INSTITUTIONAL MASTER PLAN REVIEW

Kaiser Permanente's San Francisco Medical Center and Proposed Replacement Hospital

August 2026

RDA CONSULTING

Review of Kaiser Permanente San Francisco Medical Center and Proposed Replacement Hospital

Findings and Recommendations Report

DRAFT for Review: 8.11.2026

IMP Review:
Kaiser Permanente San Francisco Medical Center **(KP-SFMC)**
Institutional Master Plan 2024–2033
(Revised, received May 12, 2026)
Geary Campus, 2425 Geary Boulevard, San Francisco, CA
Filed under San Francisco Planning Code Section 304.5

Commissioned By
San Francisco Department of Public Health **(SFDPH)**
Report Prepared By
RDA Consulting, SPC **(RDA)**
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Cover: *Watercolor rendering of the Proposed Replacement Hospital entry at Divisadero and O'Farrell Streets. Rendering courtesy of Kaiser Permanente's IMP.*

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Definitions of Key Terms

Acute Care / Acute Care Hospital	Hospital-based medical care for patients with serious, sudden, or short-term conditions requiring inpatient treatment, as distinguished from outpatient, long-term, or preventive care. Kaiser Permanente San Francisco Medical Center (KP-SFMC) is licensed as a General Acute Care (GAC) hospital, authorizing it to provide this level of inpatient care.
Alquist Hospital Seismic Safety Act / Senate Bill 1953	State laws setting structural safety and seismic performance standards for California hospitals, requiring facilities to withstand earthquakes and remain operational afterward. Kaiser's Proposed Replacement Hospital is designed to meet these standards and to exceed the Department of Health Care Access and Information (HCAI)'s 72-hour minimum post-earthquake self-sufficiency requirement, targeting 96 hours.
California Environmental Quality Act (CEQA)	A state law requiring environmental review of certain development projects. CEQA is listed as a key term but is not substantively analyzed in this health-needs-focused review; environmental review of the Proposed Replacement Hospital is a separate process led by other City and state agencies.
Charity Care & Indigent Care	Under California's Department of Health Care Access and Information (HCAI), charity care is defined as free or fully forgiven medical care for qualifying low-income or medically indigent patients, while indigent care broadly describes health services delivered to financially vulnerable or low-income individuals (often via public/county programs or hospital financial assistance frameworks) who cannot pay for their care.
Community Benefit	Kaiser Permanente's broader portfolio of philanthropic and programmatic investments in the community (e.g., grants, partnerships, charity programs) beyond direct hospital-based patient care, informed by and aligned to priorities identified in Kaiser's own Community Health Needs Assessment (CHNA). These investments satisfy state and federal hospital community benefits requirements.
Community Health Assessment (CHA)	San Francisco Department of Public Health's (SFDPH) own periodic assessment of health needs and disparities citywide; used throughout this report as the primary benchmark for "citywide health care needs" (most recent: 2024).
Community Health Needs	Kaiser Permanente's own federally required needs assessment, conducted every three years, which guides Kaiser's

Assessment (CHNA)	philanthropic and community-benefit funding decisions (most recent cycle: 2023–2025).
Diagnosis-Related Group (DRG) / "DRG Analysis"	Standardized codes used to classify hospital inpatient cases by diagnosis and treatment type. For this report, RDA aligned KP-SFMC's 2025 de-identified inpatient DRG data to SF CHA priority health needs to assess how inpatient admissions reflect and support community health needs; this alignment is referred to throughout as "DRG Analysis."
Emergency Department (ED)	The hospital's emergency care unit. KP-SFMC's ED operates with a basic level of care which means medical staff can provide immediate, life-saving stabilization, basic evaluations, and urgent first aid, and, by federal law, must screen and stabilize all presenting patients regardless of insurance status or ability to pay.
General Acute Care (GAC) Hospital / GAC-Licensed Beds	The state hospital license category for facilities providing acute inpatient care. GAC-licensed beds are the foundational bed license type (medical/surgical beds); other license types (e.g., acute pediatric, perinatal, neonatal) carry additional physical and staffing requirements. Licensed bed counts represent a facility's maximum authorized capacity, which this report distinguishes from beds staffed and available day to day.
House Resolution (H.R.)1	The federal budget reconciliation law enacted in July 2025, which significantly alters Medicaid (Medi-Cal in California) by introducing work requirements, semiannual eligibility checks, and reduced federal funding. Its medical impacts are anticipated to include widespread coverage losses, increased administrative barriers, and financial strain on healthcare providers.
Department of Health Care Access and Information (HCAI)	The California state agency (formerly OSHPD) that collects hospital utilization, financial, and facility data and sets hospital seismic performance standards.
Institutional Master Plan (IMP)	A planning document certain San Francisco hospitals must file with the Planning Department under Planning Code Section 304.5, describing existing facilities and services and any proposed changes over a defined planning horizon (for KP-SFMC, 2024-2033). IMPs give public agencies and the public early notice of, and opportunity to comment on, institutional development plans prior to substantial investment.

Licensed Beds vs. Staffed Beds	Licensed beds are the maximum number of beds a hospital is authorized to operate under its state license; staffed beds are a subset of beds available for patients based on current staffing levels. This report treats average beds staffed per fiscal year as the more accurate measure of real-world capacity.
Medi-Cal	California's Medicaid program, providing health coverage to eligible low-income residents. Used throughout this report as a key indicator population for evaluating equitable access to the Proposed Replacement Hospital's services.
Safety-Net [Hospitals / Providers]	Hospitals and providers that serve a disproportionate share of low-income, uninsured, and underinsured patients regardless of ability to pay, compared to other hospitals and providers. This report evaluates whether the Proposed Replacement Hospital would reduce strain on San Francisco's broader safety-net system.
Serious Mental Illness (SMI) / Substance Use Disorder (SUD) / Opioid Use Disorder (OUD)	Clinical diagnostic categories used in this report's DRG analysis to assess how much inpatient care at KP-SFMC is associated with behavioral health and substance use conditions identified as community needs in the CHA.
Structural Performance Category (SPC)	A hospital seismic safety rating system under SB 1953, administered by HCAI, rating a facility's ability to remain operational after a major earthquake.
Tertiary Care	Highly specialized medical care, typically requiring advanced equipment and specialist staff, provided to patients often referred from other facilities, and distinct from primary or general care for general every day help. This report identifies KP-SFMC as one of two regional tertiary cardiac care referral centers for Kaiser Permanente in Northern California.
High-Risk Pregnancy / Perinatal & Neonatal Intensive Care (NICU)	Pregnancy and newborn care involving elevated medical risk to the parent or infant, requiring specialized perinatal and neonatal intensive care unit (NICU) services. This report identifies KP-SFMC as both a primary birthing hospital for San Francisco residents and a regional hub for high-risk pregnancy and NICU care.

Executive Summary

San Francisco Planning Code Section 304.5 requires hospitals operating within the City and County of San Francisco to file and maintain a current Institutional Master Plan (IMP) with the Planning Department. IMPs for hospitals proposing "any changes to inpatient facilities, including the addition or removal of any licensed or staffed hospital beds and emergency services, and transfer of services" will be submitted to the Department of Public Health as a component of the Planning Department's review and acceptance of the IMP. The code requires the Department of Public Health (SFDPH) to facilitate a review of each IMP submission, by a qualified health planner, retained by contract. The review's findings and recommendations are presented to the Health Commission, with a final report submitted to the Planning Commission.

Purpose and Scope of Review

SFDPH engaged RDA Consulting, SPC (RDA) to conduct a review of Kaiser Permanente's San Francisco Intuitional Master Plan 2024-2033 (Kaiser IMP). This review is specifically scoped to evaluate a proposed hospital replacement project and an increase to inpatient and emergency department beds, as identified in Kaiser's IMP, in relation to citywide health care needs. Findings and recommendations are intended to supplement the Planning and Health Commissions' review of the Kaiser IMP and to strengthen the public health value of the proposed development and deepen Kaiser's role as a partner in San Francisco's broader health care system.

Summary of the Proposed Hospital Replacement

Kaiser Permanente's IMP centers on a Proposed Replacement Hospital at the Geary Campus (2425 Geary Boulevard), replacing the existing 70-year-old acute care hospital to meet seismic compliance under Senate Bill 1953 and the Alquist Act. The replacement hospital will be constructed on adjacent lots within the existing Geary Campus block, allowing acute care services to continue uninterrupted at the current facility throughout the construction period. The 623,000-square-foot, 14-story facility would include 301 licensed inpatient beds (an increase of 62 beds), 48 ED treatment stations (an increase of 18 stations), and a new on-site parking structure. The existing hospital would convert to outpatient use. Kaiser projects the new hospital would serve approximately 250,000 San Francisco community members (an approximately 3% increase from "more than 244,000" served today) and provide service for over 1.2 million Kaiser Permanente members regionally,[1] offering medical-surgical, perinatal, pediatric, intensive care, cardiovascular, emergency, and surgical and imaging services. The replacement hospital targets 96 hours of post-earthquake self-sufficiency, exceeding the 72-hour code minimum.

[1] Kaiser IMP, pp. 8, 67

Key Findings

This analysis was structured around three questions: whether planned capacity expansions close existing gaps in citywide acute care access; whether the Proposed Replacement Hospital supports the priority needs of Medi-Cal members and the uninsured; and how community stakeholders perceive the plan's neighborhood impact, accessibility, and responsiveness to patient care health needs.

- **Healthcare Capacity and Access**
  KP-SFMC operates at or near 95% capacity across emergency department and inpatient services, straining related service lines. The Proposed Replacement Hospital addresses this through added bed capacity, single-room design, improved nursing station distribution, and enhanced staff workflows; stakeholders broadly viewed it as a meaningful improvement for care delivery and workforce satisfaction.

- **Health Equity and Community Need**
  Stakeholders consistently raised concern that benefits will flow primarily to commercially insured members rather than Medi-Cal, uninsured, or underinsured residents. Kaiser provides philanthropic contributions through its community benefit program. While Kaiser is the second largest charity care provider, it serves fewer Medi-Cal beneficiaries compared to similarly sized San Francisco hospitals.

- **Community and Stakeholder Perceptions**
  Community awareness of the proposed development is limited, and a consistent perception is that Kaiser does not do enough for the broader community. Physical access for vulnerable populations remains a concern, particularly the O'Farrell patient drop-off entrances' distance and grade from transit, though the facility's hillside placement and separated ambulance and walk-in entrances were recognized as improvements. Stakeholders welcomed the facility's potential to strengthen Kaiser's role as a citywide emergency response asset.

Summary of Recommendations

This review identified recommendations reflecting opportunities for Kaiser Permanente to strengthen the public health value of the proposed development and deepen its role as a partner in San Francisco's broader health care system.

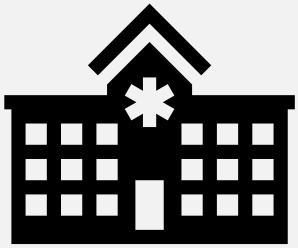
- **Planning and Construction Phase:** A proactive, multilingual patient communication plan to aid access to care during construction and when the new hospital opens.

- **Facility Design and Physical Access:** Transit-aligned, fully accessible patient entrances; clearly marked patient drop-off zones separate from ambulance traffic; verified large-format ambulance access; universal design of interior

spaces (i.e., single rooms) attentive to older adults and people with disabilities; and formalization of frontline staff input into facility design and operations.

- **Equity and Citywide Health Care Contributions:** A measurable and tracked commitment to increased direct care delivery for Medi-Cal members, consistent with Kaiser Permanente's engagement with the Department of Health Care Services (DHCS) to enroll more Medi-Cal patients over upcoming 5-years.

- **Emergency Preparedness and Citywide Resilience:** Sustained and active operational partnership in citywide emergency preparedness, including continued support of ongoing efforts for self-sufficiency in onsite decontamination readiness, regularly tested surge protocols, and participation and hosting of emergency response drills.



1. Introduction and Regulatory Context

1.1 Institutional Master Plan Requirement

San Francisco Planning Code, Section 304.5[2] requires designated medical and post-secondary educational institutions to submit Institutional Master Plans (IMP), on both regular occurrences and when changes are proposed to service delivery or facilities development. IMPs are required for institutions occupying 50,000 square feet or greater (100,000 or more square feet in the C-3 District).

Under this code, institutions the size of Kaiser Permanente are required to submit a full IMP covering five areas:

(1) an overview of the institution's history, services, patient population, employment, and citywide property holdings;
(2) a description of the current physical campus, including building locations, adjacent land uses, traffic patterns, and parking;
(3) a minimum 10-year development plan describing proposed physical changes, with detailed site and construction information for the first five years, including an assessment of conformity with the General Plan,[3] anticipated neighborhood impacts, alternatives considered, and proposed mitigating actions;
(4) a projection of related development by others (such as medical office or outpatient facilities) that may result from the plan's implementation; and
(5) any additional items required by the Planning Department or Planning Commission.

Institutional Master Plans for hospitals proposing "any changes to inpatient facilities, including the addition or removal of any licensed or staffed hospital beds and emergency services, and transfer of services" will be submitted to the Department of Public Health (SFDPH).[4] The Director of the Department of Public Health is responsible for contracting with a qualified health planner to review the proposed action and report on its relationship to citywide healthcare needs. SFDPH's contracted review and related comments are due to the Planning Department within 90 days of initial submission. The IMP and this report are informational and do not constitute project denial or approval of the Proposed Replacement Hospital and other planned projects described in the IMP.

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[2] Institutional Master Plans are required (1) to provide notice and information to public agencies and the public to give an opportunity for early and meaningful involvement prior to substantial investment by the institution, (2) to enable the institution to make modifications in response to comments prior to its more detailed planning, and (3) to provide public agencies and the public with information that may help guide their land use decisions.

[3] "State law and San Francisco's Charter require a comprehensive, long-term general plan for the physical development of the city. The San Francisco General Plan ensures that there is adequate infrastructure to support residential, commercial, recreational and institutional land uses and facilities, and that neighborhoods are walkable and connected by a robust transportation system geared toward public transit, walking, and biking." The general plan is maintained by the Planning Department. See https://generalplan.sfplanning.org/index.htm.

[4] San Francisco Planning Code, Section 304.5(g)

1.2 Overview of Kaiser Permanente's Proposed Replacement Hospital

Kaiser Permanente proposes to replace the existing KP-SFMC at 2425 Geary Boulevard, originally constructed in 1954, with a new structure that complies with seismic safety standards under Senate Bill 1953. The new 623,000[5] square foot, 14-story inpatient hospital will provide 301 licensed beds, 48 emergency department treatment stations, and private single-occupancy patient rooms throughout. The replacement hospital will be constructed on adjacent lots within the existing Geary Campus block, allowing acute care services to continue uninterrupted at the current facility throughout the construction period.

Kaiser Permanente's updated Institutional Master Plan for 2024–2033 describes the planned replacement of the Kaiser Permanente San Francisco Medical Center (KP-SFMC) with a new hospital at the Geary campus. This project will expand the number of inpatient beds and emergency department treatment spaces, thereby triggering SFDPH's IMP review

Kaiser Permanente's IMP explicitly states that no reduction in services or disruption to patient care is anticipated during construction or following the transition to the new facility. The full scope of current hospital-based services will be maintained in the replacement hospital.

Upon completion, the existing hospital building will be converted to outpatient use, and the full Geary Campus will encompass approximately two million square feet across seven buildings, including a new 1,000-stall parking structure. The new facility is designed to exceed HCAI's minimum post-earthquake self-sufficiency requirement, targeting 96 hours of independent operation, and will be all-electric and built to LEED Gold sustainability standards.

1.3 Objectives of the IMP Analysis to Citywide Health Needs

This analysis of Kaiser Permanente's Proposed Replacement Hospital considers its overall relationship to citywide health care needs. While the IMP is a planning and land use filing under San Francisco Planning Code Section 304.5, SFDPH's contracted review is specifically concerned with whether the proposed development and Kaiser Permanente's broader institutional commitments over the plan's ten-year horizon will meaningfully contribute to and align with the city's health care needs and priorities as identified by the SFDPH and its public health and health care partners.

The following objectives guided this analysis:

- **Assess impact on citywide health care capacity.** Evaluate whether the Proposed Replacement Hospital and associated facility investments will strengthen San Francisco's overall acute care capacity, reduce strain on the

[5] The proposed hospital has 623,000 square feet programmable space. Under the SF Planning Code, the building's gross floor area is 694,012 square feet.

city's safety-net institutions, and improve access to care for citywide residents—not only Kaiser Permanente members.

- **Evaluate equity and access for vulnerable populations.** Examine the degree to which the Proposed Replacement Hospital addresses the needs of Medi-Cal beneficiaries, uninsured and underinsured residents, older adults, individuals with disabilities, and communities with historically limited access to high-quality care.

- **Review alignment with citywide health planning frameworks.** Assess the replacement hospital's responsiveness to community health assessment priorities for the service area.

- **Examine community benefit commitments and charity care contributions.** Review the nature and scale of Kaiser Permanente's community benefit and provision of charity care contributions relative to other similar institutions.

- **Evaluate emergency preparedness and disaster resilience.** Assess whether the Proposed Replacement Hospital positions Kaiser Permanente as an active operational partner in citywide emergency preparedness, beyond meeting minimum structural seismic compliance requirements.

This review of Kaiser's IMP utilized Kaiser's submitted IMP, stakeholder engagement conducted with SFDPH and community health care leadership, Kaiser Permanente administrative and medical staff, the Kaiser Permanente's Community Task Force, and a patient and community survey, as well as findings from secondary data sources. The report's recommendations are intended to inform the IMP review process and to support ongoing dialogue between Kaiser Permanente and the city regarding the institution's role in the citywide health care system.

1.4 Methodology

Primary and secondary data analysis of Kaiser's IMP was structured around three core questions:

1. Whether the planned inpatient and emergency department capacity expansions align with and address existing gaps in citywide acute care access;
2. The extent to which the Proposed Replacement Hospital's planned modernization supports the priority health needs of San Francisco's most vulnerable populations (in particular, Medi-Cal members and the uninsured); and
3. How community stakeholders perceive the Proposed Replacement Hospital in terms of neighborhood health impact, accessibility of health care services, and responsiveness to local health care priorities during and after construction.

These questions guided both the selection of data sources and the design of primary data collection activities. Table 1 provides an overview of the research questions and supporting data sources. The complete list of sources used in the secondary data analysis are identified in Appendix A. Appendix B includes the stakeholder interview and focus group protocols, as well as the survey instrument.

Table 1: Research questions and supporting data sources

Research Question	Primary Data Sources	Secondary Data Sources	How the Data Sources Address the Question
RQ1: Does the planned inpatient and ED capacity expansion align with, and close, existing gaps in citywide acute care access?	• Kaiser leadership & clinical staff interviews (n=9) • SFDPH & health system partner interviews (n=6)	• HCAI Utilization, Financial Disclosure & Patient Origin/Market Share data for KP-SFMC and other city hospitals • CHCF California ED Almanac (2025) & SF Bay Area Regional Market Report (2025)	Interviews surface current capacity bottlenecks and staff perspective on strain; HCAI/CHCF data quantify current bed and ED utilization and benchmark the proposed capacity increase against citywide and peer-hospital gaps.
RQ2: To what extent does the planned modernization support the priority health needs of San Francisco's most vulnerable populations, particularly Medi-Cal members and the uninsured?	• SFDPH & health system partner interviews (n=6) • Kaiser leadership & clinical staff interviews (n=9) • Community Task Force focus groups (n=6 participants)	• SFDPH Community Health Assessment (2024) & Community Health Improvement Plan (2021) • SF Health Improvement Partnership CHNA (2025) • HCAI Medi-Cal/indigent care data; Kaiser charity care data (2022–2024)	The CHA/CHNA define the community's documented priority health needs; Medi-Cal, indigent-care, and charity-care data quantify Kaiser's current equity-related service provision; interviews contextualize how modernization is expected to change that provision.
RQ3: How do community stakeholders perceive the planned replacement hospital's neighborhood health impact, accessibility, and responsiveness to local priorities during and after construction?	• Community Task Force focus groups (n=6 participants) • Community survey (n=83; 7 questions; 7 responder types; translated to 5 languages) • Kaiser leadership & clinical staff interviews (n=9)	• Kaiser Permanente IMP (project description referenced by respondents)	Focus groups and the community survey directly capture stakeholder awareness, expectations, and concerns across resident, patient, and provider roles; staff interviews add an internal-perception view.

2. Current Services

KP-SFMC is a General Acute Care (GAC) Hospital in San Francisco with an emergency department (ED) that operates with a basic level of care.[6] KP-SFMC was originally constructed in 1954 and comprises approximately 367,000 square feet across nine stories. Inpatient services as reported in the Kaiser IMP include:

- Adult Intensive Care
- Social Services
- Intensive Care Nursery
- Respiratory Services
- Perinatal Services
- Physical Therapy
- Pediatrics
- Nuclear Medicine
- Chronic Dialysis
- Cardiovascular Surgery
- Emergency Services
- Cardiac Catheterization Lab

Kaiser Permanente offers a combined health insurance (payer) and medical care (provider) model of care for its members. This integrated payer-provider system is a unique operational support and patient access driver for KP-SFMC, meaning patients are largely referred to hospital inpatient and outpatient services by Kaiser Permanente providers. Other city-located hospitals are more likely to maintain broader cross-system referral partnerships spanning multiple health insurance providers. As a result, Kaiser Permanente membership is understood to be an influential determinant of whether individuals seek health care at KP-SFMC.

Kaiser Permanente's San Francisco membership increased by a cumulative 7.6% from 2016 to 2025. As of December 2025, Kaiser Permanente Health Plan served 244,188 San Francisco residents,[7] approximately 30% of San Francisco's total population of 826,350,[8] making KP-SFMC a crucial resource for both Kaiser Permanente members and the broader San Francisco community.

Kaiser Permanente's San Francisco membership is almost evenly divided between female (49.2%) and male (50.8%) and over two-thirds of members (39.6%) are 50+ years old. Kaiser membership age trends reflect similar patterns to San Francisco overall, where the population is also aging.[9] The proportion of members 65+ increased by 4% since 2010, while the proportion of members 45-64 decreased by 4%. Members, for the most part, are evenly distributed across San Francisco, except in the northeast where members make up a smaller proportion of the population.

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[6] An Emergency Department (ED) operating with a basic level of care is defined as a hospital-based facility equipped to provide essential, round-the-clock emergency evaluation, initial resuscitation, and stabilization for common acute illnesses and injuries, while relying on transfer agreements for highly complex or specialized trauma cases.
[7] Kaiser's IMP Revision, 2026
[8] ACS 2020–2024
[9] SFHSA Demographic Analyses Reports. "DAS Demographics on Aging - Infographics - 08.2022." https://www.sfhsa.org/sites/default/files/media/document/migrated/Infographic_DAS_Aging_2021_English.pdf

In 2025, 14.7% of Kaiser Permanente's San Francisco members received Medicare benefits and 9.6% of its members received Medi-Cal benefits. In 2024, Kaiser Permanente signed a memorandum of understanding (MOU) with the California Department of Health Care Services (DHCS) to become a full Medi-Cal managed care plan. Kaiser's Medi-Cal managed care plan is not available through the traditional Medi-Cal plan choice methods, rather Kaiser enrolls San Francisco Medi-Cal members directly with limitations on eligibility and under certain conditions, such as previous Kaiser membership through another avenue (e.g., commercial or Medicare) in the past 12 months, a "family linkage" (e.g., parent/guardians of children under 26, spouses or domestic partners, etc.) with a Kaiser membership in the past 12 months, being a foster youth, among others. Kaiser has agreed to open its Medi-Cal managed care plan to all Medi-Cal members up to an annual cap, determined by its projected capacity to serve patients. In addition, Kaiser has agreed to increase its Medi-Cal enrollment capacity by 25% over the five-year (2024–2028) MOU with DHCS.[10]

Importantly, KP-SFMC ED must legally screen and stabilize all presenting patients regardless of insurance status or coverage, extending the campus' role as a partner in care to a broader range of individuals beyond Kaiser Permanente health plan members.

Taken together, KP-SFMC services benefit three focused populations:

- San Francisco Kaiser Permanente Members
- Regional Kaiser Permanente Members
- San Francisco Residents

2.1 Community Benefit: Safety Net, Indigent Care, Community Wellness

KP-SFMC supports both indigent and charity care, with indigent care provided primarily through its ED and charity care across emergency, inpatient, and outpatient medical care, including ancillary services (SFDPH, 2026). Kaiser also operates a community benefits program, which is informed by the Community Health Needs Assessment (CHNA), a process that occurs every three years and helps guide Kaiser's philanthropic funding. Based on the most recent CHNA (2023–2025) Kaiser has directed an excess of $1.2 million dollars in San Francisco to address CHNA priorities by supporting local organizations working on food distribution, housing and homelessness, mental health, and access to care. Kaiser operates multiple programs to increase access and exposure to health care, such as the Community Health Care Program, which provides coverage to low-income individuals who earn too much to qualify for Medi-Cal but can't get coverage elsewhere, and exposure to health care professions from a supported youth career day. The Community Health Care Program is capped yearly, and as of 2024 has enrolled over 1,200 individuals in Kaiser's Northern California region.

KP-SFMC also provides charity care to patients. As of 2024, KP-SFMC provided charity care to 12,997 unduplicated patients, making it the second-largest charity care provider

[10] https://www.dhcs.ca.gov/services/contract-with-kaiser-permanente/

by patient volume after ZSFG (75,921), by far the largest provider. Similarly, KP-SFMC ranks third in total charity care expenditure ($12.9M) behind UCSF ($14.5M) and ZSFG ($110.7M). KP-SFMC accounts for 22% of city hospitals' total charity care expenditures excluding ZSFG.

Finally, KP-SFMC also participates in Healthy San Francisco (HSF), a locally funded program in San Francisco that provides affordable healthcare to uninsured patients by linking them with a "home" site to access preventative and certain coordinated care. KP-SFMC provided care for 11% of the 3,117 total HSF enrollees in 2024–2025.

Health care leaders interviewed tend to agree that the data accurately represents Kaiser Permanente's contribution to health care access through charity care and community benefit programs. Kaiser Permanente's role as a major philanthropic partner in the region was consistently cited. Some also observed that Kaiser Permanente is more readily seen as a philanthropic partner, providing financial resources to health care programs and community CBOs, rather than further increasing its investments in providing direct health care for patients who are unable to pay (i.e. charity care) beyond current levels. That said, Kaiser currently provides the second-most charity care compared to local non-profit hospitals in the city, so the hope is that Kaiser will continue to direct its newfound capacity and modernized resources toward charity care commiserate with the Proposed Replacement Hospital's increased service capacity. The 2024 SFDPH Charity Care Report emphasizes that "88% of the charity care patients had some form of health coverage, either through public or private insurance, or enrollment in Healthy San Francisco." Others emphasized that Kaiser Permanente could continue to bolster its investments and partnerships with local health CBOs who are often providing necessary supplementary health services. Still, interviewees acknowledged that Kaiser aligns its community benefits programs—its grants, partnerships, and charity programs—with emergent needs described in periodic needs assessments.

2.2 Specialized and Regional Services

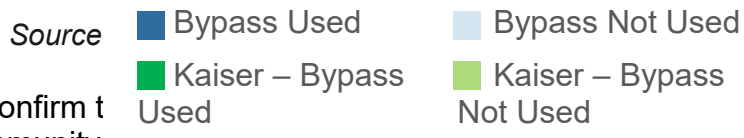
KP-SFMC is an essential regional hospital for the Kaiser Permanente health system and its members, serving as a hub for tertiary cardiac care and high-risk pregnancies, including sick or premature newborns. A broader regional population accesses these services, cardiac care and pregnancy care, compared to primary care and emergency care, which are accessed primarily by San Francisco residents.

2.2.1 Tertiary Cardiac Care

KP-SFMC is one of only two cardiac referral centers for Kaiser Permanente in Northern California with cardiovascular operating rooms; the second is Kaiser Permanente's Santa Clara Campus. Notably, there are five cardiovascular operating rooms at KP-SFMC, the largest number among all hospitals in San Francisco. This results in most cardiovascular related surgeries in the city taking place at KP-SFMC. Altogether, KP-SFMC performs 92% of all off-bypass cardiovascular surgeries and 78% of all coronary

artery bypass grafts performed by all San Francisco hospitals. Figure 1 shows that KP-SFMC leads all hospitals in San Francisco for total cardiovascular surgeries, driven by a much larger amount of cardiovascular surgery without bypass relative to all other SF hospitals.

Figure 1: Total Cardiovascular Surgeries Performed in SF (2024)



Source

Utilization data confirm t in San Francisco, a community need emphasized by the SF CHA and one that is expected to grow as the city's population ages. This role extends beyond San Francisco; RDA's DRG analysis found that 66% of patients who were admitted primarily for cardiac care did not reside in the city, underscoring the KP-SFMC's significance as a regional cardiac resource.

In interviews, hospital staff noted that tertiary cardiac care appointments are often scheduled well in advance and routinely planned for, so patient use of inpatient beds is predictable. San Francisco Kaiser members and other regional members benefit from easy access to high-quality tertiary care. While staff describe tertiary care units as typically less impacted by hospital bed capacity challenges compared to other units, tertiary services still add to the pressure on the overall hospital's capacity. Tertiary care patients come from all over the region and their care needs contribute to challenges with delays in throughput and discharge. Furthermore, one staff member described seeing acuity getting worse over time, which may contribute to greater demand for specialty services and inpatient bed capacity.

> ***"The people waiting for surgery are less impacted [by capacity challenges]. The OR operates on its own schedule. As a tertiary care center, our cardiac surgery, vascular surgery, and cath lab tend to not be as impacted."***
>
> KP-SFMC Staff Member

2.2.2 High-Risk Pregnancy Well-Baby Nursery NICU (IC Newborn)

KP-SFMC is an important birthing center in the city, with one out of every five births in San Francisco, taking place at the hospital, as shown in Figure 2.

KP-SFMC primarily serves the perinatal health needs of San Francisco residents, a contrast to the hospital serving as a regional hub for cardiac care. RDA's DRG analysis for 2025 inpatient data shows that San Francisco residents represented 63% of all patients who received inpatient care primarily for birthing.

Figure 2: Births in San Francisco by Type of Care and Hospital (2024)

KP-SFMC sup erinatal patient days a 2020 (see Figure 3). Drawing on the SF CHA, there are pregnancy-related health risks, including socioeconomic disparities and nutrition sensitive conditions, that will disproportionately affect high-risk pregnancies and newborns, making KP-SFMC's specialized capabilities particularly consequential for the city's most vulnerable birthing populations.

Figure 3: Proportion of Total SF Perinatal and NICU Patient Days by Hospital in San Francisco (2024)

Source: Hospital Annual Utilization Report by HCAI (2024)

While not as affected by capacity issues as the emergency department, Kaiser staff still described experiencing capacity strains in perinatal care and occasionally delivering care in suboptimal locations while beds become available. Perinatal patients are diverted to other Kaiser facilities due to capacity constraints approximately 7% to 10% of the time in staff's experience.

3. The Proposed Replacement Hospital

Kaiser Permanente proposes to replace the existing hospital located at 2425 Geary Boulevard with a new state-of-the-art inpatient medical facility ("Proposed Replacement Hospital"), projected to open in 2033. The project will also expand capacity to meet future healthcare demand, incorporating advanced medical technology, and delivering an upgraded acute care environment aligned with contemporary standards of care and the needs of the San Francisco community. Table 2 summarizes the key project statistics as reported in the Kaiser IMP.

Table 2. Proposed Development Project, Approximated Project Statistics

Item	As Proposed by Kaiser's IMP
Replacement Hospital Statistics	623,000 Square Footage; 14 Floors
Licensed Beds	301 Licensed Beds (addition of 62 from 239)
ED Treatment Spaces	48 ED treatment stations (addition of 18 from 30)
Projected staffing of Proposed Replacement Hospital	2,800 Total Employees
New Parking Garage Statistics	594,000 Square Footage; 1,000 Parking Spaces; 112 Floors (7 Above Grade)

The following summarizes the specific improvements proposed under the Kaiser IMP for the Replacement Hospital project.

3.1 Improved Seismic Resiliency

The Proposed Replacement Hospital is primarily driven by the need to meet the seismic resilience standards of SB 1953 and the Alquist Hospital Seismic Safety Act, which require general acute care hospitals to withstand a major earthquake and remain operational for patient care during and after such an event. This compliance is a baseline legal requirement for continued acute care licensure.[11] The Proposed Replacement Hospital's targeted 96 hours of post-earthquake operational self-sufficiency exceeds HCAI's 72-hour Structural Performance Criteria (SPC) minimum and marks a substantial improvement over the existing KP-SFMC facility.

3.2 Addition of 62 Inpatient Licensed Beds

The Proposed Replacement Hospital will increase inpatient capacity from 239 to 301 licensed general acute care (GAC) beds—an addition of 62 beds—the 62 additional beds would amount to a 1% increase of all 2,655 San Francisco licensed beds.

[11] The final compliance deadline for California general acute care hospitals to meet structural and nonstructural operational requirements under SB 1953 and the Alquist Hospital Facilities Seismic Safety Act is January 1, 2030 (HCAI).

3.3 All Single-Occupancy Patient Rooms

The new facility will shift from the existing semi-private room configuration to all private single-occupancy rooms throughout. This improvement, consistently identified by clinical staff and patients as a longstanding limitation of the current building, is expected to strengthen infection prevention, support patient dignity, and better accommodate family members and caregivers at bedside.

3.4 Modernized Workflows and Clinical Environment

The Proposed Replacement Hospital incorporates design improvements intended to reduce operational bottlenecks and improve care efficiency, including distributed nursing stations located throughout units (rather than centralized), improved storage locations and capacity, dedicated pre- and post-op waiting spaces to reduce strain on inpatient beds, mini conference rooms for care coordination, and dedicated family waiting areas in maternal care.

3.5 Continuity of Current Hospital-Based Services

The replacement hospital will maintain the full scope of services currently provided by KP-SFMC, with modernized infrastructure supporting more technologically advanced care delivery across each inpatient service line. Kaiser's IMP reports no planned reduction in services or disruption to patient care during or after construction.

3.6 Addition of 18 Emergency Department Treatment Stations

The Proposed Replacement Hospital will add 18 emergency department (ED) treatment stations, increasing KP-SFMC's ED from 30 to 48 treatment stations (a 60% increase); this will make KP-SFMC's ED one of the largest in San Francisco with a 7% increase of beds for the city overall.

3.7 Improved Emergency Department Access and Patient Flow

The new facility separates ambulance and walk-in patient access, with ambulance entry and exit on Geary Boulevard and the main pedestrian entrance, ED drop-off, and visitor drop-off on O'Farrell Street. This separation functions as an initial point of triage, directing the most acutely ill patients directly to appropriate care while improving overall ED flow and staff efficiency.

4. Relationship of KP-SFMC's IMP to Citywide Healthcare Needs

The analysis of KP-SFMC current operations, utilization, and service statistics shapes how the Proposed Replacement Hospital should be expected to impact San Francisco's citywide health care needs.

4.1. Healthcare Capacity & Access

SUMMARY OF THEMES & FINDINGS

The Proposed Replacement Hospital Addresses Current Capacity Limitations and Efficiency Concerns
The existing KP-SFMC operates at or near 95% capacity for emergency department services as well as inpatient beds which can impact many related service lines. It primarily offers semi-private rooms and a layout that creates barriers to efficient patient care workflows.

Replacement Hospital Plans Likely to Promote Patient and Staff Satisfaction
The Proposed Replacement Hospital offers improvement in patient rooms, observation spaces, bed capacity, and overall staff workflows for patient care delivery. Kaiser Permanente staff, Task Force members, and patients viewed the Proposed Replacement Hospital as a positive opportunity to improve employee and patient retention, satisfaction, and care.

Improved Emergency Preparedness and Disaster Readiness
Stakeholders and staff emphasized that the Proposed Replacement Hospital's increased capacity would allow KP-SFMC to receive patients beyond Kaiser Permanente membership in a citywide emergency. The Proposed Replacement Hospital will also have greater capacity for self-sufficiency during an emergency.

4.1.1 Alignment of Proposed Inpatient and ED Bed Capacity Increases

The Proposed Replacement Hospital would include 301 licensed beds, an increase of 62 inpatient beds. The project also includes an additional 18 ED treatment spaces from the current facility. This provides operational strength and will reduce the capacity strains as described in section 2.1. Additionally, staff described noticing that acuity has been increasing over time, indicating a potential increase in bed utilization.
With a shift towards an aging population with more complex needs,[12] including the fact, that ischemic heart disease is the leading cause of death in California, the additional

[12] California Health Care Foundation, Improving Care for Older Adults in California's Community Health Centers and Public Hospital Systems (2022). Retrieved from https://www.chcf.org/wp-content/uploads/2022/06/ImprovingCareOlderAdultsCHCsPublicHospitalSystems.pdf

inpatient and ED bed capacity will alleviate pressure on the hospital and will continue to hold KP-SFMC's critical role as a regional hub for cardiac care and complex pregnancy needs.

Comparing GAC-licensed bed count across other hospitals, KP-SFMC currently ranks 7th, placing it in the middle of all other GAC hospitals in the city, with UCSF having the highest at 978 licensed beds compared to KP-SFMC with 239 licensed beds. Figure 4 shows this across all GAC-licensed hospitals in San Francisco by bed count and ED stations. With 30 ED stations, KP-SFMC has the fourth largest emergency department in San Francisco. Zuckerberg San Francisco General Hospital, the city's only Level 1 Trauma Center, has the highest number of ED stations with 59 (includes Mission Bay and Mount Zion campuses).

Figure 4: Licensed General Acute Care Beds and ED Stations Across San Francisco Hospitals (2025*)

In addition to a fers a shift from semi-private to private patient rooms as well as broad modernization and improved facility layout to support care delivery. These proposed improvements have been met with excitement from KP-SFMC staff, as identified through interviews and survey responses. The increase in beds and move to private rooms is seen as necessary to provide more patient-centered care. KP-SFMC staff shared the semi-private rooms are a challenge for patient placement when considering gender-pairing, patient isolation needs, and overall patient and family preferences. Staff also noted that private rooms would provide more pleasant, peaceful, and calm environments for patient care and recovery.

> ***"Everybody, every interaction that I've had from a community member to a frontline staff to leadership is really excited for this new hospital. It's something that we've been talking about for almost 10 years now. There's just a lot of excitement around that."***
>
> KP-SFMC Staff Member

As previously mentioned, GAC-licensed beds represent a ceiling of beds available for care. The average beds staffed per fiscal year metric is a better representation of beds available for care. It also shows how staffing is related to hospital capacity in San Francisco. In 2023, on average, KP-SFMC staffed 70.7%, or 169 of its 239 of its GAC licensed beds, as shown in Figure 5 which is higher than the citywide average. However, this pattern of staffed beds being less than licensed beds may contribute to capacity underutilization and is not unique to KP-SFMC. Similar citywide gaps between average staffed beds and total licensed beds suggests health care workforce strain is a

broader citywide concern and a shared dynamic observed across San Francisco's hospital sector.[13]

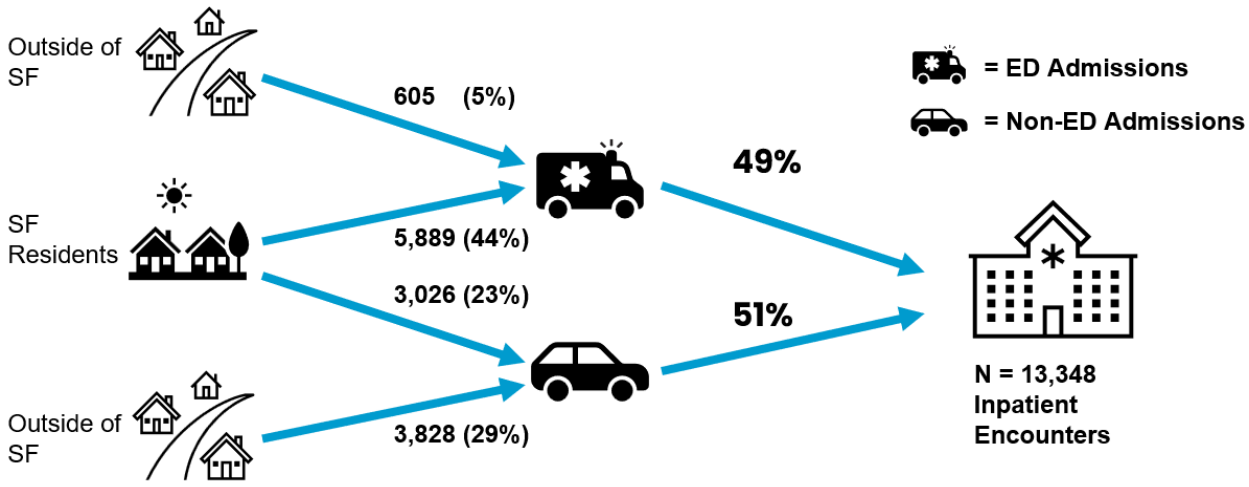
Figure 5: SF Medical Center Staff to Licensed Bed Ratio (2018-2023)

Source: Hospital Annual Financial Disclosure Reports by HCAI (2018-2023)

Understanding the source of inpatient admissions provides context for how the KP-SFMC serves the broader San Francisco community. Roughly 46% of all patients who received inpatient services were admitted through the ED, and as Figure 6 highlights, 91% of all encounters that resulted in an inpatient admission through the ED involved San Francisco residents. In 2025, KP-SFMC admitted 10,921 persons to inpatient care, of whom 2,690 were San Francisco Kaiser Permanente Members and city residents. These patients at times visited KP-SFMC inpatient admissions more than once, producing an estimate for encounters that is higher than the number of unique persons admitted to inpatient care throughout the year. This highlights the essential role KP-SFMC plays as a local community resource that provides care to city residents well beyond its membership base.

Figure 6: Percentage of Inpatient Encounters by Type of Admission and Zip-Code of Residence (2025)

[13] https://www.chcf.org/resource/san-francisco-bay-area-regional-market-report-2025/



Source: SF Medical Center Patient Data for 2025

Interviews with Kaiser Permanente staff confirmed capacity constraints are a consistent feature of KP-SFMC operations, particularly in medical surgical and telemetry units; the largest inpatient bed category, providing care for patients recovering from surgery or managing conditions requiring continuous monitoring. Utilization pressures vary by season and time of day, with higher demand during winter months and during afternoon hours. Specialty service lines, by contrast, were described as less frequently affected by capacity constraints as specialty care admissions are most often scheduled in advance.

There is an opportunity to ensure that the gains of the expanding ED and inpatient bed capacity are matched with increased staffing. As previously noted, in 2023 KP-SFMC, on average, staffed 169 of its 239 licensed beds. While health care workforce and staffing shortage challenges were noted as not unique to Kaiser Permanente or San Francisco alone, the Proposed Replacement Hospital is being received by current staff as a welcomed improvement and needed modernization. They, along with health care leaders interviewed, anticipate the new facility will be a source of improved satisfaction for current staff and a draw for new staff who may see the new facility as a more desirable workplace.

> ***"With a panel of new physicians, specialists and so forth coming into the mix [out of school], an up-to-date, brand new hospital can be marketed to gain new employees."***
>
> Citywide Health Care Partner

4.1.2 Alignment of Emergency Department Operations

KP-SFMC also holds a key position in the citywide health care infrastructure as an ED. As the fourth largest ED in San Francisco, in 2025, it supported 14% of all non-admitted San Francisco ED traffic and 9.5% of all admitted ED traffic. As shown by Figure 7, these estimates show a consistent contribution to ED health care infrastructure citywide.

Figure 7: KP-SFMC Share of ED Visits Relative to All SF ED Visits by Admission Status[14] (2020-2025)

Source: Hospital Annual Utilization Report by HCAI (2020-2025)

ED visits are ranked by how complex they are: non-urgent visits are simplest and often don't even need a doctor, urgent visits are moderately complex, and critical visits are the most complex. There are two other hospitals that addressed levels of ED traffic comparable to KP-SFMC. These were the CPMC Van Ness campus and the UCSF Medical Center. KP-SFMC handled 21% of all severe ED visits citywide and 12% of all critical ED visits. In general, KP-SFMC saw a larger share of the severe and critical ED cases and a smaller share of the less serious ones, compared to San Francisco overall (Figure 8). This suggests KP-SFMC plays an important citywide role in treating higher-risk ED patients.

Figure 8: San Francisco ED Visits by Severity and Hospital (2024)

Source: Hospital Annual Utilization Report by HCAI (2024)

When an ED gets overwhelmed by overcrowding, a surge of trauma cases, or issues like power outages, the hospital can go on "diversion," asking incoming ambulances to take patients elsewhere. Diversion hours are a widely used measure of strain on an ED's capacity.[15] To compare hospitals fairly, Figure 9 shows diversion hours per 1,000 ED visits. By this measure, ZSFG (the City's only level one trauma center) has historically been San Francisco's most overburdened ED, with CPMC Van Ness and UCSF Parnassus also relatively strained compared to other city hospitals. KP-SFMC is now approaching similar strain levels and unlike other hospitals in the city, its diversion hours have kept climbing steadily over the past five years.

Figure 9: Ambulance Diversion Hours per 1,000 ED Visits (2021-2025)

Source: Hospital Annual Utilization Report by HCAI (2021-2025)

The Kaiser IMP reports that the Proposed Replacement Hospital would expand ED capacity by 18 treatment stations. Overall San Francisco's ED capacity would increase

[14] Not admitted is when the patient is treated in the ED and is released to go home, transferred to another facility or leaves before finishing care, whereas admitted is when a doctor orders inpatient or observations status moving the patient from the ED to a hospital inpatient room.
[15] https://pmc.ncbi.nlm.nih.gov/articles/PMC12239308/

from 250 ED stations to 268, a 7% increase. Based on data reviewed, improved ED capacity will positively impact the existing patient population and likely improve KP-SFMC's broader contributions to community urgent health care needs. Staff reported looking forward to increased ED capacity and use of new treatment stations, with many staff noting the improved ED will be an asset to patient health care needs consistent with the findings from the CHA. For instance, the San Francisco CHA reports that ED visits due to opioid overdose have increased since 2018. Similarly, ED visits for mental health reasons continue to be prevalent, and the reported rates of serious psychological distress have increased overtime. Staff reflected that the ED capacity increases and modernized design in the Proposed Replacement Hospital are projected to address these challenges to a greater extent than the current facility; the Proposed Replacement Hospital will provide patient rooms, including ED treatment stations designed to protect those who are a risk to self or others as well as clinical decision rooms which allow for additional patient monitoring without using general ED treatment stations.

Ambulance offload times are high throughout the city and the general strain on emergency departments citywide could increase as H.R. 1 is likely to contribute to a sharp increase in uninsured individuals who access care via the ED. Stakeholders emphasized that expanded ED capacity at KP-SFMC is beneficial to the city's ability to respond to the predicted increase in uninsured and underinsured community members seeking health care.

> ***"San Francisco General Hospital is the only Level 1 adult trauma facility. You know that ED is constantly overutilized. I think that the proposed ED capacity increase in Kaiser's IMP will help their members, but also the entire community. An ED is a community resource."***
>
> Citywide Health Care Partner

Improved public and ambulance access points for the ED, as identified by the Kaiser IMP, will improve overall care delivery and staff workflows. The design will allow patient filtering based on medical need, which helps staff more quickly provide the appropriate level of care. Different entrances for ambulances and walk-ins automatically function as an initial triage that provides direct access to resuscitation bays for the most affected patients. Broader city health care providers and emergency response partners see benefit from expanded ED capacity; they also raised concerns rooted in past hospital development projects that failed to coordinate with city emergency medical services and ensure facility specifications accommodated partner transports such as large-format ambulance vehicles. It would be a design gap that would undermine the very access improvements the new design intends to deliver. Through intentional design and early coordination with emergency response partners, the new ED has potential to increase efficiency, improve patient experience, and meaningfully reduce wait times.

> ***"The design of the emergency department will allow us to deliver the right care to the right person in the right place. [This] will improve efficiency and the quality of care we can deliver."***
>
> KP-SFMC Staff Member

4.1.3 Alignment of Emergency Response Readiness

The Proposed Replacement Hospital directly addresses several operational constraints that currently limit KP-SFMC's role in citywide emergency response. Staff shared that the existing campus' hillside setting presents significant difficulty for non-ambulatory patients who need to be evacuated by gurney or wheelchair down the steep grade; this reoccurring obstacle in facility-evacuation scenarios will be improved by the site identified in Kaiser's IMP. The proposed hospital location sits on flatter terrain, which, combined with improved building entrances, exits and space overall, would substantially ease evacuation logistics as well as broader facility preparedness and response planning for natural disasters, mass casualty events, and other emergencies.

The current KP-SFMC terrain and age (staff refer to it as a "legacy building") are viewed as limiting factors to hosting drills and exercises with city preparedness partners. This aligns with Kaiser's IMP framing of the replacement hospital as strengthening "the City's emergency preparedness," including a stated 96-hour self-sufficiency target. The added inpatient and ED capacity would also better position KP-SFMC to absorb patient loads during city and regional emergencies.

The SF Medical Center currently participates in citywide preparedness and response coordination, with facility staff reporting regular engagement with SFDPH and a local healthcare coalition. Multiple stakeholders, echoed by SF Medical Center staff, expressed interest in Kaiser Permanente playing a larger role in citywide preparedness and response. This is reinforced by staff plans to acquire a dedicated decontamination tent for the new facility (an upgrade from the single shower currently available and a reliance on a third-party vendor and SFFD) to complement the expanded facility space and improved positioning.

-

4.2 Health Equity & Community Need

SUMMARY OF THEMES & FINDINGS

Citywide Safety Net Burden and Medi-Cal Access Limitations
Multiple stakeholders raised concern that the Proposed Replacement Hospital will primarily benefit commercially insured Kaiser Permanente members rather than Medi-Cal, uninsured, or underinsured city residents. While Kaiser Permanente's community benefit contributions (i.e., philanthropic donations) may

function as a partial substitute for the provision of direct indigent and charity care, it cannot fully account for KP-SFMC's lower Medi-Cal service provision relative to its size and resources when compared to similar size hospitals in the city.

To assess whether the proposed hospital changes from Kaiser's IMP, serve San Francisco's most vulnerable populations, it is important to understand the current status of Kaiser's service to Medi-Cal, uninsured, or underinsured city residents. Since 2021, the Medi-Cal population in San Francisco has been growing faster than California (see Figure 10).

Figure 10: Percent Change in Medi-Cal Enrollment in SF and CA overall (2020-2025)

Source: Medi-Cal Managed Care Enrollment Reports by DHCS

In FY 2023–2024, KP-SFMC provided less than 5% of all Medi-Cal and indigent care delivered across all the city's EDs (see Figure 11). While not unexpected given Kaiser Permanente's membership-based model, it nonetheless underscores the limited extent to which KP-SFMC currently serves the city's most financially vulnerable patients through direct care provision.

Figure 11: Percent of All SF Medi-Cal and Indigent Care Provided in SF EDs (FY 2023-2024, N=88,073 encounters)

Source: Hospital Annual Financial Disclosure Reports by HCAI (FY 23-24)

Medi-Cal patients make up a smaller proportion of total Medi-Cal ER patient encounters at KP-SFMC compared to its counterparts. A comparison of Medi-Cal and Indigent Care services provided by ED station across all city hospitals shows that for every ED station, the KP-SFMC supported 130 Medi-Cal and Indigent Care encounters (i.e., visits) (Figure 12), the smallest share of patients compared to all other hospitals.

Figure 12: ER Medi-Cal and Indigent Care Encounters per ER Station (2023, N=88,073)

Source: Hospital Annual Financial Disclosure Reports by HCAI (FY 23-24); Hospital Annual Utilization Report by HCAI (2023)

Given the limited current coverage of vulnerable communities by KP-SFMC, stakeholders across the board expressed deep concerns about the potential coverage threats from H.R. 1 to the Medi-Cal population.[16] The included work requirements are expected to result in a significant loss of coverage for enrollees, a product of new and added requirements that will increase administrative burden on individuals seeking Medi-Cal coverage. While Kaiser Permanente operates a Community Health Coverage Program to help low-income families and individuals pay their monthly premiums, it is limited in its overall capacity. Effective January 2024, Kaiser Permanente entered a Memorandum of Understanding (MOU) with California Department of Health Care Services (DHCS) in a unique partnership that establishes Kaiser Permanente as an alternate health care service plan in all 32 counties where they have a footprint. This constitutes an expansion of ten new counties, including San Francisco, for Kaiser Permanente's Medi-Cal Managed Care Plan. This contract indicates Kaiser Permanente's commitment to increasing Medi-Cal enrollment across its Managed Care Plan service areas; the specific impact for San Francisco residents has not been

[16] https://www.chcf.org/resource/2026/06/01/medi-cal-h-r-1-era-resources-for-the-field/

disaggregated and warrants monitoring as implementation proceeds. The MOU extends from May 30, 2023, to December 31, 2028.[17]

Considering the recent MOU, health care leaders hope that Kaiser Permanente—and all health systems in the city—will further support the City in efforts to minimize negative impacts to newly uninsured individuals. Stakeholders urged KP-SFMC to collaborate with the Hospital Council[18] to address some of these challenges and ensure that there is equitable access to its enhanced facility. With its large market share and robust resources, Kaiser Permanente facilities could further support the impact H.R. 1 will have on the levels of uninsured individuals in the city. Multiple stakeholders raised concern that the new hospital development, as proposed by Kaiser's IMP, will primarily benefit commercially insured members rather than Medi-Cal, uninsured, or underinsured residents who carry the greatest health burden.

> ***"I think they [Kaiser] have a responsibility to keep Medi-Cal patients in their patient population. What I fear the most is competition [across citywide hospitals] will focus on the commercially insured population and not those on Medi-Cal."***
>
> Citywide Health Care Partners

4.3 Community & Stakeholder Perceptions

SUMMARY OF THEMES & FINDINGS

Open Questions about Accessibility for Vulnerable Populations
Concerns about physical access surfaced across multiple stakeholder groups, with particular focus on older adults and individuals with mobility limitations. Specific issues raised include the proposed O'Farrell drop-off entrance being distant and uphill from the nearest bus stop (a particular barrier for elderly and mobility-impaired patients). Alternatively, the Proposed Replacement Hospital's design and better placement on the hillside grade were noted improvements for emergency department access and emergency response operations.

The Current Facility Challenges Staff in Caring for Patients with Behavioral Health Needs
Staff identified challenges in providing care for mental health and substance use patients in the current KP-SFMC facility, citing semi-private rooms and slow discharge placements causing capacity strains to inpatient bed availability. There

[17] https://www.dhcs.ca.gov/wp-content/uploads/2025/10/KP-DHCS-AHCSP-MOU-A01.pdf
[18] The Hospital Council of Northern and Central California serves San Francisco County by providing advocacy, facilitating regional hospital collaboration, and coordinating community health programs to support local health systems. See https://hospitalcouncil.org/

is consistent agreement that the Proposed Replacement Hospital offers a safer and more positive healing experience through single-room configuration and improved space to care for patients who may pose a risk to self and others.

4.3.1 Staff Perceptions of the Proposed Replacement Hospital

KP-SFMC staff consistently identified the aging physical infrastructure, originally constructed in 1954, as a barrier to both care delivery and workforce retention. KP-SFMC has a semi-private room configuration throughout. Staff described the hospital as antiquated and used terms including "legacy facility," noting that the physical infrastructure is not conducive to delivering the most technologically advanced care available. The layout, storage capacity, and general configuration of rooms and spaces were also identified as limiting ergonomic care provision, with downstream impacts on patient and staff satisfaction.

A modern replacement facility is expected to strengthen Kaiser Permanente's competitive position in a regional labor market where UCSF, Sutter, and other health systems present attractive alternatives for clinical and administrative talent. Staff noted that a state-of-the-art facility signals institutional investment and could meaningfully improve recruitment and retention at all levels (medical, nursing, and administrative addressed), particularly as Kaiser Permanente works to build a workforce equipped to serve the city's diverse and aging population.

> ***"Our building [SF Medical Center] is 72 years old and is in dire need of an upgrade. We [staff] use every nook and cranny of the hospital to its maximum. [The new hospital] will be a great benefit for our patients and their healing."***
>
> KP-SFMC Staff Member

Some staff shared concerns that the Kaiser IMP made no explicit mention of plans to address rising patient mental health and substance use needs in the new hospital development project. At the same time, staff acknowledged that the increased ED capacity and the shift to single rooms would benefit patients with behavioral health care needs and provide better care space for individuals who are a risk to self or others. This staff concern aligns with behavioral health care cited as a community need in the most recent SF CHA.

4.3.2 Patient Perceptions of Care Quality and Access

Patients of KP-SFMC shared their perspectives on current care quality as well as the expected change to care quality and access because of the Proposed Replacement Hospital via their responses to RDA's survey. A total of 54 KP-SFMC patients responded to the survey. Demographic questions were optional. Most survey

respondents who shared their demographic data were aged 60+, female, Asian or White, and covered by Kaiser Permanente Medicare.

The majority of KP-SFMC patients rated the current quality of their care favorably, with 50% of patients rating it as high quality and 22% rating it as very high quality. The distribution of all responses to this question are shown in Figure 13 below.

Figure 13: KP-SFMC Patients' Rating of Current Care Quality

Source: RDA Community Survey

With care for San Francisco's aging population of particular concern, we examined differences in responses to current quality of care by age group. Older adults aged 60+ rated the current quality of their care more favorably compared to adults aged 30-59, with 60% of older adults rating it as high quality and 36% rating it as very high quality. This finds alignment with KP-SFMC's focus on creating partnerships in the community to be responsive to community needs as shared by KP-SFMC staff. An example shared was outreach to local senior centers to host workshops for seniors around end-of-life planning and safe exercises. This type of outreach also leads to improved community connections that support discharge and continued care especially for older adults. The distribution of all responses to this question are shown in Figure 14 below.

Figure 14: KP-SF Patients' Rating of Current Care Quality by Age Group

Source: RDA Community Survey

In addition to the current care quality, KP-SFMC patients were asked how they expect their care quality and access to change once the new hospital opens in 2033. Responses about care access were generally favorable, with 28% of patients expecting their care access to significantly improve, 26% expecting their care access to somewhat improve. Responses about care quality were also generally favorable, with 35% of patients expecting their care quality to significantly improve and 28% expecting their care quality to somewhat improve. The distribution of all responses to this question are shown in Figure 15 below. These survey responses to expected change to care access and quality were also examined by age group, with more favorable responses among older adults aged 60+ compared to adults aged 30-59.

Figure 15: KP-SF Patients' Expected Change to Care Access and Quality

Source: RDA Community Survey

Overall, KP-SFMC Patient respondents' perceptions of Kaiser's Proposed Replacement Hospital were highly favorable. They rated their current care as high quality, and even then, they expected their care access and quality to improve because of the replacement hospital. Perceptions of care access and quality were even more positive among older adults aged 60+, showing promising impacts for San Francisco's aging population.

4.3.3 Access Barriers for Vulnerable Populations

Kaiser's Community Task Force members discussed several benefits of Kaiser's Proposed Replacement Hospital to various vulnerable populations in San Francisco. First, they highlighted that San Francisco's aging population will benefit most from the upgraded facility as their older age and chronic conditions would made them more likely to seek care and utilize the facility. In addition, Task Force members pointed out that many of the residents of the Western Addition neighborhood, which neighbors Anza Vista where KP-SFMC is located, are lower- and middle-income residents and Kaiser members. They considered this group particularly benefiting from the proposed hospital replacement and Kaiser Permanente's continued investment in the area.

While Task Force members identified benefits for an aging population, they also shared concerns about access for older adults and those who are wheelchair-bound or who have other mobility challenges. Specifically, the group raised concerns about patient drop-off entrance being located up the hill on O'Farrell Street and a considerable distance from public transportation pick-up/drop-off sites in the area. There is a concern that patients will be expected to climb the hill from the bus stop at Geary Boulevard and Divisadero Street to access the new hospital's walk-in entrance.

> ***"That hill that runs alongside O'Farrell is quite steep… I think it will be a real challenge for some people who need to visit the hospital, to get off the bus, to make it up that hill, and I think there are a considerable number of people that fall into some of those groups."***
>
> Kaiser Community Task Force Member

Concerns about access to the hospital for vulnerable populations were also shared among survey respondents. Entrance access was also raised, with one respondent naming "the steep incline to reach the proposed hospital entrance" as a concern. Respondents shared suggestions to improve the physical accessibility of the replacement hospital, such as incorporating ADA requirements, automatic doors throughout the hospital, a sufficient number of functioning elevators, elevators with audio directions, and adjustable height exam tables. Respondents also named appointment availability as a concern for care access, as well as concerns about accessibility as it relates to cost, such as increased health care costs and parking costs

because of the replacement hospital. One respondent suggested free parking for disabled license plate or blue placard holders.

5. Recommendations

The following recommendations are based on RDA's analysis and reflect opportunities for Kaiser Permanente to strengthen the public health value of the proposed development and deepen its role as a partner in San Francisco's broader health care system. These recommendations are not intended as critique of Kaiser Permanente's current efforts; rather, they respond to areas where findings indicate the need for intentional focus and are offered as guideposts to inform and support Kaiser Permanente's ongoing planning.

PLANNING & CONSTRUCTION PHASE

The Proposed Replacement Hospital will be constructed alongside a fully operating acute care facility, creating risks for patient confusion and care disruption during the building period. The following recommendation addresses Kaiser Permanente's obligations to patients, staff, and the surrounding community during construction and to translate facility improvements into sustained access to care.

▶ Recommendation 1. Patient, Staff and Community Stakeholder Communication

Provide intentional, accessible, and thorough communication across multiple methods for patients, staff, community partners, and broader community. All communication planning should include outreach in multiple languages, reflecting the diversity of the surrounding Western Addition and Geary corridor communities.

a. *Construction Phase:* Kaiser Permanente should implement a proactive patient communication plan for the duration of construction, including clear wayfinding signage at and around the Geary Campus, plain-language updates through member-facing channels, and designated staff contacts for navigation questions.

b. *Beyond Construction:* Kaiser Permanente should maintain a sustained community outreach plan ensuring plain-language public communication about the facility's services, access options, and community benefit commitments, with particular emphasis on reaching vulnerable and underserved populations.

FACILITY DESIGN AND PHYSICAL ACCESS

The design of the new facility presents a significant opportunity to reduce access barriers, particularly for vulnerable populations including older adults, individuals with disabilities, and patients arriving by public transit or emergency vehicle. Additionally, meaningful input from frontline staff during the planning phase will be important to realize the anticipated efficiency gains of the new facility.

▶ Recommendation 2. Frontline Staff Input in Facility Design and Operations

Kaiser Permanente should formalize a process for ongoing input from frontline clinical staff during the design and build-out phase as well as during permanent operations. Staff can provide input on instrument and equipment placement, workflow routing, and unit locations that directly affect care efficiency, patient safety, and staff satisfaction. Formalizing this input ensures efficiency gains anticipated from the new facility are realized and sustained in practice.

▶ Recommendation 3. Accessible Patient Entrances

The Proposed Replacement Hospital should have patient entrances sited with direct consideration of public transit stops and must meet the highest standard of accessibility for wheelchair users, elderly patients, individuals with disabilities, and individuals in active labor or postpartum recovery—preferably exceeding ADA minimum compliance.

▶ Recommendation 4. Safe and Clearly Marked Drop-off Zones

The Proposed Replacement Hospital should establish clearly designated, well-marked patient and visitor drop-off zones, distinct from ambulance access and general traffic, and communicate their locations to patients, ride-share services, and the public as part of both the construction-phase and permanent operational plans.

▶ Recommendation 5. Ambulance and Emergency Vehicle Access

The proposed ambulance entrance on Geary Boulevard should be designed and verified to accommodate large-format emergency vehicles, documented in design specifications and confirmed with the San Francisco Fire Department prior to project entitlement.

▶ Recommendation 6. Universal Design for Disability Access and an Aging Population

The Proposed Replacement Hospital shouldn't just meet minimum accessibility codes, it should be designed as a space that is usable regardless of physical ability or age and can be used easily and safely by all (i.e., Universal Design). This should include ensuring that private single-occupancy rooms are planned to accommodate mobility equipment, patient fall prevention, caregiver and family member needs, and interior spaces configured to support patients with sensory, cognitive, and physical disabilities. Kaiser Permanente should engage disability advocacy organizations and geriatric care specialists in the design and review process.

EQUITY AND CITYWIDE HEALTH CARE CONTRIBUTIONS

Kaiser Permanente serves approximately 30% of San Francisco residents, meaning it plays a direct role in the city's ability to meet the health needs of its most vulnerable populations. The following recommendation addresses Kaiser Permanente's role in reducing health disparities and filling gaps in the citywide health care system.

▶ Recommendation 7. Medi-Cal Access and Service Delivery

Kaiser Permanente should ensure that facility modernization and capacity increases in both inpatient and ED beds benefit both Medi-Cal and privately insured members, translating Kaiser's broader Medi-Cal commitments into measurable improvements. Notably, Kaiser has committed to a 25% increase in Medi-Cal enrollment capacity over the five-year period of its MOU with DHCS; while the direct impact for San Francisco residents has not been disaggregated, it's recommended that local progress toward this commitment be tracked and reported transparently. Fulfilling this commitment will be critical to relieving capacity pressure on the city's safety-net institutions.

EMERGENCY PREPAREDNESS AND CITYWIDE RESILIENCE

The new facility's structural seismic improvements are a necessary condition for Kaiser Permanente's role as a citywide emergency asset. The following recommendation addresses the operational, relational, and coordination commitments required to translate facility readiness to true community resilience.

▶ Recommendation 8. Emergency Preparedness Leadership and Operational Readiness

Kaiser Permanente should sustain and expand its role as an active operational partner in citywide emergency preparedness including continued coordination with the SF DPH Emergency Preparedness and Response Branch, the Department of Emergency Management, and other acute care institutions. A sustained and expanded role will ensure that self-sufficiency capabilities (i.e., onsite decontamination capabilities sufficient to operate independently without

relying on SFFD in a crisis), staff training, surge protocols, and inter-agency response plans are tested and functional, not just designed into the building. Participation in and coordination of citywide disaster drills and joint planning exercises should remain a standing commitment and will be essential to understanding how a new hospital facility performs under real emergency response conditions.

Appendix A: Data Sources & Document References

Summary reference index of data sources and documents used for analysis efforts and recommendation development.

Source	Purpose
Hospital Annual Financial Data by the Department of Health Care Access and Information (HCAI)	RDA completed a review of the annual financial disclosure reports with selected annual financial data published by HCAI. This data was updated more recently and, although less detailed than the financial disclosure reports, at times complemented the analysis where more recent data was seen as more appropriate and available.
Hospital Annual Financial Disclosure Reports by the Department of Health Care Access and Information (HCAI)	RDA utilized publicly available financial reports to better understand how specific payer-types use KP-SF Geary Campus resources relative to other San Francisco hospitals. Notably, inpatient visit and ER visit estimates paid through Medi-Cal and other types of indigent care programs are supported by this data. The latest data available from this source is Fiscal Year 2023 through 2024.
KP-SF Geary Campus Patient Data for 2025	RDA requested de-identified patient-level data for 2025 including whether patients receiving inpatient services entered inpatient admission status through ER admission, patient zip-code residence, diagnosis-related grouping codes associated with a visit, admission and discharge dates, and other key fields that shed light on inpatient services delivered at KP-SF Geary Campus.
Medi-Cal Managed Care Enrollment Reports by the Department of Health Care Services (DHCS)	RDA utilized publicly available enrollment reports to estimate percentage changes in the Medi-Cal population through time. January reports were used to maintain consistency in year-over-year calculations.
San Francisco 2022-2024 Charity Care Report by the San Francisco Department of Public Health (SFDPH)	RDA relied on and included analyses and specific charity-care estimates from this report in order to appropriately estimate different ways of supporting health care affordability across San Francisco in addition to directly serving Medi-Cal patients or hosting indigent care patient programs.
San Francisco Community Health Assessment 2024	RDA reviewed the SF CHA as an essential resource that informs how SF DPH understands citywide community health needs. The CHA refers to both persistent community health challenges and expected future health threats. These represent SF DPH summaries that were produced using both secondary data analysis and primary data collection through community engagement. Ultimately, RDA identified how these community health needs highlighted by the CHA would intersect with Kaiser Permanente's proposed project.

Secondary analysis also compared care delivery at KP-SFMC with other hospitals[19] citywide. This comparison contextualized strengths, gaps, and unique service delivery offerings. Hospitals used as points of comparison are identified below, with the terms used for these hospitals throughout the report in parentheses.

Hospitals with General Acute Care Licensed Emergency Departments in San Francisco:

- California Pacific Medical Center Davies Campus (CPMC, Van Ness & Davies)
- California Pacific Medical Center Van Ness Campus (CPMC, Van Ness & Davies)
- California Pacific Medical Center Mission Bernal Campus (CPMC, Mission Bernal)
- Chinese Hospital (Chinese Hospital)
- **Kaiser Permanente- San Francisco Medical Center (KP-SFMC)**
- San Francisco VA Medical Center (SF VA): *N/A, SF VA does not report to HCAI*
- UCSF Benioff Children's Hospital in Mission Bay (UCSF Medical Center)
- UCSF Health Hyde Hospital, formerly Saint Francis Memorial Hospital (St. Francis/ Hyde)
- UCSF Health Stanyan Hospital, formerly St. Mary's Medical Center (St. Mary's /Stanyan)
- UCSF Medical Center Parnassus Campus (UCSF Medical Center)
- Zuckerberg San Francisco General (ZSFG)

Hospitals with General Acute Care Bed Capacity, but No Emergency Department in San Francisco

- UCSF Mount Zion Campus (UCSF Medical Center)
- Langley Porter Psychiatric Institute (Langley)
- Jewish Home & Rehab Center (JH&R)
- Laguna Honda Hospital (Laguna Honda)
- Kentfield Hospital San Francisco (Kentfield)

[19] RDA consolidated key hospital utilization statistics when Annual Financial Disclosure filings were reported across different hospitals.

Appendix B: Primary Data Collection Protocol

Patient & Partner Survey

Introduction

Title: Kaiser Permanente San Francisco Geary Campus 2026 Institutional Master Plan: Community Health Impact Survey
Kaiser Permanente has proposed development projects to its San Francisco Geary Campus, including building a new hospital and parking structure to replace the existing facilities. Construction should happen between 2028 and 2033. Kaiser's Institutional Master Plan reports that there are no service disruptions expected during construction. *Proposed development projects include:*

- *Increasing Emergency Department capacity*
- *Increasing inpatient patient capacity, including more single rooms for patients*
- *Modernizing (updating) hospital design and structure to meet standards necessary to withstand a major earthquake and remain operational for 72 hours after an earthquake*

San Francisco's Department of Public Health and RDA Consulting are asking you to provide your input regarding the proposed plans. We hope to hear from the many groups who may be impacted by this project: Kaiser employees, San Francisco residents, local business owners and community organization partners, individuals who have visited the Kaiser San Francisco Medical Center for emergency or other medical needs, and Kaiser Permanente beneficiaries. All perspectives help us to better understand how this project could impact community healthcare needs. This survey should take less than 7 minutes. Thank you!

Q0: Before you start the survey, please tell us your role in the community. *Only pick the role you **most** identify with.*

☐ Kaiser Permanente patient
☐ San Francisco Kaiser Permanente Geary Campus employee
☐ Community member living near the Kaiser Permanente hospital
☐ Family or Caregiver of a Kaiser Permanente patient
☐ Person employed by or representing a business or community organization in the neighborhood where Kaiser Permanente Geary Campus is located
☐ Non-Kaiser, local health service provider or social services provide (e.g., social worker)
☐ Emergency medical service provider or first responder

Kaiser Permanente, SF Medical Center Patient

Q1. Before today, did you know that Kaiser plans to build a new hospital across the street from the current Kaiser-SF, with the new building opening in 2033?

☐ Yes — I know the project well

☐ Yes — I know the basic plans (new building across the street, 2033 opening)
☐ Yes — but only that there is some project, no details
☐ No — this survey is the first I am hearing of it
☐ Not sure

Q2. During the construction period (2028–2033), how concerned are you about each of the following impacts on your care at Kaiser-SF?

	Very concerned	Concerned	Slightly concerned	Not concerned	Don't know
Difficulty accessing the hospital due to construction	☐	☐	☐	☐	☐
Longer wait times for appointments or procedures	☐	☐	☐	☐	☐
Being transferred to a different Kaiser hospital for care	☐	☐	☐	☐	☐
Disruption of an ongoing care relationship with your provider	☐	☐	☐	☐	☐
Parking and transportation difficulties when visiting	☐	☐	☐	☐	☐
Noise or other disruptions during inpatient stays	☐	☐	☐	☐	☐

Q3. Once the new hospital opens in 2033, how do you expect your ability to get care at Kaiser-SF to change?

☐ Significantly improve
☐ Somewhat improve
☐ No change
☐ Somewhat worsen
☐ Significantly worsen
☐ Don’t know

Q4. Rate the current quality of care at Kaiser Permanente San Francisco.

☐ Very High Quality
☐ High Quality

- ☐ Neutral Quality
- ☐ Low Quality
- ☐ Very Low Quality
- ☐ Don't know

Q5. Once the new hospital opens in 2033, how do you expect the quality of your care experience to change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don't know

Q6. Is there a specific impact or concern about this project that you have not yet had the opportunity to raise? (Optional)

Q7. Insert Optional Demographic Questions. Would you like to share some more information with us about yourself?

Some examples could include your age, race/ethnicity, or zip code. We will not ask your name. This information allows us to better understand how different people may be affected by Kaiser's new hospital.

- ☐ Yes
- ☐ No

Community Member or Person Employed by or representing a business or community organization in the neighborhood

Q1. Before today, how much did you know about Kaiser Permanente's plan to replace the current Kaiser-SF hospital by 2033?

- ☐ A lot — I have followed the project closely
- ☐ Some — I know the basic facts (size, timeline, location)
- ☐ A little — I had heard about it but did not know any details
- ☐ Nothing — I am hearing about it for the first time
- ☐ Not sure

Q2. During construction (2028–2033), how concerned are you about each of the following?

	Very concerned	Concerned	Slightly concerned	Not concerned	Don't know
Loss of on-street parking	☐	☐	☐	☐	☐
Difficulty accessing your usual healthcare during construction	☐	☐	☐	☐	☐

Q3. Once the new hospital opens in 2033, how will your access to healthcare change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don’t know

Q4. Once the new hospital opens in 2033, how do you expect the quality of healthcare in your community to change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don’t know

Q5. If you needed urgent or emergency care today, where would you go ***first***?

- ☐ Kaiser Permanente San Francisco (Geary)
- ☐ UCSF Medical Center (Parnassus or Mission Bay)
- ☐ California Pacific Medical Center (CPMC) / Sutter
- ☐ Zuckerberg San Francisco General (ZSFG)
- ☐ Saint Francis Memorial or Saint Mary's
- ☐ Chinese Hospital
- ☐ A clinic or urgent care center
- ☐ I would not seek care or am unsure

Q6. Through which of the following have you received information about the project? (Select all that apply)

- ☐ Attended a community meeting about the project
- ☐ Received a mailed notice or door-hanger from Kaiser

☐ Read about it in local news, blogs, or social media
☐ Heard from a neighbor or word of mouth
☐ Saw on-site signage or postings
☐ Through a community organization or local group
☐ I have not received information through any of these channels

Q7. Is there a specific impact or concern about this project that you have not yet had the opportunity to raise? (Optional)

Q8. Insert Optional Demographic Questions. Would you like to share some more information with us about yourself?

Some examples could include your age, race/ethnicity, or zip code. We will not ask your name. This information allows us to better understand how different people may be affected by Kaiser's new hospital.

☐ Yes
☐ No

Kaiser Permanente Employee

Q1. How well informed do you feel about Kaiser's plans for the new hospital at Geary and Divisadero?

☐ Very well informed — I understand the timeline, design, and how it affects my role
☐ Reasonably informed — I know the basic scope and timeline
☐ Somewhat informed — I know the basic facts
☐ Slightly informed — I have heard general information but few specifics
☐ Not informed — this survey is my first substantive exposure

Q2. During construction (2028–2033), how concerned are you about each of the following workplace impacts?

	Very concerned	Concerned	Slightly concerned	Not concerned	Don't know
Commute time or parking difficulty	☐	☐	☐	☐	☐
Workspace disruption from nearby construction	☐	☐	☐	☐	☐
Ability to maintain patient care quality	☐	☐	☐	☐	☐
Increased workload due to operational disruption	☐	☐	☐	☐	☐

	Very concerned	Concerned	Slightly concerned	Not concerned	Don't know
Noise, dust, or physical work-environment impacts	☐	☐	☐	☐	☐

Q3. Once the new hospital opens in 2033, how do you expect patient access to KP-SF services to change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don’t know

Q4. Once the new hospital opens in 2033, how do you expect the quality of services you provide to change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don’t know

Q5. What is your primary role at KP-SF?

- ☐ Registered nurse
- ☐ Physician / advanced practice provider
- ☐ Allied health (technologist, therapist, pharmacist, social worker)
- ☐ Administrative / management
- ☐ Environmental services / food services / facilities
- ☐ Security / transport / patient services
- ☐ Other clinical support
- ☐ Prefer not to answer

Q6. Is there a specific impact or concern about this project that you have not yet had the opportunity to raise? (Optional)

Q7. Insert Optional Demographic Questions. Would you like to share some more information with us about yourself?

Some examples could include your age, race/ethnicity, or zip code. We will not ask your name. This information allows us to better understand how different people may be affected by Kaiser's new hospital.

☐ Yes
☐ No

Family Member or Caregiver of Kaiser-SF Patient

Q1. Before today, did you know that Kaiser plans to build a new hospital across the street from the current Kaiser-SF, opening in 2033?

☐ Yes — I know the project well
☐ Yes — I know the basic plans
☐ Yes — but only that there is some project, no details
☐ No — this is the first I am hearing of it
☐ Not sure

Q2. During construction (2028–2033), how concerned are you about each of the following impacts on your ability to support your family member's care?

	Very concerned	Concerned	Slightly concerned	Not concerned	Don't know
Difficulty parking when visiting	☐	☐	☐	☐	☐
Cost of parking and transportation	☐	☐	☐	☐	☐
Longer travel time to the hospital	☐	☐	☐	☐	☐
Difficulty arranging time off work to visit	☐	☐	☐	☐	☐
Reduced visitor space, family lounges, or amenities	☐	☐	☐	☐	☐
Disruption to communication with the care team	☐	☐	☐	☐	☐

Q3. Once the new hospital opens in 2033, how do you expect your ability to visit and support your family member at Kaiser-SF to change?

☐ Significantly improve

☐ Somewhat improve
☐ No change
☐ Somewhat worsen
☐ Significantly worsen
☐ Don’t know

Q4. Once the new hospital opens in 2033, how do you expect the quality of the visiting and caregiving experience to change?

☐ Significantly improve
☐ Somewhat improve
☐ No change
☐ Somewhat worsen
☐ Significantly worsen
☐ Don’t know

Q5. Is there a specific impact or concern about this project that you have not yet had the opportunity to raise? (Optional)

Q6. Insert Optional Demographic Questions. Would you like to share some more information with us about yourself?

Some examples could include your age, race/ethnicity, or zip code. We will not ask your name. This information allows us to better understand how different people may be affected by Kaiser’s new hospital.

☐ Yes
☐ No

Local Healthcare or Social Services Provider (Non-Kaiser)

Q1. How familiar are you with the specifics of Kaiser's planned replacement hospital at Geary?

- ☐ Very familiar — including service-line and capacity details
- ☐ Familiar — with the project's general scope, timeline, and bed count
- ☐ Generally aware — heard of it but few specifics
- ☐ Slightly aware — only general knowledge
- ☐ Not aware until this survey

Q2. During construction (2028–2033), how likely are each of the following to occur at your facility?

	Very likely	Somewhat likely	Unsure	Somewhat unlikely	Very unlikely
Increased ED visits from Kaiser members	☐	☐	☐	☐	☐
Increased inpatient admissions of Kaiser members	☐	☐	☐	☐	☐
Increased ambulance diversions to your facility	☐	☐	☐	☐	☐
Increased demand for specialty services (cardiac, OB, etc.)	☐	☐	☐	☐	☐
Labor market pressure (hiring or losing staff to Kaiser)	☐	☐	☐	☐	☐
Need to expand your own capacity to absorb spillover	☐	☐	☐	☐	☐

Q3. Overall, how would you rate the level of system capacity that KP’s San Francisco Medical Center provides to citywide healthcare access

- ☐ Significantly excess capacity
- ☐ Adequate with some slack
- ☐ Adequate but tight
- ☐ Currently strained
- ☐ Significantly insufficient
- ☐ Don’t know

Q4. Once the new Kaiser hospital opens in 2033, how do you expect the overall quality of inpatient care in San Francisco to change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don't know

Q5. Has Kaiser Permanente or the City of San Francisco engaged your organization in any formal discussion about the project's impact on the regional health system?

- ☐ Yes — ongoing formal coordination
- ☐ Yes — one or more discussions have occurred
- ☐ Informal conversations only
- ☐ Outreach initiated but no substantive discussion yet
- ☐ No engagement to date
- ☐ Don't know

Q6. Please include the name of your organization. This information will not be made public but will help with our analysis.

Q7. Is there a specific impact or concern about this project that you have not yet had the opportunity to raise? (Optional)

Q8. Insert Optional Demographic Questions. Would you like to share some more information with us about yourself?

Some examples could include your age, race/ethnicity, or zip code. We will not ask your name. This information allows us to better understand how different people may be affected by Kaiser's new hospital.

- ☐ Yes
- ☐ No

Emergency Medical Services / First Responder

Q1. How familiar are you with the proposed Kaiser replacement hospital project at Geary?

- ☐ Very familiar — I have received operational briefings or detailed information
- ☐ Somewhat familiar — I know the basic facts
- ☐ Slightly familiar — I have heard of it but know few details
- ☐ Not familiar — this survey is my first substantive exposure
- ☐ Not sure

Q2. During construction (2028–2033), how concerned are you about each of the following operational impacts?

	Very concerned	Concerned	Slightly concerned	Not concerned	Don't know
Reduced ED capacity at KP-SF requiring more diversions	☐	☐	☐	☐	☐
Difficult ambulance access to the facility entrance	☐	☐	☐	☐	☐
Increased response times if rerouting required	☐	☐	☐	☐	☐
Increased boarding times at facilities absorbing diversions	☐	☐	☐	☐	☐
Coordination challenges between Kaiser and SFFD	☐	☐	☐	☐	☐

Q3. Based on your experience, what potential impacts to emergency services do you expect to see during the construction period (2028-2033)?

- ☐ No significant impact on patient care
- ☐ Impact with measurable strain on other facilities
- ☐ Marginal impact, with risk of degraded care during peak periods
- ☐ Don’t know

Q4. Once the new hospital opens in 2033, how do you expect EMS access to KP-SF emergency services to change?

- ☐ Significantly improve
- ☐ Somewhat improve
- ☐ No change
- ☐ Somewhat worsen
- ☐ Significantly worsen
- ☐ Don’t know

Q5. Is there a specific impact or concern about this project that you have not yet had the opportunity to raise? (Optional)

Q6. Insert Optional Demographic Questions. Would you like to share some more information with us about yourself?

Some examples could include your age, race/ethnicity, or zip code. We will not ask your name. This information allows us to better understand how different people may be affected by Kaiser's new hospital.

☐ Yes
☐ No

Demographic Section

Please tell us about yourself. Items are intentionally broad to protect anonymity. All optional.

Enter Zip Code of residence: _____

Health insurance type

☐ Kaiser Permanente (PPO, HMO, or POS)
☐ Kaiser Permanente (Medicare)
☐ Kaiser Permanente (Medi-Cal)
☐ Other commercial insurance
☐ Medicare (not Kaiser)
☐ Medi-Cal (not Kaiser)
☐ Uninsured
☐ Prefer not to answer

Disability or chronic health condition

☐ Yes
☐ No
☐ Prefer not to answer

Years engaging with Kaiser Permanente San Francisco ("engaging with" can include employment, being aware of as a community member, supporting competing health services, conducting a business near the hospital, and any other reasonable interpretation of engagement)

☐ Less than 2 years
☐ 2-5 years
☐ 6-10 years
☐ 11-20 years
☐ More than 20 years
☐ Prefer not to answer

Age group

- ☐ Under 30
- ☐ 30-44
- ☐ 45-59
- ☐ 60+
- ☐ Prefer not to answer

Sex or gender

- ☐ Female
- ☐ Male
- ☐ Non-binary or another gender
- ☐ Prefer not to answer

Race or ethnicity (select one most relevant)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a/e
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Another race or ethnicity
- ☐ Prefer not to answer

Primary language at home

- ☐ English
- ☐ Spanish
- ☐ Chinese (Cantonese or Mandarin)
- ☐ Tagalog or Filipino
- ☐ Russian
- ☐ Vietnamese
- ☐ Another language
- ☐ Prefer not to answer

Stakeholder Interview Protocols

Protocol for KP-SFMC Staff

Introductions

1. Please share your name, your role, and the unit or service you oversee, including its approximate capacity (Number of beds, etc.). How long have you held this role/represented or worked for Kaiser Permanente?

Current Capacity & Patient Access

2. From your perspective, what are the greatest issues or barriers to health care access in San Francisco?
3. How often does your unit operate at or near full capacity? What happens to patients when it does?
    a. *Probe:* ED boarding, ambulance diversion, surgical delays, transfers out, early discharges.
4. Where are the most significant bottlenecks in patient flow today — admission, throughput, care transitions or discharge?
5. Which service lines or patient types are most impacted by diversion or transfers due to capacity limitations (i.e., bed availability, staff to bed availability)?

Anticipated impact of the proposed changes

6. Based on your role at Kaiser, what are the expected benefits of this proposed new hospital?
    a. For Kaiser patients? For Medi-Cal patients?
    b. For Kaiser employees?
    c. For the broader community?
7. How will the planned ER capacity increase, inpatient bed increase, or facility modernization (i.e., to OR spaces, structure generally) impact day-to-day operations in your unit?
8. Which patient populations will benefit most from the proposed changes?
    a. *Review Populations as needed (**Do ask** about Medi-Cal Population Impacts):* Members vs. non-members; Medi-Cal patients; emergency walk-ins from surrounding neighborhoods.
9. Are there needs the plan does not address?

Patient & Employee Perceptions

10. How much awareness do hospital employees and patients have about proposed hospital development plans?
    a. What questions, if any, do each group have?
    b. What concerns, if any, have been raised?
    c. What benefits, if any, have been discussed?
    d. If reported as high: What has contributed to that awareness?

11. Based on your role at Kaiser, what outstanding questions or concerns do you have about the proposed development project?

Conclusion

12. Is there anything else you would like to share as it relates to the proposed development project as a Kaiser Employee and Health care provider?
    a. *Probe:* Anything that RDA should consider?

Protocol for KP Community Taskforce (Focus Groups)

Introductions

1. Please share your name, your connection to the Community Task Force, and how long have you been a part of the Task Force?

2. How familiar are you with Kaiser's proposed development project?
    a. *Prompts: What is your understanding of the proposed project? Where & how did you first learn about the project? If applicable, what does your involvement look like?*

Community Perception & Neighborhood Impact

3. How would you characterize the level of awareness of and engagement with the proposed development project among Kaiser staff, patients, and the community?
    a. If reported as high: What has contributed to that awareness and engagement?

4. What have you heard from employees, patients, partners, and neighbors about the proposed development project?
    a. What concerns, if any, have been raised?
    b. What benefits or areas of interest have been identified?

5. What questions or concerns around the development project impacting community healthcare needs that you believe we should consider?
    a. What do you think are the biggest benefits of the project?

Community Needs & Health Equity

6. What are some of the greatest healthcare needs in San Francisco from your knowledge and experience?

7. What groups of patients are likely to have the greatest benefits from the proposed project (expanding inpatient and ED capacity, plus modernization overall)?
    a. Who is least likely to benefit from the proposed development project?
8. From your point of view, how will this expansion serve or impact Kaiser's Medi-Cal members? *Prompt: access impacts, etc.*
    a. What about non-Kaiser member patients (private, indigent, etc.)?

Conclusion

9. Based on your role as a Community Taskforce member, is there anything else you would like to share as it relates to the proposed development project and its impact on health care?

Protocol for SF DPH & Health Care System Leadership

Introductions

1. Please share your name, your role, and the organization you are representing for today's interview. How long have you held this role/represented or worked for this organization?
2. How familiar are you with Kaiser's proposed development project?
    a. *Prompts: Understanding of the proposed project? Where & how did you first learn about the project?*

Healthcare Capacity, Access, and System Alignment

3. From your experience, what are some of the greatest health care needs/gaps for San Francisco residents (and patients served by Kaiser's SF Medical Center)?

    a. Which patient populations or neighborhoods feel these gaps most acutely?

4. Kaiser proposes to expand inpatient beds, increase ER capacity, and modernize its ORs. To what extent does this respond to the gaps you just described?

    a. Are there needs this expansion does not address?

5. From your perspective, what will be the greatest value add (benefit) to the provision of health care services resulting from the proposed development project?

    a. Which patient populations will benefit most from the proposed changes?

   b. In what way will Kaiser's expansion affect elements such as patient flows, transfers, ED usage, or market share among other hospitals?

6. How does Kaiser's proposed development project contribute to the health care system and other health care partners in San Francisco?

   a. What are anticipated gains in partnership? What are anticipated challenges?
   b. What should Kaiser consider during the construction period to maintain health care access and prevent impacts on other hospitals?

Conclusion

7. Is there anything else you would like to share about the proposed development project and your knowledge of SF health care needs that would be important for RDA to consider?