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## Executive Profile: Chinese Hospital CEO Jian Zhang

By Brian Rinker

Jian Zhang, CEO of the Chinese Hospital in San Francisco's Chinatown, is on a mission to show the rest of the world that the coronavirus is not the Chinese Virus, as some – including the president – have suggested. With the right public health measures taken — community coordinated efforts around washing hands, cleaning high-touch surfaces, ongoing monitoring of high-risk populations, an outbreak can be thwarted. In fact, the community has only had 20 confirmed Covid cases and none of the 450 employees at the hospital have been infected. For Zhang, and many others, the Chinese Hospital is more than just a hospital, it is a community institution that has been around in various forms for more than 100 years serving the Chinatown neighborhood providing culturally appropriate care to largely elderly, low-income residents. I spoke with Zhang about how the Chinese Hospital's work with the community has kept the coronavirus largely at bay.



### **For those that might not be aware, can you tell us about the Chinese Hospital?**

Chinese Hospital is a nonprofit, private community hospital that has been located in San Francisco Chinatown for 121 years. It was started as a dispensary back in 1899. Chinese immigrants who came to work on the railroads were not allowed to access mainstream hospitals so they build their own. The dispensary was destroyed in the 1906 earthquake but later rebuilt in 1925. Kung Fu legend Bruce Lee was born there, as were other local politicians. In 2016, we built a brand new hospital. Today, it is the only independent hospital in San Francisco, and provides linguistically and culturally sensitive care to the community.

**What were your initial thoughts when you first heard about the coronavirus?** Back in January, when we found out about the virus, everybody at that point thought that if there was an outbreak it would be here in Chinatown. Many residents were going back to China for Chinese New Year. The flight from Wuhan to San Francisco is 12 hours. It would be a nightmare if an outbreak happened in Chinatown. We have 14,000 residents living in single room occupancy units in Chinatown, with a shared bathroom and kitchen with about 12-16 other residents. If there's an outbreak, there's no way that you can social distance these people in SROs, because they are confined in that small area and they share public amenities.

**What did you do then to prevent such an outbreak from occurring?** We started having press conferences to educate the community, starting in February. We brought all the community leaders together to educate them. We taught them how to wash their hands and to clean the door knobs and elevator buttons and the flush handle on the toilet. We told them if they're sick stay home and if you have to cough, cough in a tissue paper or cover their mouths. We started those teaching very early on and continued to reinforce those teaching with follow ups and by working very closely with the Chinese media, as well as other media. We also taught them not to panic. We converted our clinics in Covid screening and testing centers and set up a Covid hotline, and from very early on had all the patients wear a mask.

**Did your fears play out?** Chinatown has been largely safe. We have less than 20 Covid-positive patients in the entire neighborhood. And we don't have any health care providers who got infected. We have 300 medical staff and 450 employees. But we know it's not over yet because there is no vaccine or cure.

**How has the hospital financially weathered the pandemic?** Just like all hospitals, we stopped elective procedures and basically lost about \$3 million a month. On top of that we had to spend a lot more money to expand capacity and PPE, which isn't cheap. Those PPE coveralls cost like \$20 a piece. We started elective procedures when the governor gave the okay and are now at about 60% capacity. We're a small hospital, but we're doing alright. The reason we are still here and have not gone bankrupt because of this pandemic is that we function as an integrated system. Patients pay a premium to join our health plan, or they have Medicare or Medicaid. So, we've already received the payment, whether or not we are actually seeing those patients. That has helped a lot. It would have been very difficult if we operated as a fee-for-service model.

**How is the Chinese Hospital preparing for potential surge?** We are actively testing and checking on residents who live in SROs, kind of like a surveillance system. We continue to build relationships with them so they will report to us if they have any symptoms and we can get to them as quickly as possible so they don't infect other residents. We work very closely with San Francisco DPH. If we test someone who is positive, we notify DPH and they will do the contact tracing and put them in quarantine. All hospital CEOs in San Francisco meet once a week to discuss bed capacity. In addition we have to report every single day to DPH how many ICU beds and ventilators are available.

**Is the hospital performing elective procedures for patients who have Covid?** Yes, we are doing procedures for both covid negative and covid positive patients. Every single patient who comes in for elective procedures needs to be tested. If the patient tests positive, then the room needs to be turned to negative pressure, and the health providers have to go really heavy on all PPE. The rooms also have to be cleaned a lot better compared to your non-Covid patient. It costs a lot more to run business when you are taking care of both at the same time. The Chinese Hospital has so many rooms, so we have designated one operating room for Covid-positive patients.

**How did the rise in anti-Asian discrimination related to the spread of the coronavirus impact your work?** I was worried honestly, especially when people are calling it Chinese Virus. We heard about people yelling at Asians in the bars and on public transportation. I was concerned about the safety of the employees here in the Chinese Hospital. So I did talk to the police department and Supervisor Aaron Peskin. The police did more patrols by the hospital. We added more security and the police trained them and our staff. We also got the community leaders together and talked about how to best protect the community and taught safety tips on how to avoid being attacked. Luckily, nothing has happened inside the hospital. That's why I think it's so important to make sure that we don't have an outbreak in Chinatown. I really want to show people that it's not a Chinese virus. Viruses don't have eyes; viruses don't know races; viruses don't know the border. I really want to prove that if you put in all the preventive measures, the virus is preventable.

**What do you like most about the job and what do you like least?** What I like best about my job is being able to provide much needed culturally sensitive and linguistically appropriate health care to the community. It's very important to me and I take personal pride in that. There are new challenges every day, and I like that too. What I like least is that you are literally on duty 24/7. So you don't get a break.

**What types of employees benefit most from working with you and what ones wouldn't?** I love to build teams and groom leaders. Those who are ambitious and want to build a career like working with me. People who only want to do the bare minimum will not like working for me, because I have high standards.

### **About Jian Zhang**

Education: Bachelor's degree from Sun Yat-sen University; master's in nursing from UCSF; doctorate in nursing practice from University of San Francisco

The resume: COO at Chinese Hospital; professor at UCSF School of Nursing

Hobbies: Gardening (especially orchids) and flower arrangements

Residence: Burlingame

### **Chinese Hospital**

Headquarters: San Francisco

Employees: 450

Founded: 1925

What it does: Independent hospital in San Francisco's Chinatown focused on providing culturally appropriate care to elderly, poor and immigrants from China

### **The Routine**

Literature review: Wakes up, reads local media and health care news

Benchmarking: Speaks with her team by phone during her commute

Grand rounds: Checks the hospital census and has meetings with managers, public health officials and the community board

Discharged: Leaves the hospital about 6 p.m. and finishes checking in with physicians and board members.  
Unwinds with strong tea, plays mahjong and goes to bed at 11:30 p.m.