIPMENT TOTAL	~~$168,596.00~~ 137,227
	Renovation TOTAL	414,500

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Pulmonary left out.

DATE: May 24, 1984

TO: Diane Miller-Brazas
Assistant Administrator
San Francisco General Hospital

FROM: Thomas O. Wildes, M.D.
Chief, Department of Otolaryngology
Head & Neck Surgery
San Francisco General Hospital

RE: AIDS Supplementation

A recent review of the patient population in the AIDS clinic at San Francisco General Hospital shows that approximately 50% suffer from head & neck manifestations of their disease. The conditions vary from Karposi's Sarcoma cutaneous lesions which manifest merely as a cosmetic deformity to lesions resulting in upper aero-digestive tract obstruction. These patients suffer sinusitis, and middle ear effusions, the baceteriology of which has not been clearly defined. Due to the unusual requirements for handling these patients, special provisions must be made to accomodate them. I am proposing to establish an Otolaryngology - Head & Neck Surgery AIDS Clinic devoted to the diagnosis and management of head and neck disease. The clinic would be run one morning per week at the beginning.

A new treatment modality for the treatment of Karposi's Sarcoma lesions will be evaluated. Obstructive lesions of the upper aero-digestive tract have been treated with external beam irradiation with a probable cost of $3000 to$5000.00 per patient. The color and consistency of these lesions makes it likely that they would respond to Argon laser therapy. Argon laser therapy could be undertaken as a single treatment on an outpatient basis or on a limited inpatient basis. The hospital already has an Argon laser which could be utilized. We would need to obtain a hand piece for the laser which would cost approximately $2500. I would expect that we could substantially reduce the cost of treating these patients if they would respond to Argon laser therapy. Cutaneous lesions are also likely to respond to this therapy and may regress completely. Laser therapy, as with all other treatments of AIDS patients to date, will only be palliative, but is likely to enhance the quality of life. The enhancement may come with considerably less expense than at present.

An AIDS clinic will create an unusual demand on departmental resources. Additional equipment and supplies needed are:

- Additional antral irrigation sets due to required decontamination procedures.
- Disposable myringotomy sets.
- An exam chair suitable for doing numerous sinus lavage procedures.

The department will require funding for attending support for these procedures and examinations. There currently is no attending support available for the operation of such a clinic. The Otolaryngology - Head & Neck Surgery clinic is the only clinic in the hospital of similar magnitude that does not have City funding for attending support. It would be indicated in particular for evaluation and treatment of AIDS patients.

The details of added clinic supplies are appended as an estimate of a 6 month requirement.

Attachments

Necessities to Operate the ENT AIDS Clinic Per Day

(Purchased Annually)

Laser handpiece 2500.00

1.	Examining Chair (Purchased only once)	$3000.00
2.	Nasal Speculums	$ 148.00
3.	Laryngeal Mirrors	$ 110.40
4.	Proetz Atomizers	$ 222.00
5.	Disposable Ear Examine Kits (Purchased semi-annually)	$2227.20
6.	Disposable Myringotomy Kits (Purchased semi-annually)	$3417.60

6,125.20

$ 9125.20

* Items supplied to this cost center from the hospital's central purchasing department such as gloves, masks, tongue blades, etc. should also be figured into this budget. However, we are unable to determine the cost at this time.

ATTACHMENT "C"

SFGH AIDS SUPPLEMENTAL - PERMANENT SALARIES

DEPARTMENT	STAFF POSITIONS	$ AMOUNT
Dental	(.5) Dental Aide - 2202	8,000
Dietary	(1.0) Dietitician - 2624	22,500
Nursing	(4) Nurses - 2320	119,329
	(1.0) Clinical Nurse Specialist - 2323	37,296
	(1.0) Unit Clerk - 1428	16,547
	SUB-TOTAL	173,172
	TOTAL OF PERMANENT SALARIES	$203,672

29,718 → 33,722

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NURSING JUSTIFICATION

The AIDS inpatient census is presently averaging 23-26 patients. 5B maintains a constant census of 12, with the rest of the patients throughout the other inpatient units. In order to meet the needs of all of these patients, we recommend four additional RN positions plus 1 CNS. With these positions we can adequately care for the patient's on 5B and assist the nursing staff and housestaff on the other units with the medical, nursing and psychosocial issues for those patients hospitalized off of 5B.

CNS = Clinical Nurse Specialist

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#87.6

SAN FRANCISCO MEDICAL CENTER
OUTPATIENT IMPROVEMENT PROGRAMS, INC.
SAN FRANCISCO GENERAL HOSPITAL

INTER-OFFICE MEMORANDUM

FROM: Charles B. Darke
Assistant Administrator

SUBJECT: DENTAL TREATMENT FOR AIDS PATIENTS

DATE: May 23, 1984

TO: Diane Miller-Brazas
Assistant Administrator

The AIDS patients who are being seen at San Francisco General Hospital for treatment present a variety for dental needs. Their primary needs, according to Dr. Eugene Siegler, a dentist, who has some AIDS patients in his private office, is for prophalaxis and preventive types of services. Generally, their needs for filling is relatively low and there are occasional surgical needs. AIDS patients require the same concerns and precautions that patients with hepatitis require, that is, that the instruments which we use, must be gas-sterilized to insure complete sterility. Disposable supplies should be used wherever possible. All salivary and blood products must be completely removed from the unit and area after treatment to prevent cross-infection with other patients.

In order to accomplish this, it would be necessary to identify specific time slots and chairs within the Hospital Dental clinic, where patients can be seen so that there will be no potential endangerment to other dental clinic patients. The chair identified, would necessarily need to have the capability of being completely cleaned and sterilized after each session of use.

To accomplish this goal, the needs would include:

1) A dental aide at approximately $8,000/year
2) Operative (filling) instruments and prophalaxis (cleaning) instruments at $1,000
3) A cavatron (cleaning instrument) at ~~$11,000~~ 1,100
4) (Auto-clavable) contra angles at times at $350
5) Low speed hand-piece (auto-clavable) at $700
6) High speed hand-piece (auto-clavable) at $400

These items will allow us the capability to provide dental care to AIDS patients without potentially endangering other patients. It would also allow us to expand our capability in the provision of services to patients who would otherwise go without needed dental care.

Dr. Eugene Siegler has identified himself and, at least two other dentists who would be willing to help participate in providing care to these patients.

Inclusion of these items in your supplement budget request will allow the opportunity of this needed service to be implemented.

CBD:ol

cc: Gary Titus, Dept. of Public Health, 101 Grove, Rm. 323

City and County of San Francisco

Department of Public Health

San Francisco General Hospital
Medical Center

To: J. Neil Humphrey
Assistant Administrator

From: C. Ed Schulte
Director of Food Services

Subject: AIDS Supplemental

Date: May 21, 1984

In order to adequately care for the increasing number of AIDS patients and their diverse nutritional needs the services of a full time Registered Dietitian are required. This additional position would allow us to provide the following services necessary for proper care of the AIDS patients:

1) Appetizing meal service and individualized meal plans.

2) Daily meal monitoring to assess food tolerances.

3) Detailed nutritional assessments and care plans.

4) Continuity of care from inpatient to outpatient services.

5) Attendance at Hospice ~~rounds for~~ all oncology patients.

6) Direction to medical personnel on the initiation and implementation of nutritional therapy.

This position would be filled by a qualified dietitian interested in the care of AIDS/oncology patients, AIDS research and education. The salary for a 2624 Dietitian will be $22,500 effective July, 1984. Thank you for your consideration.

cc: Marianne Hutton, R.D.
Food Service Manager/Clinical Services

John Twomey
Assistant Director of Food Services

1001 Potrero Ave., San Francisco, CA 94110

ATTACHMENT "D"

SFGH AIDS SUPPLEMENTAL - ADDITION TO U.C. CONTRACT
FOR PULMONARY MEDICINE

The Department of Medicine is requesting funding for additional services for AIDS patients. The detailed justification is attached.

Position Request	$ Amount
Pulmonary Attending Physician	51,808
Pulmonary Function Technician (.5)	14,103
Bronchoscopy Technician (1.0)	33,920
SUB-TOTAL	$99,831
Gastroenterology Attending Physician (33.3)	$23,970
TOTAL	$123,801

? Backup Supp 36.60

/wj
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SCHOOL OF MEDICINE

Please address reply to undersigned at
THE MEDICAL SERVICE
Room 5 H 22
San Francisco General Hospital
San Francisco, California 94110

May 21, 1984

Part II of III

SUBJECT: Request for funding for AIDS related activities

Division of Pulmonary Diseases, Department of Medicine, San Francisco General

I. BRONCHOSCOPY TECHNICIAN: 1.0 FTE
UC Title Code #9050 Respiratory Therapist I, Step 5

Annual Salary	$24,504.00	
July 1, 1984 Increase (9%proposed)	2,205.00	
Total Salary 1984/1985	$26,709.00	
Fringe Benefits @ 27%	7,211.00	
Total Requested	$33,920.00	$33,920.00

II. PULMONARY FUNCTION TECHNICIAN: .50 FTE
UC Title Code #9050 Respiratory Therapist 1,Step 1

Annual Salary	$10,188.00	
July 1, 1984 Increase (9%proposed)	917.00	
Total Salary 1984/1985	$11,105.00	
Fringe Benefits @ 27%	2,998.00	
Total Requested	$14,103.00	$14,103.00

III. CLINICAL INSTRUCTOR - ATTENDING PHYSICIAN 1.0 FTE

Annual Salary	$30,000.00	
Fringe Benefits @ 22%	6,600.00	
Total Requested	$36,000.00	

TOTAL REQUESTED/PULMONARY DIVISION $84,623.00

Justification for above requests attached hereto.

Submitted by Merle A. Sande, M.D.
Merle A. Sande, M.D.
Chief, Medical Services,
San Francisco General Hospital

cc: John Murray, M.D.

April 3, 1984

TO: Merle Sande, M.D.

FR: Phil Hopewell, M.D.

RE: Chest Service Staffing

This is written to amplify my concern with the influence the AIDS epidemic has had on the Chest Service. In my memo of yesterday, I summarized data concerning the numbers of bronchoscopies and pulmonary function studies that were performed in patients with AIDS or suspected AIDS. In discussing this with our staff and calculating the amount of time required by these activities it has become obvious that the load is greater than my memo implied. Given the rate of increase in AIDS related bronchoscopies it is not unreasonable to think that we will soon reach what I view as our operational capacity for bronchoscopy, an average of 2/day, 40/month or 480/year. This obviously would occupy a technician full-time given that each bronchoscopy including set-up, assisting in the procedure, and clean-up takes about 3 1/2 hours. This reinforces my request of yesterday that the current operating room technician position be transferred to us to deal with the bronchoscopy load. Clearly, then, this person will not have time to provide assistance in the Pulmonary Function Laboratory the other area where help is needed. Our data suggest that the number of pulmonary function studies has plateaued with an AIDS-related increase of about 700 tests in 1983. This represents approximately 50% of a single technician output if he/she were doing nothing but these studies; thus, we need, in addition to a full-time bronchoscopy technician, a half-time pulmonary function technician.

As can be inferred from the foregoing, the diagnostic evaluation and subsequent management of AIDS patients consumes a tremendous amount of faculty time. Each bronchoscopy is performed by an attending physician, each consultation is seen initially and followed by an attending physician and each pulmonary function test is interpreted by an attending physician. Until this year it was possible for one staff physician to serve as attending for the Medical Intensive Care Unit, the Consultation Service and also do bronchoscopies and pulmonary function tests. This now requires 2 physicians because of the added workload imposed by AIDS. For this reason I am requesting that we be given from an AIDS-related source a full-time physician salary.

I appreciate your assistance in these matters.

April 2, 1984

TO: Merle Sande, Chief Medical Service

FR: Philip C. Hopewell, Acting Chief Chest Service PCH

RE: Impact of AIDS on the Chest Service

I am writing to describe in brief the impact AIDS has had on the Chest Service and to ask for your assistance in obtaining another technician position for our division. The effects of AIDS have been most striking in 3 areas; bronchoscopy, pulmonary function testing and consultation. These can be summarized as follows:

Bronchoscopy: As you know bronchoscopy with bronchoalveolar lavage and transbronchial lung biopsy is the procedure of choice for evaluating persons suspected of having pulmonary involvement associated with AIDS. The table below shows the number of bronchoscopies in patients with AIDS or suspected AIDS since the 1st patient was diagnosed in March 1981.

Pulmonary Function Testing: Pulmonary function testing provides a noninvasive means of determining the severity of lung involvement and, if normal, may preclude bronchoscopy. The number of pulmonary function studies shown in the table is the total studies performed. The increase, however, is due almost entirely to AIDS patients. Prior to 1981 the average annual number of routine pulmonary function tests was approximately 675. It should be noted that most of the studies on AIDS patients include measurement of arterial blood gas values. This is not common in testing of other categories of patients.

Consultation Service: We have not maintained precise data concerning the number of consultation generated because of AIDS. At a minimum, however, all patients who are bronchoscoped have a pulmonary consultation. Those proven have pneumocystis or other pulmonary infection continue to be followed by our service during their hospital stay. In addition a number of AIDS patients are evaluated for bronchoscopy but the procedure is not felt to be indicated.

YEAR	BRONCHOSCOPIES	PFT'S
1981	3	714 } 24%
1982	25	885 } 50%
1983	114	1401
1st quarter	25	301
2nd quarter	18	358
3rd quarter	31	371
4th quarter	40	368
1984		
1st quarter	64	356

These figures speak for themselves in describing what has been a tremendous increase in Chest Service activities. This increase in activities has affected all components of our service not just the 3 listed. For example, all PFT reports are typed, a copy sent to the referring physician or patients chart, and a copy filed. All of this uses secretarial time which is scarce already. The group most affected however is our technician staff. With the exception of the addition of 60% of a position, the technician staff is the same as it was 12 years ago. Of the 4.6 positions with a total salary of $115,836 only $23,112 (20%) is paid by city funds through the cardio-pulmonary contract. The other 80% is paid largely through research grant funds (60%) and professional fee revenue (20%). Thus as you can see we have 2 technician positions that are paid to carry the full load of bronchoscopies and pulmonary function studies.

TO: Merle Sande (con't)
FR: Philip C. Hopewell

It is my understanding that there is a new operating room technician position funded by the city to function part-time as a bronchoscopy technician and that the position has not been filled. I think that this position could be more efficiently utilized if it were reclassified as a pulmonary function technician or respiratory therapist and assigned to the Chest Service. A bronchoscopy technician is required nearly full time and any extra time could be spent performing pulmonary function tests.

I am concerned that if we cannot increase our staffing level we will not be able to continue to keep up with the demand for services required by AIDS patients; yet, because many of these patients fit into the MIA category ~~and~~ cannot go elsewhere. At some point suboptimal care will be the result.

I appreciate your help in this matter.