Institutional Master Plan Review

Review of Kaiser Permanente San Francisco Medical Center (KP-SFMC) Institutional Master Plan

August 17, 2026

RDA CONSULTING

Agenda

SECTION ONE

Overview

Review Purpose & the Proposed Plan

Purpose

RDA Consulting was retained to evaluate Kaiser Permanente's proposed replacement hospital in relation to citywide health care needs.

Proposed Plan

The plan centers on a new 623,000 sq. ft., 14-story hospital at the Geary Campus, replacing the 70-year-old facility to meet SB 1953 seismic standards — while the current hospital continues operating uninterrupted throughout construction.

SECTION TWO

Proposed IMP Changes

Current Operations

General Acute Care Hospital

- 7th largest in San Francisco by in-patient bed size and 4th largest by ED size.
- Approximately 30% of SF residents are members of KP's Health Plan.

Regional Hub for Specialized Health Care Services

- Cardiovascular surgery leader in SF: 92% of all off-bypass cardiovascular surgeries and 78% of all bypass surgeries performed by SF hospitals.
- Important birthing center in SF: 1 of every 5 births, 20% of all citywide perinatal patient days and 13% of NICU inpatient days.

Active Participant in Community Health Benefit Efforts

- Second-largest charity care provider by patient volume and the third largest by expenditure. Kaiser provides care to 11% of all Healthy SF enrollees.

Kaiser's Proposed Replacement Hospital at a Glance

623,000 sq. ft

14-story replacement hospital

96 hours

Post-earthquake self-sufficiency target

301 beds

Licensed inpatient beds (+62 from 239)

48 stations

ED treatment stations (+18 from 30)

Continuity of Services

No planned service reduction during or after construction

Expanded Capacity & a Modernized Clinical Environment

62 Additional Inpatient Beds

Licensed capacity increases from 239 to 301 general acute care beds, supporting KP-SFMC's role as a regional cardiac and complex-pregnancy hub.

Single-Occupancy Patient Rooms

Shifts from semi-private rooms to private rooms throughout — supporting infection prevention, patient dignity, and family/caregiver bedside space.

Modernized Workflows

Distributed nursing stations, dedicated pre/post-op waiting, mini conference rooms for care coordination, and dedicated maternal-care family areas.

Emergency Access, Patient Flow & Seismic Resilience

18 Additional ED Treatment Stations

ED grows from 30 to 48 treatment stations becoming one of the largest emergency departments in San Francisco.

Separated Ambulance & Walk-In Access

Ambulance entry/exit on Geary Blvd.; pedestrian, ED, and visitor drop-off on O'Farrell St. , functioning as an initial point of triage.

96-Hour Post-Earthquake Self-Sufficiency

Exceeds HCAI's 72-hour minimum and is all-electric

SECTION THREE

Approach & Methodology

Research Questions

RQ1: Capacity Alignment

Whether the planned inpatient and ED capacity expansion align with, and address existing gaps in citywide acute care access

RQ2: Equity & Priority Needs

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)

RQ3: Stakeholder Perception

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

Mixed-Methods Approach

Primary Data Collection

- SFDPH & Health System Partner Interviews (n=6)
- Kaiser leadership & clinical staff interviews (n=9)
- Kaiser Community Task Force focus groups (n=6)
- Patient & community survey (n=83; 7 languages)

Secondary Data Sources

- HCAI utilization, financial disclosure & patient-origin data
- CHCF Emergency Department Almanac & SF Bay Area Market Report
- SF Community Health Assessment (2024) / CHIP (2021)
- Kaiser charity-care & Medi-Cal enrollment data (2022–2024)

SECTION FOUR

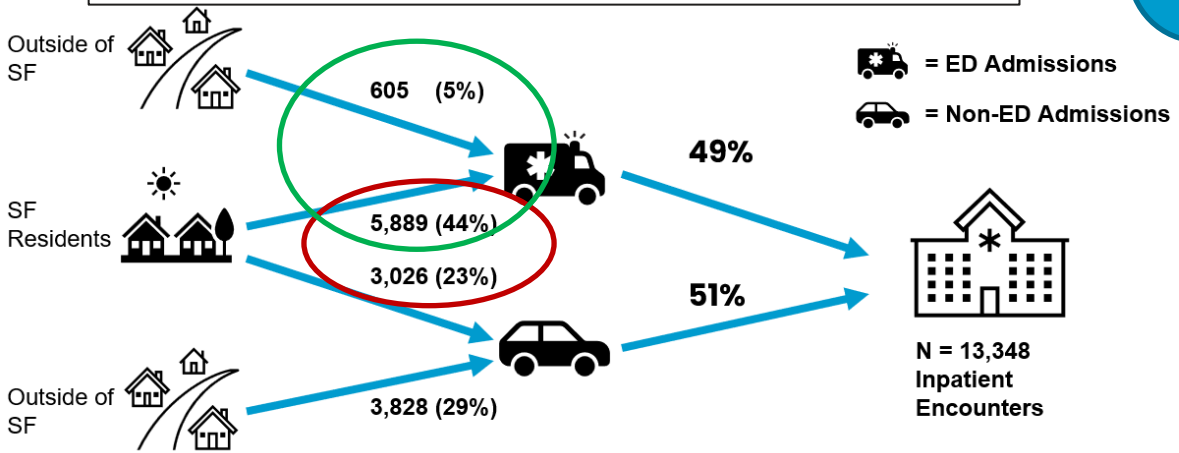
Findings

Capacity Findings Affirm the Case for Expansion

Current Facility Operates Near Capacity

- KP-SFMC operates at or near 95% capacity across ED and inpatient services, straining related service lines.
- This affects San Francisco and region-wide patients seeking ED and inpatient care

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



Related IMP Change
+62 Beds + 18 ED Stations

The bed and ED expansions directly target the capacity strain and rising acuity documented in current operations

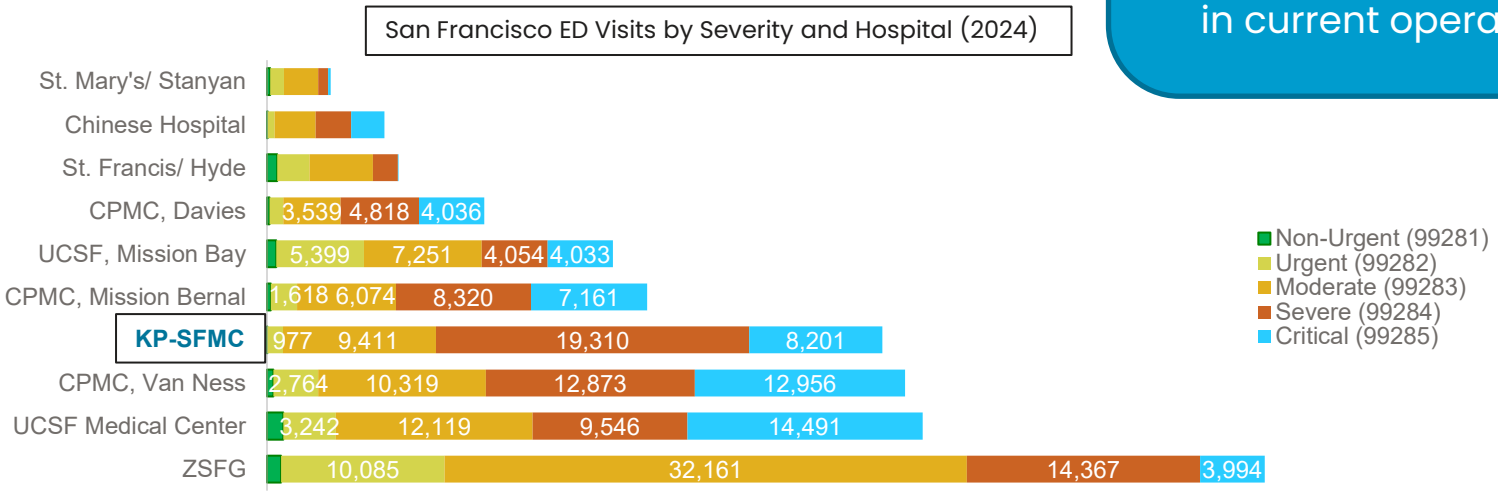
Capacity Findings Affirm the Case for Expansion

Emergency Department Handles Complex Cases Under Capacity Strain

- Ambulance diversion hours at KP-SFMC have climbed steadily for five years, now approaching the strain levels of the city's most burdened EDs.
- As the 4th-largest ED in San Francisco, KP-SFMC handled 21% of severe and 12% of critical ED visits citywide in 2025.

Related IMP Change
+62 Beds + 18 ED Stations

The bed and ED expansions directly target the capacity strain and rising acuity documented in current operations



Capacity Findings Affirm the Case for Expansion

Antiquated Layout Does Not Support Optimal Care Standards

- Staff, Task Force members, and patients broadly view added beds and private rooms as a positive step for care and workforce satisfaction.

Related IMP Change
+62 Beds + 18 ED Stations

Modernization and improved layout support both staffing and care provision.

"Everybody — community member, frontline staff, leadership — is really excited for this new hospital. There's just a lot of excitement."
- Kaiser Medical Staff

Replacement Strengthens Citywide Emergency Readiness

Site & Design Ease Emergency Response

- The current hillside campus complicates evacuation of non-ambulatory patients; the new, flatter site substantially eases evacuation logistics.
- Expanded ED capacity is seen as a citywide asset.
- Stakeholders and staff want Kaiser to play a larger role in citywide preparedness and response coordination.
- Stakeholders note HR1-driven increases in uninsured patients will raise ED demand citywide, making added capacity broadly beneficial.

Related IMP Change
96-Hour Self-Sufficiency

Seismic compliance plus a flatter site and separated entrances directly support disaster readiness and evacuation planning

"San Francisco General is the only Level 1 adult trauma facility … I think the proposed ED capacity increase will help their members, but also the entire community. An ED is a community resource."
- SFDPH & Citywide Health Care Partner

An Equity Gap Persists Despite Facility Investment

Medi-Cal & Indigent Care Provision Remains Limited

- KP-SFMC contributes to health care access through charity care and community benefits programs. KP-SFMC is the second-largest charity care provider by patient volume.
- A 2024 DHCS MOU expands Kaiser's Medi-Cal Managed Care footprint to 32 counties (through 2028) — a signal of commitment, though impact is not yet realized.
- KP-SFMC provided less than 5% of all Medi-Cal and indigent care delivered across San Francisco EDs in FY 2023–24.
- KP-SFMC provides the smallest share of Medi-Cal/indigent care per ED station among all comparison hospitals citywide.

Related IMP Change
Capacity Growth, Same Model
Kaiser has committed to expand direct Statewide Medi-Cal care delivery ; although local expansion is unknown.

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

Access and Awareness Remain Open Concerns

Physical Access and Awareness Vary by Population

- Overall community awareness of the proposed development is limited; a consistent perception is that Kaiser does not do enough to engage the broader community.
- The O'Farrell drop-off is distant and uphill from the nearest transit stop, a particular barrier for elderly and mobility impaired patients.
- The hillside placement and separated ambulance/walk-in entrances were recognized as improvements for ED access.

Related IMP Change
Design & Communication
Entrance placement and access design directly shape whether facility gains reach with vulnerable and transit-dependent patients.

"That hill that runs alongside O'Farrell is quite steep…I think it will be a real challenge for some people"
- Kaiser Community Task Force Member

SECTION FIVE

Recommendations

Planning & Construction Phase

1. Patient, Staff & Community Communication

Provide intentional, multilingual communication across construction and beyond including wayfinding signage, plain-language updates through member channels, designated navigation contacts, and sustained outreach to vulnerable and underserved populations.

Facility Design & Physical Access

2. Frontline Staff Input in Facility Design & Operations

Formalize an ongoing process for frontline clinical staff input during design, build-out, and operations on instrument/equipment placement, workflow routing, and unit locations to ensure anticipated efficiency gains are realized and sustained.

3. Accessible Patient Entrances

Site entrances with direct consideration of transit stops; meet or exceed ADA standards for wheelchair users, elderly patients, and those in active labor or postpartum recovery.

4. Safe, Clearly Marked Drop-off Zones

Establish well-marked patient/visitor drop-off, distinct from ambulance access and general traffic, communicated to patients, rideshare services, and the public.

Facility Design & Physical Access

5. Ambulance & Emergency Vehicle Access

Verify the Geary Blvd. ambulance entrance accommodates large-format emergency vehicles, documented and confirmed with SFFD prior to entitlement.

6. Universal Design for Aging & Disability

Design beyond minimum accessibility codes rooms sized for mobility equipment, fall prevention, and sensory/cognitive needs; engage disability and geriatric specialists.

Equity & Emergency Preparedness

7. Medi-Cal Access & Service Delivery

Commit to a measurable increase in direct health care delivery for Medi-Cal members in line with MOU with DHCS, ensuring facility modernization and capacity increases benefit both Medi-Cal and privately insured members critical to relieving pressure on citywide safety-net institutions.

8. Emergency Preparedness Leadership & Operational Readiness

Sustain and expand Kaiser's role as an active operational partner with SFDPH Emergency Preparedness & Response, DEM, and other institutions testing self-sufficiency, surge protocols, and disaster drills, not just designing them into the building.

Thank you!