

Memorandum

DATE: November 17, 2025

TO: Laurie Green, President, San Francisco Health Commission and Members of the Health Commission

THROUGH: Naveena Bobba, Deputy Director of Health
Sneha Patil, Director, Office of Policy and Planning

FROM: Miranda Brillante, Health Program Planner

RE: One-Year Prop Q Update – UCSF Health Acquisition of Dignity Hospitals and Associated Clinics

This memo includes information to accompany UCSF Health’s November 17, 2025 update (see UCSF Health’s [memo](#) and [slides](#)) to the Health Commission following its acquisition of Dignity Health St. Mary’s and Saint Francis Hospitals (recently renamed as UCSF Health Stanyan Hospital and UCSF Health Hyde Hospital, respectively). This is the second such update to the Health Commission, requested as part of its findings about the acquisition made in accordance with the Community Health Care Planning Ordinance (Proposition Q).

I. Proposition Q

Passed by San Francisco voters in November 1988, Proposition Q requires private hospitals in San Francisco to provide public notice prior to:

- closing a hospital inpatient or outpatient facility,
- eliminating or reducing the level of services provided, or
- leasing, selling or transferring management.

Upon such notice, Proposition Q requires the Health Commission to hold a public hearing, at the conclusion of which the Health Commission makes findings that the proposed action will or will not have a detrimental impact on health care services in the San Francisco community.

In accordance with Proposition Q, on November 28, 2023, Daryn Kumar, MBA, FACHE, President, St. Mary’s Medical Center and Saint Francis Memorial Hospital, provided notice to the Health Commission that UCSF Health would acquire the assets and operations of Dignity Health St. Mary’s and Saint Francis Hospitals, and their associated outpatient clinics. The Health Commission held public hearings on February 20 and March 5, 2024 regarding the planned acquisition. The Health Commission then adopted Resolution 24-05 finding that the acquisition would not have a detrimental impact on the health care services in the San Francisco community contingent upon UCSF Health following through with commitments made at the hearings and outlined in the resolution. The resolution also strongly encouraged updates to the Health Commission every six months following the acquisition, through June 2027. The contents of these updates should include, among other items:

- Data and information about patient accessibility and utilization of medical and behavioral health services at UCSFH St. Mary's and Saint Francis Hospitals;
- Data and information on the continuation of existing behavioral health services at St. Mary's and Saint Francis Hospitals; and,
- Data and information about the workforce at St. Mary's and Saint Francis hospitals.

UCSF Health (UCSFH) finalized the acquisition of the Saint Francis Memorial Hospital and St. Mary's Medical Center community hospitals on August 1, 2024. The first of their 6-month updates to the Health Commission was provided on March 17, 2025. This memo includes data for the hospitals for the first year post-acquisition, from August 1, 2024 to July 31, 2025.

II. Hospital Overview

Both UCSFH Stanyan (St. Mary's) and UCSFH Hyde (Saint Francis) hospitals provide important services for residents of San Francisco and the greater Bay Area. Figure 1 below provides an overview of both hospitals and this section highlights some of the unique services provided.

UCSFH Stanyan represents approximately 9% of all general acute care hospital beds and approximately 5% of emergency department (ED) stations in San Francisco.¹ UCSFH Stanyan provides a variety of specialized services in San Francisco, including adolescent inpatient psychiatric services at the McAuley Institute. UCSFH Hyde represents approximately 9% percent of all general acute care hospital beds and approximately 7% of emergency department (ED) stations in San Francisco.¹ Specialty hospital services provided at UCSFH Hyde include a 24-bed, locked, adult inpatient psychiatric unit, a critical and priority service in San Francisco.

Figure 1. Hospital Overview¹

	UCSFH Stanyan (St. Mary's)	UCSFH Hyde (Saint Francis)
License Type	General Acute Care & Distinct Part Acute Psychiatric Hospital	General Acute Care & Distinct Part Acute Psychiatric Hospital
Principle Type of Licensed Service	General Medical/Surgical	General Medical/Surgical
Licensed General Acute Care Beds	245 beds	242 beds
<i>Licensed Med/Surg Acute Beds</i>	<i>173 beds</i>	<i>188 beds</i>
<i>Licensed Intensive Care Beds</i>	<i>37 beds</i>	<i>10 beds</i>
<i>Licensed Rehabilitation Beds</i>	<i>35 beds</i>	<i>20 beds</i>
Licensed Acute Psychiatric Beds	22 beds	35 beds
Licensed Bed Size	267 beds	277 beds
ED Treatment Stations	14 stations	19 stations

Source: 2024 Annual Utilization Report of Hospitals Database (Siera reporting system).

III. Patient Utilization and Accessibility Data

To better understand whether there were changes to utilization and populations served following the acquisition, this section includes patient utilization and demographic data provided by

¹ California Department of Health Care Access and Information, "2024 Annual Utilization Report of Hospitals Database (Siera reporting system).," 28 October 2025. [Online]. Available: <https://data.chhs.ca.gov/dataset/hospital-annual-utilization-report>. [Accessed November 2025].

UCSFH for the first year post-acquisition as compared to 2019-2023 calendar year data provided by Dignity Health as part of the first Prop Q hearing in February 2024. The year 2023 is presented as the most recent year for comparison because it represents the last full year for which the hospitals were under Dignity ownership. UCSFH or Dignity Health provided all data below, unless otherwise noted.

Patient Utilization and Accessibility Highlights

- In the first year post-acquisition, the total number of inpatient discharges and emergency encounters at UCSFH Hyde (Saint Francis) and UCSFH Stanyan (St. Mary's) hospitals **remained steady or increased** as compared with 2023.
- In the first year post-acquisition, the number of outpatient registrations **decreased slightly** at UCSFH Hyde (Saint Francis) and UCSFH Stanyan (St. Mary's) as compared with 2023.
- Inpatient psychiatric discharges were down at UCSFH Stanyan (St. Mary's) and UCSFH Hyde (Saint Francis) in the first year post-acquisition as compared with 2023; however, they have **remained stable at UCSFH Stanyan and increased at UCSFH Hyde** since UCSFH assumed ownership in August 2024.
- Compared with the average of the 5 years prior to the acquisition (2019-2023), the distribution of patient demographics **remained similar** for most services at both hospitals in the first year post-acquisition, however:
 - At UCSFH Stanyan (St. Mary's), a greater proportion of inpatient and emergency encounters were **adults over age 65 and paid for by Medicare** in the first year post-acquisition as compared with the 5-year pre-acquisition average.

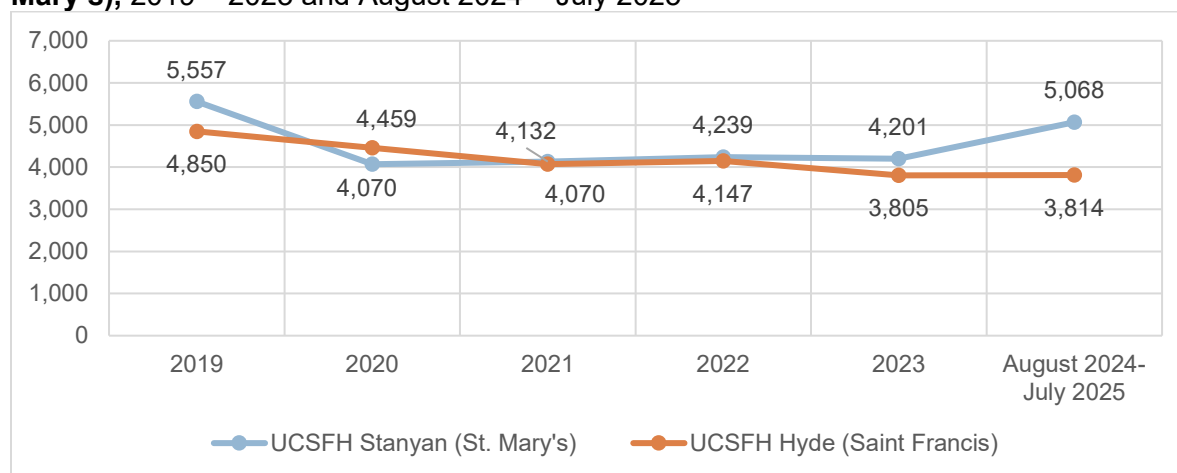
A. Utilization

Hospital Services

In the first year post-acquisition, the number of inpatient discharges remained steady at UCSFH Hyde (Saint Francis) and increased at UCSFH Stanyan (St. Mary's), as compared with 2023.

Compared with 2023, when UCSFH Hyde had 3,805 inpatient discharges, the number of inpatient discharges remained steady in the first year post-acquisition at 3,814. At UCSFH Stanyan, the number of inpatient discharges increased by 21%, from 4,201 in 2023 to 5,068 in the first year following the acquisition. Figure 2 shows inpatient discharges from UCSFH Hyde and Stanyan for the calendar years 2019-2023, and for August 2024-July 2025.

Figure 2. Inpatient Discharges – UCSFH Hyde (Saint Francis) and UCSFH Stanyan (St. Mary's), 2019 – 2023 and August 2024 – July 2025



In the first year post-acquisition, the number of emergency encounters increased at UCSFH Hyde (Saint Francis) and UCSFH Stanyan (St. Mary's), as compared with 2023.

For emergency data, the hospitals provided patient encounters, which is consistent with hospital billing practices. In the first year following the acquisition, UCSFH Hyde recorded 21,986 emergency encounters and UCSFH Stanyan recorded 15,947 emergency encounters. This represents a 7% increase in encounters at UCSFH Hyde compared with 2023 (20,546) and a 39% increase in encounters at UCSFH Stanyan compared with 2023 (11,493).

In the first year post-acquisition, the number of outpatient registrations decreased slightly at UCSFH Hyde (Saint Francis) and UCSFH Stanyan (St. Mary's), as compared with 2023.

Outpatient data provided by the hospitals represents registrations, not visits. In the first year following the acquisition, UCSFH Hyde recorded 48,103 outpatient registrations and provided services to 22,163 unique patients. UCSFH Stanyan recorded 46,493 outpatient registrations and provided services to 20,624 unique patients. This represents a 7% decrease in registrations at UCSFH Hyde compared with 2023 (51,735) and a 2% decrease in registrations at UCSFH Stanyan compared with 2023 (47,683).

Selected Behavioral Health Services

DPH received data about inpatient psychiatric discharges at Saint Francis and adolescent inpatient psychiatric discharges at St. Mary's from Dignity as part of the first Prop Q hearing in February 2024. DPH requested updated data from UCSFH for these services for the period of August 2024–July 2025.

UCSFH Hyde (Saint Francis) and UCSFH Stanyan (Saint Mary's) have experienced a shift in inpatient psychiatric discharge volumes as compared with 2023. In the first year post-acquisition, UCSFH Hyde saw 913 inpatient psychiatric discharges, compared to 1,023 in 2023. Similarly, UCSFH Stanyan saw 430 adolescent inpatient psychiatric discharges, down from 620 in 2023. While patient volume is down as compared with 2023, UCSFH reports that monthly

inpatient psychiatric volume has increased at UCSFH Hyde when comparing August 2024 (the start of their ownership) to September 2025. UCSFH also reports that monthly adolescent inpatient psychiatric volume has remained stable at UCSFH Stanyan when comparing August 2024 to September 2025.

During their facility assessments, UCSFH identified some safety issues within their psychiatric units. Due to these safety issues, they report they cannot increase volume at the hospitals at this time but will be able to expand to fill the available space once work is completed; they do not yet have a timeline for needed construction. UCSFH has provided additional details in their memo to the Commission.

B. Demographics

The following section reviews demographic information including age, race/ethnicity, and payor, for inpatient, outpatient, and emergency services for the first year following the acquisition (August 2024-July 2025) as compared with the 5-year pre-acquisition (2019-2023) average for the hospitals. Data is shown as a proportion of hospital inpatient, outpatient or emergency encounters.

Patients by Age

At UCSFH Stanyan (St. Mary's), a greater proportion of inpatient and emergency encounters were adults aged 65 and over in the first year post-acquisition as compared with the 5-year pre-acquisition average.

Figures 3 and 4 show the age distribution of UCSFH Stanyan inpatient discharges and emergency encounters, respectively. At UCSFH Stanyan, a greater proportion of inpatient and emergency encounters were among those aged 65 and over in the first year post-acquisition as compared with the 2019-2023 average. UCSFH Stanyan also saw a decrease in the proportion of inpatient discharges among those aged 0-18 in the first year post-acquisition as compared with the 2019-2023 average. At UCSFH Hyde, the age distribution for inpatient, outpatient, and emergency encounters remained similar in the first year post-acquisition compared to the average distribution for the years 2019-2023.

Figure 3. Percent of UCSFH Stanyan (St. Mary's) Inpatient Discharges by Age, 2019-2023 average as compared with the first year post-acquisition (August 2024-July 2025)

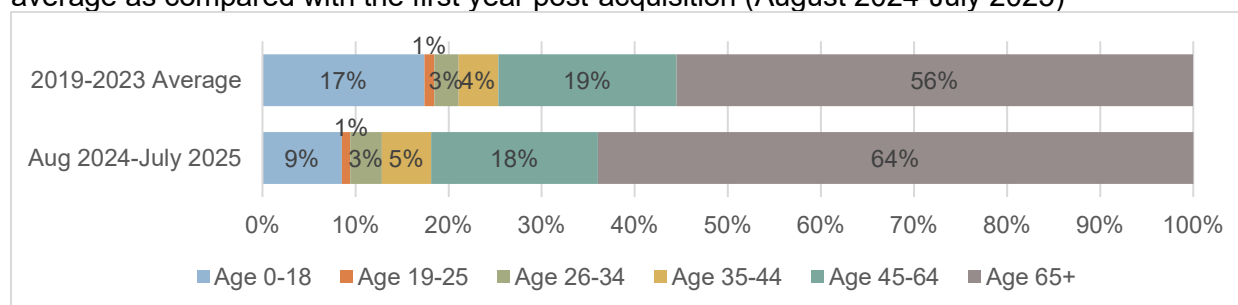
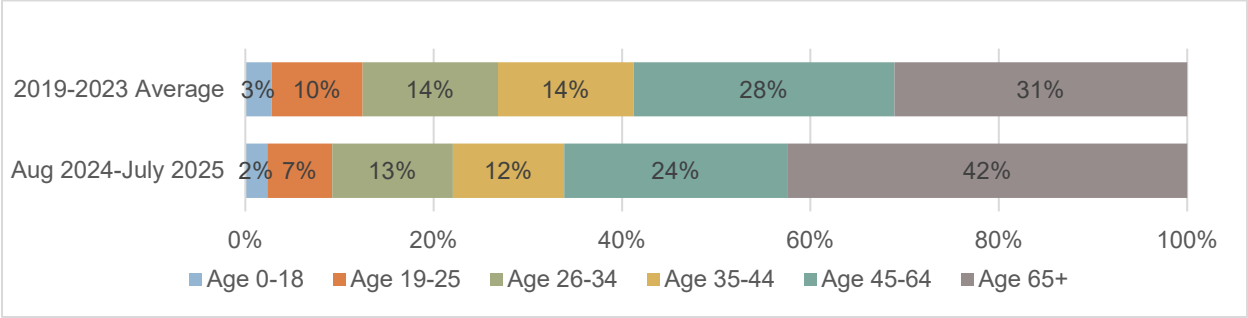


Figure 4. Percent of UCSFH Stanyan (St. Mary’s) Emergency Encounters by Age, 2019-2023 average as compared with the first year post-acquisition (August 2024-July 2025)

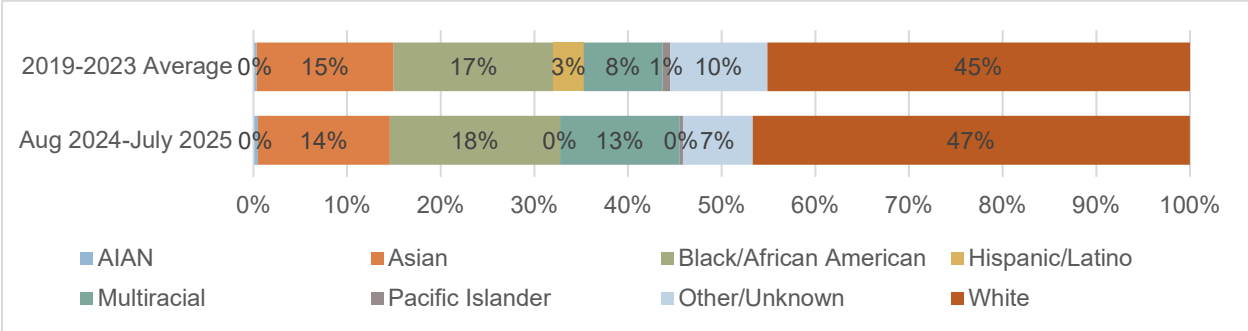


Patients by Race/Ethnicity

The distribution of inpatient, outpatient, and emergency encounters by race/ethnicity was similar pre- and post-acquisition at UCSFH Hyde (Saint Francis) and at UCSFH Stanyan (St. Mary’s) hospitals.

Figure 5 shows the distribution of inpatient discharges at UCSFH Hyde by race/ethnicity. At UCSFH Hyde, the proportion of inpatient discharges identified as Multiracial was somewhat greater in the first year post-acquisition (13%) as compared to the average distribution for the years 2019-2023 (8%). Otherwise, the distribution of inpatient, outpatient, and emergency encounters by race/ethnicity was similar pre- and post-acquisition at UCSFH Hyde and Stanyan hospitals. At UCSFH Stanyan, in the first year post-acquisition, 48% of inpatient discharges were White, 27% were Asian, 13% were Black/African American, 10% were Multiracial, and 2% were Other/Unknown.

Figure 5. Percent of UCSFH Hyde Inpatient Discharges by Race/Ethnicity, 2019-2023 average as compared with the first year post-acquisition (August 2024-July 2025)



Patients by Payor

At UCSFH Stanyan (St. Mary’s), a greater proportion of inpatient and emergency encounters were patients with Medicare in the first year post-acquisition as compared with the 5-year pre-acquisition average.

Figures 6 and 7 show the distribution by payor for UCSFH Stanyan (St. Mary’s) inpatient discharges and emergency encounters, respectively. A greater proportion of inpatient and emergency encounters were among those with Medicare in the first year post-acquisition as

compared with the 2019-2023 average. Additionally, a smaller proportion of UCSFH Stanyan inpatient discharges were among those with private/commercial insurance in the first year post-acquisition as compared with the 2019-2023 average. UCSFH Hyde also saw a slight increase in the proportion of emergency encounters paid for by Medicare (24%) compared with the 2019-2023 average (19%). The distribution by payor for outpatient services was similar to the average distribution for the years 2019-2023 at both hospitals.

Figure 6. Percent of UCSFH Stanyan (St. Mary's) Inpatient Discharges by Payor, 2019-2023 average as compared with the first year post-acquisition (August 2024-July 2025)

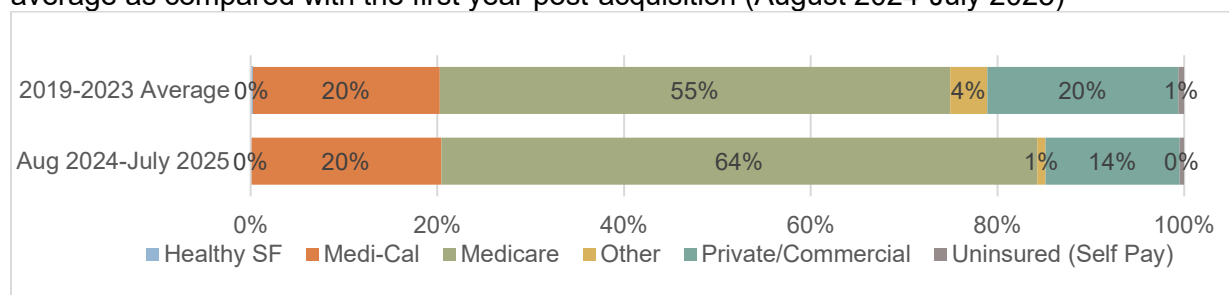
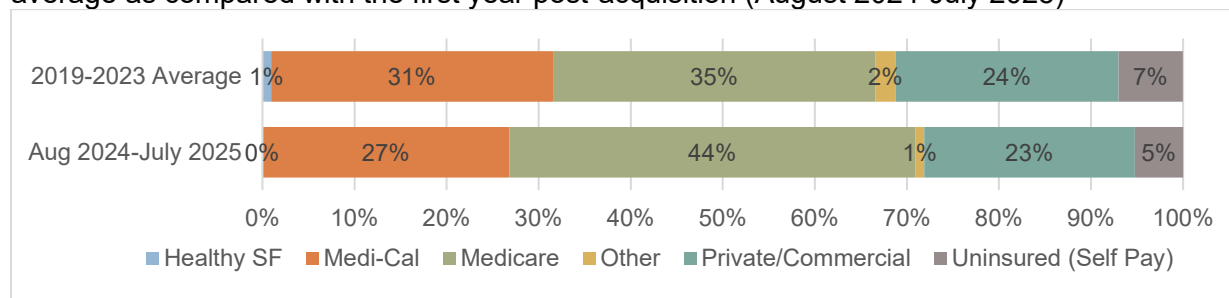


Figure 7. Percent of UCSFH Stanyan (St. Mary's) Emergency Encounters by Payor, 2019-2023 average as compared with the first year post-acquisition (August 2024-July 2025)



Patients by Housing Status

UCSFH reported it did not receive patient data by housing status from Dignity Health's data system and was unable to provide these data for this update to the Health Commission. Both hospitals transitioned to the UCSFH EMR in October 2025. UCSFH is now tracking patient housing status and can provide these data going forward.

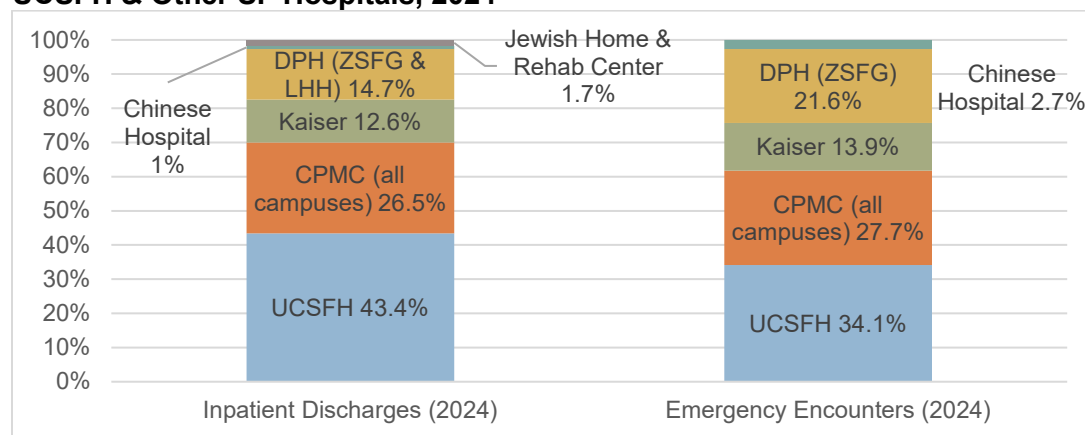
IV. Staffing

In 2023, there were 866 Dignity staff (607 full time equivalent positions) supporting the functions of Saint Francis and 948 Dignity staff (659 full time equivalent positions) supporting St. Mary's. As of October 2025, there are fewer total, but greater full time equivalent, UCSFH staff supporting the hospitals – 805 UCSFH staff (623 full time equivalent positions) supporting UCSFH Hyde (Saint Francis) and 925 UCSFH staff (686 full time equivalent positions) supporting UCSFH Stanyan (St. Mary's). UCSFH has provided additional details about staffing in their memo to the Commission.

V. San Francisco's Hospital Utilization Landscape

In 2024, there were 15 hospitals located in San Francisco. This includes general acute care hospitals, psychiatric hospitals such as Langley Porter Psychiatric Institute, and long-term care hospitals such as Laguna Honda Hospital (LHH) and Jewish Home and Rehab Center. In 2023, prior to the acquisition, UCSFH accounted for approximately 35.9% of all inpatient discharges and 19.5% of emergency encounters at San Francisco facilities. Following the acquisition, UCSFH² now accounts for the greatest proportion of both inpatient discharges and emergency encounters in San Francisco. Approximately 43.4% of all inpatient discharges and 34.1% of emergency encounters at San Francisco facilities occur at a UCSFH hospital.

Figure 8. Share of San Francisco Inpatient Discharges & Emergency Encounters – UCSFH & Other SF Hospitals, 2024³



Source: 2024 California Patient Origin/Market Share (Pivot Profile)—Inpatient, Emergency Department, and Ambulatory Surgery.

In 2023, 57% of inpatient discharges and 61% of emergency encounters at Saint Francis, and 71% of inpatient discharges and 77% of emergency encounters at St. Mary's, were San Francisco residents.³ The most recently available data³ indicate that the hospitals are continuing to serve primarily San Francisco residents. In 2024, San Francisco residents represented 60% of inpatient discharges and 63% of emergency encounters at UCSFH Hyde (Saint Francis) and 74% of inpatient discharges and 78% of emergency encounters at UCSFH Stanyan (St. Mary's).

VI. Conclusion

Our review of available data for the first year following the acquisition of Dignity Health Saint Francis and St. Mary's hospitals by UCSF Health shows that UCSF Health has largely maintained service levels and continued serving similar patient populations, with a few notable differences. The next data update will be provided in one year, at which point two years of data

² UCSFH data includes discharges from UCSF Medical Center, UCSFH Hyde (Saint Francis), UCSFH Stanyan (St. Mary's), and Langley Porter Psychiatric Institute.

³ California Department of Health Care Access and Information, "Patient Origin/Market Share (Pivot Profile)—Inpatient, Emergency Department, and Ambulatory Surgery," 8 October 2025. [Online]. Available: <https://data.chhs.ca.gov/dataset/patient-origin-market-share-pivot-profile-inpatient-emergency-department-and-ambulatory-surgery>. [Accessed November 2025]. (Note: Resident data does not include people experiencing homelessness unless the patient selected a San Francisco zip code.)

may provide a clearer picture of any trends in patient utilization and access. The Department is appreciative of UCSF Health's engagement and willingness to report on its system.