

Memorandum

DATE: February 20, 2024

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

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

FROM: Claire Altman, Senior Health Program Planner

RE: Prop Q – UCSF Health Acquisition of Dignity Hospitals and Associated Clinics

In accordance with the Community Health Care Planning Ordinance (Proposition Q, 1988), Daryn Kumar, MBA, FACHE, President, St. Mary’s Medical Center and Saint Francis Memorial Hospital, notified the Secretary of the Health Commission, in a letter dated November 28, 2023, that UCSF Health (or an affiliated entity) will acquire the assets and operations of St. Mary’s, Saint Francis, and their associated outpatient clinics (the “Hospitals”). This memo provides background information regarding the planned acquisition for the Health Commission’s Proposition Q hearings which will take place on February 20, 2024, and March 5, 2024.

I. Proposition Q

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

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

Upon such notice, Proposition Q requires the Health Commission to hold a public hearing during which the hospital shall be afforded an opportunity to present any information relating to its proposed action and to respond to matters raised by any other persons during that hearing. At the conclusion of the public hearings the Health Commission shall make findings based on evidence and testimony from the public hearings and any submitted written material that the proposed action will or will not have a detrimental impact on health care services in the San Francisco community. The Health Commission does not have the authority to change the outcome of the proposed action.

The Department of Public Health (DPH or the Department) is appreciative of Dignity Health and UCSF Health’s communication and collaboration as a part of this Proposition Q process.

II. Healthcare Acquisition Oversight Authority in California

While the Health Commission has the authority to make findings of whether a proposed change will or will not have a detrimental impact on healthcare services in the San Francisco community, there is additional oversight authority over non-profit healthcare mergers and acquisitions in the state of California. The oversight function for health care facilities falls on the California Attorney General (AG).¹ Before entering into any merger or acquisition agreement or transaction, a non-profit health facility (including a general acute care hospital) must provide written notice to, and receive approval by, the AG for any transaction involving a “material amount” of the assets or operations of the nonprofit corporation. The AG reviews the transaction and either approves, conditionally approves, or disapproves of the transaction. In a conditional approval, the AG has the authority to set conditions related to the public’s interest; for example, maintaining levels of services and preserving access to care. Additionally, the AG retains the authority to review and challenge any transaction in court and enforce any conditions imposed on the AG’s consent to the agreement or transaction [1]. As of the writing of this memo, the AG has not made a determination regarding the UCSF Health acquisition of Dignity Hospitals and associated clinics.

III. Introduction & Overview

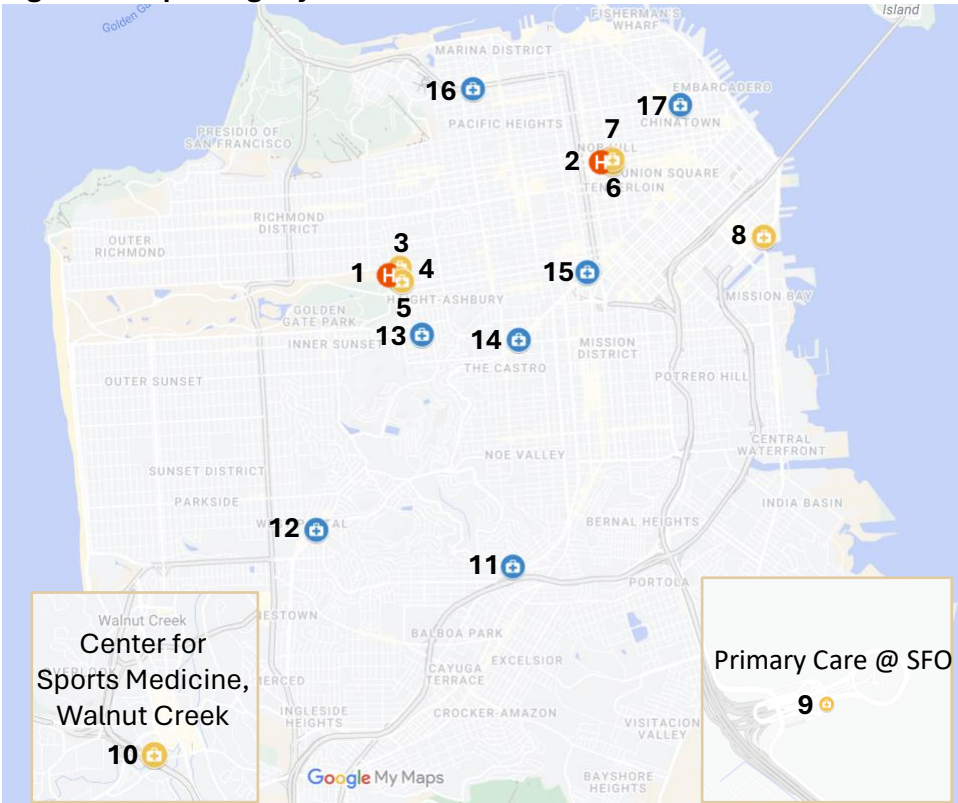
UCSF Health (UCSFH) and Dignity Health have finalized the terms of an agreement in which UCSFH would acquire two community hospitals (Saint Francis Memorial Hospital and St. Mary’s Medical Center) and associated outpatient clinics in San Francisco. UCSFH has committed to maintaining St. Mary’s and Saint Francis’s existing services and plans to invest in programs and infrastructure.

A. About Dignity Health – San Francisco

In San Francisco, Dignity Health operates two hospitals – (1) St. Mary’s Medical Center (St. Mary’s) and (2) Saint Francis Memorial Hospital (Saint Francis). Dignity Health’s clinical presence in San Francisco also includes Dignity Health Medical Group – Saint Francis/St. Mary’s, outpatient clinics, and urgent care clinics that are operated through a joint venture between Dignity Health and Go Health. The acquisition does not include the Go Health urgent care clinics; however, the parties do intend to separately transition all healthcare services that Dignity Health currently provides at the San Francisco Go Health clinics to UCSFH. Figure 1 (next page) is a map of Dignity Health’s San Francisco locations.

¹ See California Corporations Code §§ 5914, 5920.

Figure 1. Map of Dignity Health’s Clinical Presence in San Francisco

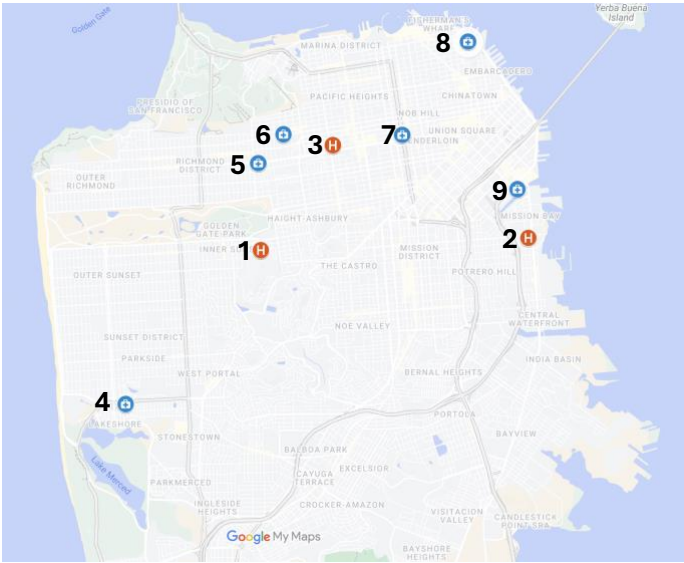


1. St. Mary’s Medical Center
2. Saint Francis Memorial Hospital
3. Dignity Health Medical Group Saint Francis/St. Mary’s, Women’s Health
4. Dignity Health Medical Group Saint Francis/St. Mary’s, Cancer or Oncology Melanoma Center, Infusion Center, Radiation Therapy Department
5. Primary Care at Sister Mary Philippa Health Center
6. Dignity Health Medical Group Saint Francis/St. Mary’s - Franciscan Treatment Room Occupational Medicine, Center for Comprehensive Pain Management
7. Orthopedic and Sports Medicine Institute (Joint and Spine), Pain Center, Outpatient Therapy Services (Physical, Occupational, Speech and Hand Therapy), and Outpatient Physical Therapy Services
8. Saint Francis Outpatient Sports Medicine Physical/Occupational Medicine @ AT&T Oracle Park
9. Primary Care at SFO International Airport - International Terminal
10. Center for Sports Medicine (Walnut Creek, CA)
- 11-17. *Dignity Go Health Urgent Care Clinics (not included in the UCSFH acquisition)*

B. About UCSF Health

UCSFH is a part of the University of California, San Francisco. In San Francisco, UCSFH facilities include UCSF Helen Diller Medical Center at Parnassus Heights, UCSF Medical Center at Mount Zion, and UCSF Medical Center at Mission Bay. UCSFH facilities also include UCSF Benioff Children’s Hospitals and Clinics, Langlely Porter Psychiatric Hospital and Clinics at Mount Zion, UCSF Benioff Children’s Physicians, and the UCSF Faculty Practice [2].

Figure 2. Map of UCSF Health’s Clinical Presence in San Francisco



1. UCSF Parnassus
2. UCSF Mission Bay
3. UCSF Mount Zion
4. UCSF Lakeshore Clinic: Physical Therapy, Nutrition Services, Family Medicine, and Lab Services
5. UCSF Center for Geriatric Care
6. UCSF Laurel Village Primary Care and Psoriasis and Skin
7. UCSF Cardiovascular Care and Prevention Center
8. UCSF Imaging Center
9. UCSF Primary Care, Radiology, and Dermatology

IV. Summary of Acquisition Impacts

UCSFH and Dignity Health have publicly stated that current services will be maintained, with staff, management and systems transitioned as a part of the acquisition.

A. Services

UCSFH has committed to maintaining all of Saint Francis’s and St. Mary’s existing services and plans to invest in programs and infrastructure. UCSFH intends for St. Mary’s and Saint Francis to continue to operate as full-service community hospitals and intends to preserve access to critical programs provided by each hospital. UCSFH has stated that they expect the acquisition to result in additional capacity, which is intended to be used to, among other initiatives, expanding gender-affirming care programs, maintaining and growing adolescent and behavioral health programs, and advancing comprehensive care for patients living with HIV. Additionally, with the acquisition, the hospitals and clinics will no longer be subject to Ethical and Religious Directives (ERDs) for Catholic Health Care Services or Dignity Health’s Statement of Common Values. As the facilities will no longer be subject to policy-based restrictions on care, access to reproductive care, including elective/direct abortions, is anticipated to expand.

B. Staffing

UCSFH has committed to retaining employees of both Saint Francis and St. Mary’s hospitals. UCSFH has provided that there are no anticipated reductions in staffing of any kind (clinical, administrative, facilities, and other staff categories) as a part of this acquisition, and St. Mary’s and Saint Francis hospitals will retain their open medical staff models. Additionally, UCSFH expects to be able to serve more patients at St. Mary’s and Saint Francis, which may result in staffing increases if necessary. UCSFH has also provided that all physician employees of the Dignity Health

Medical Group will be offered employment by UCSF Health Medical Group (an affiliate of UCSFH), contingent upon routine credentialing.

C. Patients

UCSFH is committed to caring for all patients, regardless of their ability to pay. UCSFH provided publicly that they will continue to honor all insurance arrangements that are presently available at Saint Francis and St. Mary's. All payors and organizations covering services at Dignity Health hospitals and clinics today will be asked to honor all existing agreements applicable on the same terms in order to maintain services. Now that an agreement between UCSFH and Dignity Health has been finalized, the process to transition the payor agreements continues, and UCSFH and Dignity Health will know more as the transaction closes. The UCSFH and Dignity Health teams have stated they will work together to avoid disruption. Additionally, to improve patient services, once the transaction is complete, UCSFH plans to begin a multi-year integration process. UCSFH has stated its commitment to minimizing disruption to patients, services and team members while the organizations collaborate on efforts to effectively support and align services, staff and infrastructure.

D. Community

According to UCSFH, it has engaged with multiple stakeholders to understand concerns related to the acquisition. This included outreach and engagement with Dignity Health staff and medical staff, and outreach to neighbors, community groups and elected officials. UCSFH has provided that it plans to continue regular outreach to elected officials and community organizations as the process to integrate the hospitals moves forward.

V. Dignity Health San Francisco - Services

A. Hospital Services

Both Saint Francis and St. Mary's hospitals provide important services for residents of San Francisco and the greater Bay Area. While UCSFH does not plan to change the services and programs at either hospital, UCSFH expects to use available (but currently unused) beds and procedural spaces. According to UCSFH, currently, St. Mary's and Saint Francis hospitals have an average licensed bed occupancy of 26% and 23%, respectively. The available beds and procedural spaces not currently utilized will be options for UCSFH patients whose conditions can be treated in a community hospital setting. Additionally, UCSFH has specified that they plan to build on current strengths of St. Mary's and Saint Francis by supporting the expansion of cardiology and surgery, as well as bolstering the emergency departments at both hospitals and their hospital medicine programs.

The section below provides an overview of both hospitals and highlights some of the unique services provided.

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St. Mary’s Medical Center

St. Mary’s Medical Center, founded in 1857, is an accredited, not-for-profit general acute care hospital with a distinct part acute psychiatric hospital located across the street from Golden Gate Park. St. Mary’s Medical Center is a full-service facility and home to the nation’s first digital cardiac catheterization laboratory, innovative orthopedic and spine care, state-of-the-art cancer center, and comprehensive rehabilitation programs [3].

Table 1 provides an overview of St. Mary’s Medical Center. As a general acute care hospital, St. Mary’s represents approximately nine percent of all general acute care hospital beds and approximately five percent of emergency department (ED) stations in San Francisco [4].

Table 1. Overview of St. Mary’s Medical Center [4]

License Types	General Acute Care & Distinct Part Acute Psychiatric Hospital
Principle Type of Licensed Service	General Medical/Surgical
Licensed General Acute Care Beds	240 beds
<i>Licensed Med/Surg Acute Beds</i>	<i>167 beds</i>
<i>Licensed Intensive Care Beds</i>	<i>37 beds</i>
<i>Licensed Rehabilitation Beds</i>	<i>36 beds</i>
Licensed Acute Psychiatric Beds	35 beds
Licensed Bed Size	275 beds
ED Treatment Stations	12 stations

Source: 2022 Annual Utilization Report of Hospitals Database (Siera reporting system).

St. Mary’s Medical Center provides a variety of specialized services in San Francisco. The list below highlights many of these important services including adolescent inpatient psychiatric services at the McAuley Institute and the Sister Mary Philippa Health Center, which provides adult primary care, social services, and HIV care [5]. UCSFH has committed to maintaining existing hospital services provided at St. Mary’s Medical Center.

- McAuley adolescent inpatient psychiatric services
- McAuley Counseling Enriched Education Program (CEEP)
- Sister Mary Philippa Health Center
- Acute Rehabilitation
- Cancer Center
- Cardiac Care – Cardiology Services
- Diabetes Services
- Gastroenterology Services
- Imaging and Radiology
- Laboratory services – diagnostics
- Orthopedics
- Outpatient Therapies clinic – rehab services
- Stroke Center
- Surgical Services
- Women’s Health Center

In addition to the hospital services provided by Dignity Health at St. Mary’s Medical Center, there are critical services co-located on St. Mary’s hospital campus. This includes a 54-bed Mental Health Rehabilitation Center (MHRC), San Francisco Healing Center, operated by Crestwood Behavioral Health and Kentfield Hospital San Francisco. Kentfield Hospital is a 60-bed critical care

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hospital, which is a type of specialty hospital that is designed to address the extended hospitalization needs of patients with complex medical issues [6]. UCSFH has stated that it intends to continue the leases so that these services may continue to be co-located at St. Mary’s.

Saint Francis Memorial Hospital

Saint Francis Memorial Hospital is an accredited, not-for-profit general acute care hospital and distinct part acute psychiatric hospital that has been providing health care in San Francisco for more than 100 years. Saint Francis is the closest hospital to downtown San Francisco and is a critical resource to the community. According to data from the California Department of Health Care Access and Information, more than 25% of all inpatient discharges from Saint Francis in 2022 were from the surrounding communities of the Tenderloin, Nob Hill, Civic Center, and Russian Hill [7]. Saint Francis hospital also includes the largest burn center in Northern California, the Bothin Burn Center, the Saint Francis Orthopedic and Sports Medicine Institute, and the Center for Pain Management [3].

Table 2 provides an overview of Saint Francis Memorial Hospital. As a general acute care hospital, Saint Francis represents approximately 10% percent of all general acute care hospital beds and approximately eight percent of emergency department (ED) stations in San Francisco [4].

Table 2. Overview of Saint Francis Memorial Hospital [4]

License Types	General Acute Care & Distinct Part Acute Psychiatric Hospital
Principle Type of Licensed Service	General Medical/Surgical
Licensed General Acute Care Beds	259 beds
<i>Licensed Med/Surg Acute Beds</i>	<i>205 beds</i>
<i>Licensed Intensive Care Beds</i>	<i>10 beds</i>
<i>Licensed Rehabilitation Beds</i>	<i>20 beds</i>
Licensed Acute Psychiatric Beds	35 beds
Licensed Bed Size	294 beds
ED Stations	19 stations

Source: 2022 Annual Utilization Report of Hospitals Database (Siera reporting system).

Specialty hospital services provided at Saint Francis include the Bothin Burn Center, the only burn center in the city, as well as a 24-bed, locked, adult inpatient psychiatric unit, a critical and priority service in San Francisco. UCSFH has committed to maintaining hospital services provided at Saint Francis hospital, some of which are listed below [8].

- Bothin Burn Center
- Adult Inpatient Mental Health
- The Gender Institute
- Acute Rehabilitation
- Cancer Center
- Cardiac and Neurologic Diagnostics
- Center for Advanced Gynecology and Minimally Invasive surgery
- Foot and Ankle care
- Gastroenterology Services
- Hyperbaric Oxygen Therapy
- Imaging/radiology

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- Japanese Medical Services
- Occupational Health
- Orthopedic and Sports Medicine
- Outpatient Rehab and Therapy Services
- Center for Pain Management
- Palliative Care
- Pulmonary Function and Rehab
- Stroke Center

B. Associated Outpatient Clinics

The UCSFH acquisition would include Dignity Health Medical Foundation and the associated clinics of Saint Francis and St. Mary's. As mentioned earlier, the acquisition does not include the clinics that are operated through a joint venture between Dignity Health and Go Health; however, the parties intend to separately transition all health care services that Dignity Health currently provides at the San Francisco Go Health clinics to UCSFH. A complete list of the Dignity Health clinics included in the acquisition, their locations, and services is available in Appendix A.

Across the associated clinics, Dignity Health served an average of 12,143 unique patients annually over the last five years. From 2019 to 2023, Dignity Health outpatient clinics saw an average of 32,153 visits each year.

Services available across Dignity Health outpatient clinics include:

- Primary Care
- Cancer Care
- Infusion Services
- Radiation Therapy
- Women's Health
- Joint, Spine and Pain Management
- Orthopedic and Sports Medicine
- Physical, Occupational, Speech and Hand Therapy

C. Behavioral Health & Emergency Care at Dignity Hospitals

Dignity Health and UCSFH have been long-time partners of the Department of Public Health (DPH), providing health care services to the community. Behavioral health services and emergency care continue to be health care priorities for San Francisco. Dignity Health has been a partner of DPH in providing services, including the behavioral health and emergency services listed below, for the health care safety net population. UCSFH specified that it intends to maintain and grow adolescent and adult behavioral health programs, among other initiatives, as it has additional capacity resulting from the acquisition. UCSFH recognized that behavioral health staff recruiting continues to be a challenge throughout the industry, and while its goal is to ensure program stability through the transition, it will pursue its own pipeline of graduates and staff to supplement and grow behavioral health and other hospital programs.

The following section reviews some of the emergency and behavioral health services located at Saint Francis and St. Mary's hospitals.

San Francisco Healing Center, operated by Crestwood Behavioral Health – The San Francisco Healing Center is a comprehensive mental health program for patients who do not require acute

care but who are unable to care for themselves [9]. The Healing Center is a 54-bed Mental Health Rehabilitation Center (MHRC). In 2018, UCSFH partnered with Dignity Health and the City to invest in and establish Crestwood. UCSFH has affirmed its commitment to this service and will continue to honor the existing lease agreement.

McAuley Adolescent Inpatient Unit at St. Mary's Medical Center – the McAuley Adolescent Inpatient Unit is a short-term inpatient acute crisis unit for adolescents aged 11-17. It is the only inpatient crisis unit for adolescents in San Francisco. The unit has 35 licensed beds and serves all adolescents including those with Medi-Cal; however, the unit has experienced staffing challenges. DPH's Behavioral Health Children, Youth and Families (CYF) system of care team has identified the McAuley Adolescent Inpatient Unit as a critical service for San Francisco's youth and the youth served by DPH. UCSFH will ask all current payors and organizations covering inpatient mental health services at the hospitals today to honor all existing agreements to maintain such services. UCSFH has further confirmed their commitment to maintaining inpatient psychiatric and other behavioral health services for Medi-Cal beneficiaries.

McAuley Counseling Enriched Education Program (CEEP) at St. Mary's Medical Center – McAuley CEEP is an intensive educational and therapeutic program run in conjunction with San Francisco Unified School District and DPH Behavioral Health Services (BHS). The program serves children with emotional and/or psychiatric conditions that interfere with their functioning in school. Services are embedded within the classrooms/school and the program typically serves ten students in each of three classrooms. In recent years, the program has faced staffing challenges. UCSFH confirmed that St. Mary's will seek to maintain the existing contract with the City for outpatient behavioral health services.

Inpatient Mental Health Services at Saint Francis Memorial Hospital - the Saint Francis inpatient psychiatry facility is a 24-bed locked unit. Admitted individuals are typically in acute crisis, requiring a high level of psychiatric care and safety. The facility accepts most private insurance, Medicare, and Medi-Cal, and DPH has a contract with Saint Francis to support patients without health insurance. With the implementation of SB43 [10], which expands the definition of grave disability to include those who live with severe substance use disorder and are unable to provide for their own personal safety or necessary medical care, inpatient mental health services are a critical service in San Francisco. As mentioned above, UCSFH will ask all current payors and organizations covering inpatient mental health services at the hospitals today to honor all existing agreements to maintain such services. UCSFH has further confirmed their commitment to maintaining these services for Medi-Cal beneficiaries.

Emergency Departments at St. Mary's Medical Center and Saint Francis Memorial Hospital – the Emergency Departments (EDs) at St. Mary's Medical Center and Saint Francis Memorial Hospital provide critical health services for San Francisco. According to data from the California Department of Health Care Access and Information, in 2022, St. Mary's and Saint Francis EDs accounted for an average of 14.5% of ED visits and ED visits resulting in an admission, citywide. The hospitals also provide emergency care to specific populations. St. Mary's Medical Center is one of three emergency departments located on the west side of San Francisco; the other two are

the Veterans Administration (VA) Medical Center and UCSF Parnassus. People experiencing homelessness represented a greater proportion of St. Mary’s and Saint Francis ED visits, compared to an average of San Francisco EDs overall. Finally, Medi-Cal beneficiaries represent a greater proportion of Saint Francis’ ED visits compared to an average of EDs citywide [11]. UCSFH has committed to maintaining the current capacity of both St. Mary’s and Saint Francis EDs and plans to make early investments in both EDs, including increasing access to specialty consultants, additional staffing for the EDs as needed, and new equipment.

VI. Patient Profile

Saint Francis, St. Mary’s, and UCSFH serve distinct populations at their hospitals. To better understand the patient populations served and the patient populations impacted by the acquisition, the following section provides patient demographics for Dignity Hospitals – Saint Francis and St. Mary’s – compared to UCSFH. UCSFH’s Parnassus, Mount Zion, Langley Porter Psychiatric Hospital, and Mission Bay are included in the data for UCSFH. UCSFH and Dignity Hospitals provided the data below, unless otherwise noted.

Patient Profile Highlights

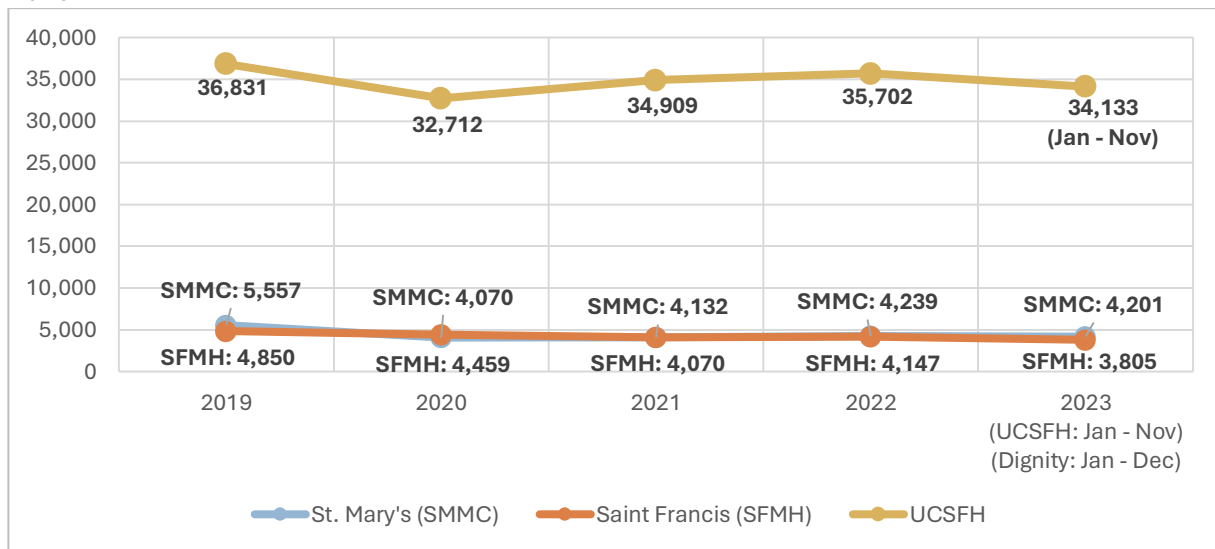
- St. Mary’s & Saint Francis hospitals see a **smaller volume of patients** compared to UCSFH.
- From 2019 – 2023, the number of inpatient discharges from Saint Francis and St. Mary’s hospitals has **decreased**.
 - Comparing 2019 to 2023 hospital discharges, St. Mary’s has seen a 24% decrease in discharges, and Saint Francis has seen a 22% decrease in discharges.
- St. Mary’s and Saint Francis hospitals have a **lower utilization** of licensed general acute care hospital beds compared to UCSFH.
- Since 2019, more than 50% of St. Mary’s inpatient encounters were **adults over age 65**.
- More than half of St. Mary’s inpatient discharges **identified as non-white or multiracial**; 45% of Saint Francis inpatient discharges identified as non-white or multiracial.
- Saint Francis and St. Mary’s have a greater proportion of **publicly insured (Medi-Cal and Medicare) and uninsured** patients compared to UCSFH.
 - Since 2019, Saint Francis has experienced an **increase in the proportion of patients who are Medi-Cal beneficiaries** for both inpatient care and emergency care.
 - Beginning in 2021, there has been an **increase in the proportion of publicly insured patients** hospitalized at St. Mary’s.

A. Utilization

For inpatient and emergency data, Saint Francis, St. Mary’s and UCSFH provided patient encounters, which is consistent with hospital billing practices. From 2019 through 2023, Saint Francis saw an average of 4,266 inpatient discharges annually. St. Mary’s saw similar patient volume, with an average of 4,440 inpatient discharges annually. UCSFH treats a much larger volume of patients at its hospitals. Since 2019, UCSFH has averaged 34,857 inpatient discharges annually. St. Mary’s, Saint Francis, and UCSFH hospitals showed a decrease in the number of inpatient discharges in 2020; a 26.8% decrease, an 8.1% decrease, and an 11.2% decrease, respectively. In years 2021 and 2022, inpatient discharges from UCSFH hospitals increased, nearing 2019 discharges. Inpatient discharges from Saint Francis and St. Mary’s hospitals have fluctuated since 2020. St. Mary’s experienced a small increase in inpatient discharges from 2021 through 2023. Comparing 2023 discharges to pre-pandemic 2019 inpatient discharges, St. Mary’s has seen a 24% decrease in inpatient discharges. From 2020 through 2021, Saint Francis saw a decrease in their inpatient discharges. Saint Francis experienced a small increase in inpatient discharges in 2022. Comparing 2023 discharges to pre-pandemic 2019 inpatient discharges, Saint Francis has seen a 22% decrease.

Figure 3 shows inpatient discharges from Saint Francis, St. Mary’s and UCSFH hospitals for the period 2019 through 2023. UCSFH’s data for 2023 includes the months January through November.

Figure 3. Inpatient Discharges – Saint Francis (SFMH), St. Mary’s (SMMC), and UCSFH, 2019 – 2023

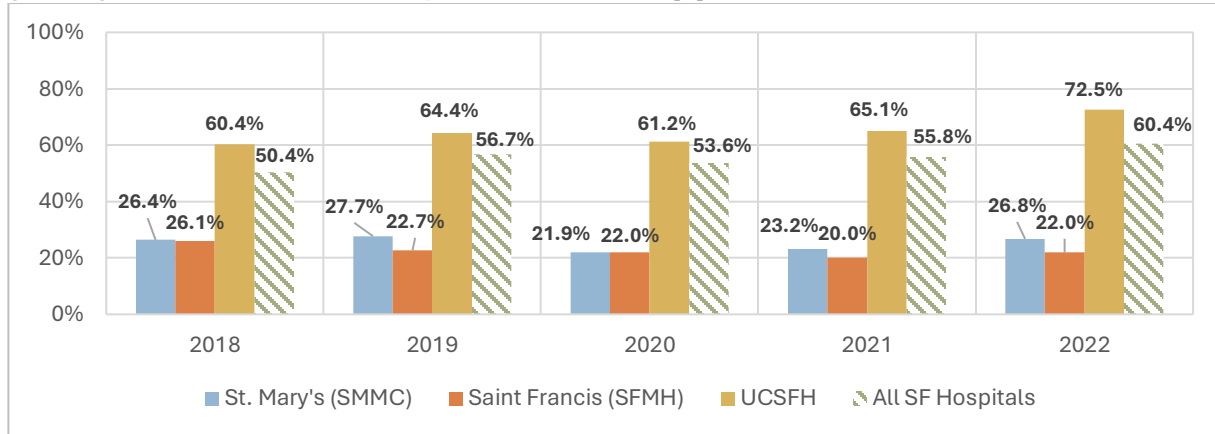


Licensed bed occupancy rate represents the percentage of licensed beds that are occupied over a period of time, in this case, a year. The chart below shows the licensed bed occupancy rate for

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general acute care beds² at St. Mary’s, Saint Francis, UCSFH hospitals, and across all SF hospitals. The figure shows that UCSFH hospitals have a higher occupancy rate than St. Mary’s, Saint Francis, and higher than an average of all San Francisco hospitals. It also shows that Saint Francis and St. Mary’s hospitals have a lower occupancy rate compared to the average across all San Francisco hospitals.

Figure 4. General Acute Care Bed Occupancy Rate (%) – Saint Francis (SFMH), St. Mary’s (SMCC), UCSFH, and All SF Hospitals, 2018 – 2022 [4]

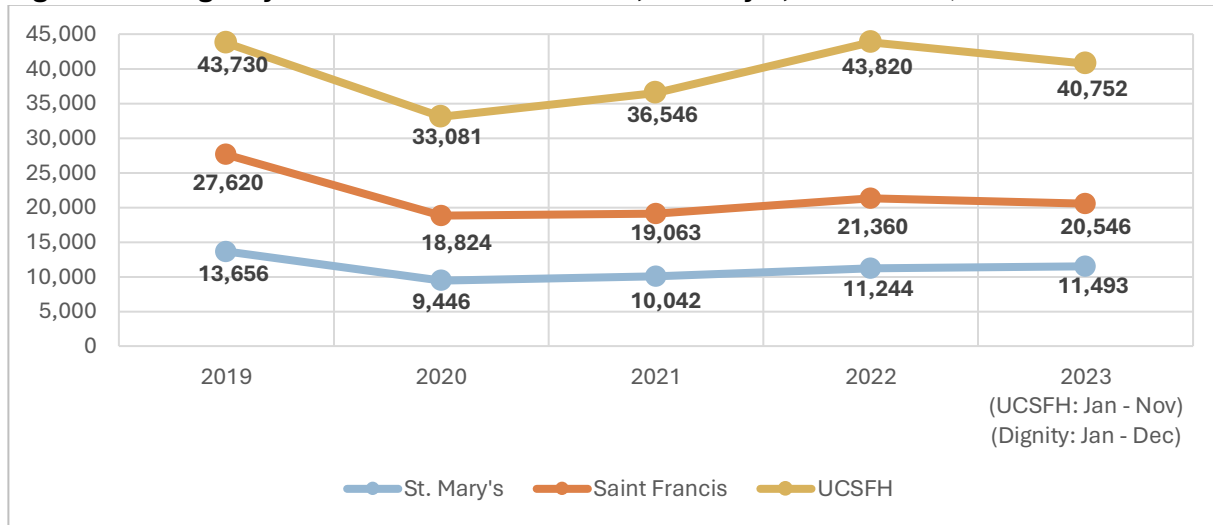


Source: 2018 - 2022 Annual Utilization Report of Hospitals Database, California Department of Healthcare Access and Information

From 2019 through 2023, Saint Francis ED saw an average of 21,483 encounters annually. St. Mary’s ED saw a smaller volume, with an average of 11,176 encounters annually. UCSFH treats a larger volume of patients in its ED; since 2019, UCSFH has averaged 39,586 emergency encounters annually. Across UCSFH hospitals (Mission Bay and Parnassus) there are 60 ED treatment stations. Across Dignity Health hospitals there are 31 ED treatment stations (Saint Francis, 19; St. Mary’s 12). Similar to inpatient discharges, Saint Francis, St. Mary’s and UCSFH hospitals had a decrease in the number of emergency encounters during 2020.

² **General acute care** includes licensed beds classified/designated as (1) Medical/Surgical Acute (includes GYN/DOU), (2) Perinatal (includes LDRP, excludes nursery), (3) Pediatric Acute, (4) Intensive Care, (5) Coronary Care, (6) Acute Respiratory Care, (7) Burn Center, (8) Intensive Care Newborn Nursery, (9) Rehabilitation Center beds. Hospitals do not have beds licensed in every general acute care classification.

Figure 5. Emergency Encounters – Saint Francis, St. Mary’s, and UCSFH, 2019 - 2023



Outpatient data provided by the hospitals represents registrations, not visits. In 2023, Saint Francis recorded 51,735 outpatient registrations and provided outpatient services to 24,126 unique patients. St. Mary’s recorded 47,638 outpatient registrations and provided outpatient services to 21,540 unique patients. Over the last five years, both St. Mary’s and Saint Francis have seen a decrease in the number of outpatient registrations; St. Mary’s has had a 31.5% decrease in outpatient registrations and Saint Francis has had a 32.9% decrease in outpatient registrations since. Over the last five years, UCSFH has seen an average of 1.6 million outpatient registrations annually and has an average of 304,222 individual patients annually. Both the number of outpatient registrations and the number of outpatient unique patients served by UCSFH has increased over the last five years.

B. Demographics

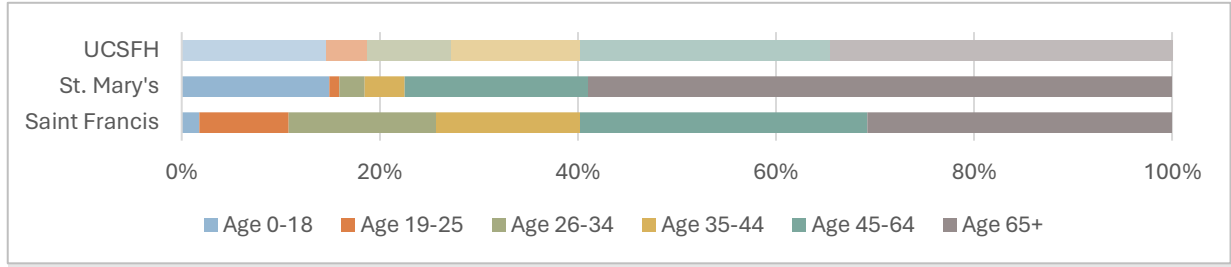
The following section reviews demographic information including age, race or race and ethnicity, payor, and housing status, for inpatient, outpatient and emergency for calendar year 2023 (UCSFH’s data is from January – November 2023). Data is shown as a proportion of hospital inpatient, outpatient or emergency encounters. [Appendix B - Patient Demographics by Year](#) provides charts for each hospital by year.

Patients by Age

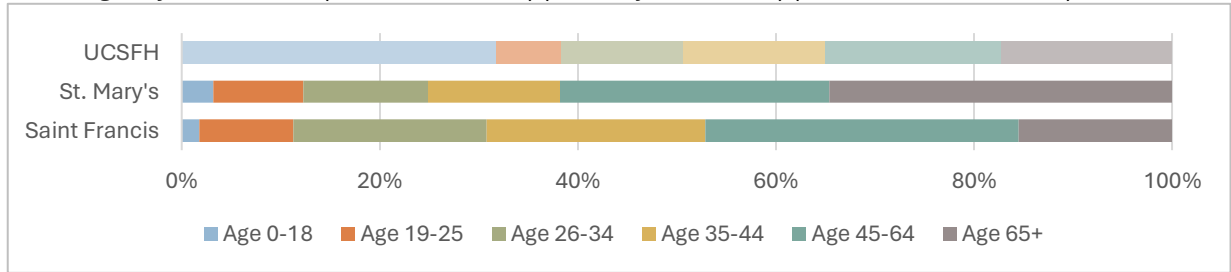
Figures 6 through 8 show the age distribution of inpatient, emergency, and outpatient encounters for each hospital in 2023. The populations served vary across each hospital. For instance, a larger proportion of hospitalized patients at St. Mary’s are over age 65 compared to Saint Francis and UCSFH. Approximately 32% of 2023 UCSFH emergency encounters are children and youth aged 0-18. This in part is likely due to the pediatric ED at UCSF Benioff Children’s Hospital in San Francisco. For outpatient encounters, more than 80% of St. Mary’s outpatient encounters are adults over age 45. For all hospitals, the age distribution for emergency encounters skews younger, while the age distribution for inpatient and outpatient encounters skews older.

Figures 6 - 8. Percent of Discharges by Age, 2023 (UCSFH: January – November)

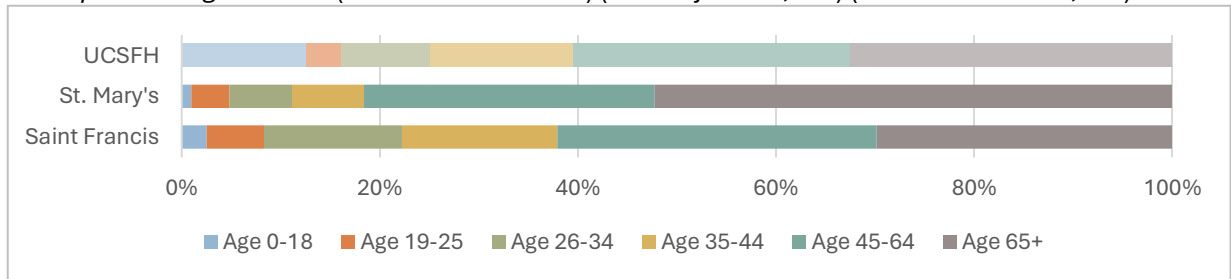
6. Inpatient Discharges (UCSFH = 34,133) (St. Mary's = 4,201) (Saint Francis = 3,805)



7. Emergency Encounters (UCSFH = 40,752) (St. Mary's = 11,493) (Saint Francis = 20,546)



8. Outpatient Registrations (UCSFH = 1.8 million) (St. Mary's = 47,683) (Saint Francis = 51,735)



The age distribution of each hospital’s inpatient patient population has remained consistent since 2019, however, a few variations and trends emerged. Both St. Mary’s and UCSFH saw increases in the proportion of inpatient discharges of adults over age 65, and beginning in 2020, St. Mary’s has experienced a decrease in the proportion of inpatient discharges of children under age 18.

Patients by Race/Ethnicity

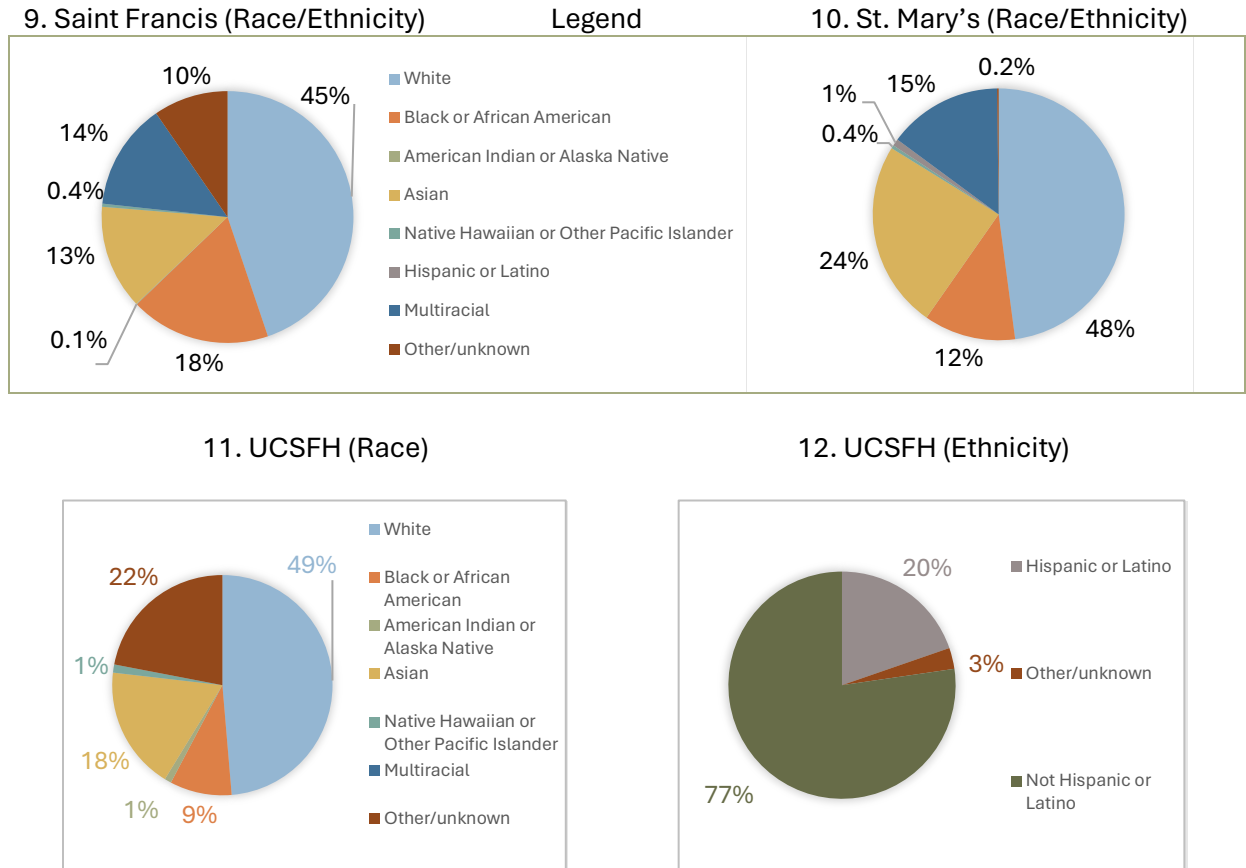
UCSFH reported race and ethnicity as two separate categories, consistent with how UCSFH collects data in EPIC. Dignity Health reported race and ethnicity in one category, which was consistent with DPH’s data request. Given the differences in reporting categories, the data from Dignity Health cannot be compared to UCSFH.

Figures 9 through 12 present inpatient discharges by race and ethnicity for each hospital in 2023. The majority of inpatient discharges from St. Mary’s identified as non-white and multiracial. Patients identified as Black or African Americans represent a larger share of Saint Francis inpatient discharges compared to St. Mary’s, while patients identified as Asian represent a larger share of St. Mary’s inpatient discharges compared to Saint Francis. Within hospitals, there are differences in

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the demographics of emergency encounters compared to hospital inpatient discharges. Across Saint Francis, St. Mary’s and UCSFH, patients identified as Black or African American make up a larger proportion of emergency encounters compared to inpatient encounters at the same facility. Patients identified as Asian represent a larger proportion of outpatient encounters than inpatient and emergency encounters at each facility.

Figures 9 – 12. Percent of Inpatient Discharges by Race/Ethnicity or Race and Ethnicity, 2023 (UCSFH: January – November)



Patients by Payor

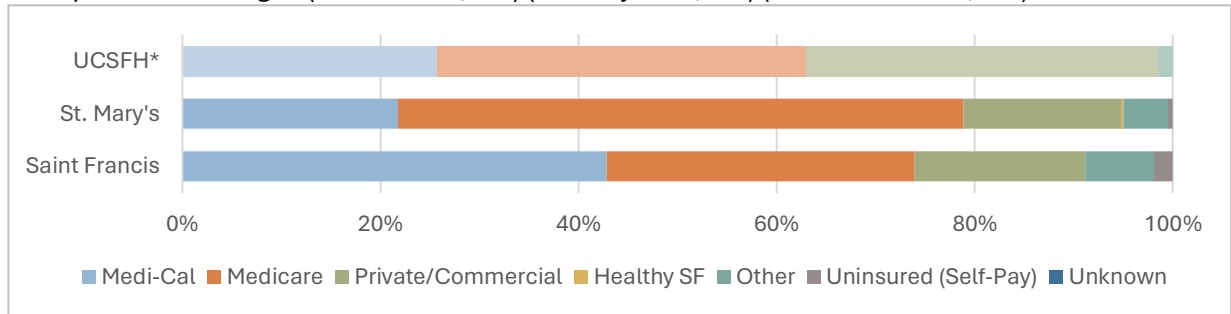
Figures 13 through 15 show the percent of inpatient, emergency and outpatient encounters by payor type for each hospital. Across inpatient, emergency and outpatient encounters, a greater proportion of Saint Francis encounters are Medi-Cal beneficiaries compared to both St. Mary’s and UCSFH. Across each level of care, a greater proportion of both Saint Francis and St. Mary’s encounters are publicly insured (Medi-Cal and Medicare) and uninsured compared to UCSFH. Since 2019, Saint Francis has experienced an increase in the proportion of patients who are Medi-Cal beneficiaries for both inpatient care and emergency care. In 2023, 49% of Saint Francis emergency encounters were Medi-Cal beneficiaries. Beginning in 2021, there has been an increase in the proportion of publicly insured patients hospitalized at St. Mary’s, and in 2023, Medi-Cal and Medicare patients represented 79% of all inpatient discharges from St. Mary’s. Across emergency

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and outpatient care, commercial payor types represent the largest proportion of UCSFH encounters. A note about the data below, the UCSFH “Medi-Cal” category includes patients with Healthy SF, and the UCSFH “other” category includes patients who are uninsured, and patients categorized as self-pay.

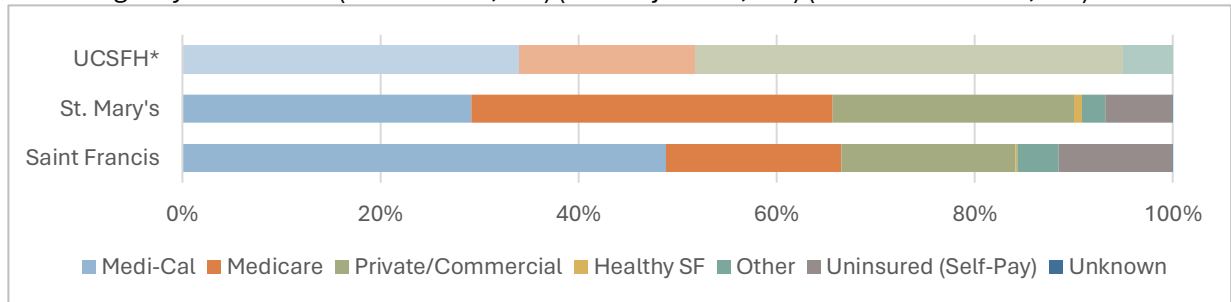
Figures 13 - 15. Percent of Encounters by Payor, 2023 (UCSFH: January – November)

13. Inpatient Discharges (UCSFH = 34,133) (St. Mary’s = 4,201) (Saint Francis = 3,805)



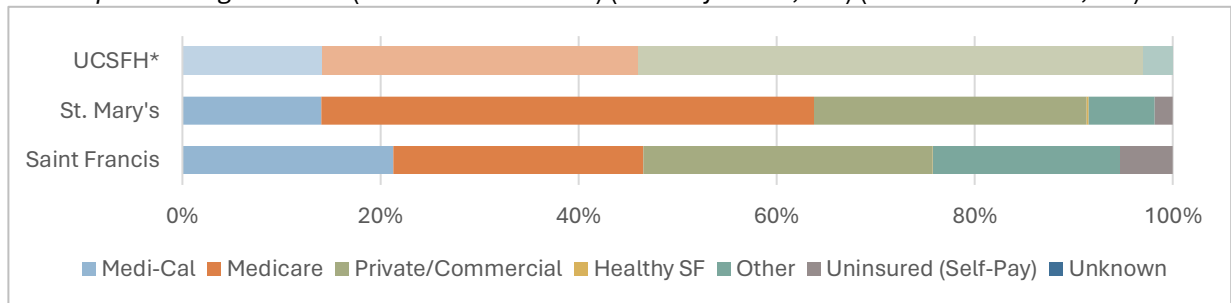
*Note: UCSFH Medi-Cal category includes patients with Healthy SF; UCSFH Other category includes patients who are uninsured and self-pay

14. Emergency Encounters (UCSFH = 40,752) (St. Mary’s = 11,493) (Saint Francis = 20,546)



*Note: UCSFH Medi-Cal category includes patients with Healthy SF; UCSFH Other category includes patients who are uninsured and self-pay

15. Outpatient Registrations (UCSFH =1.8 million) (St. Mary’s = 47,683) (Saint Francis = 51,735)



*Note: UCSFH Medi-Cal category includes patients with Healthy SF; UCSFH Other category includes patients who are uninsured and self-pay

Both Dignity Health and UCSFH are contracted with all major payors. For certain services, including inpatient behavioral health and specialty outpatient behavioral services for children and youth, UCSFH does not have an existing contract to accept Medi-Cal patients. UCSFH has committed to maintaining inpatient psychiatric and other behavioral health services for Medi-Cal

beneficiaries. According to UCSFH, it will honor all insurance arrangements that are presently available at Saint Francis and St. Mary's.

According to UCSFH, bringing St. Mary's and Saint Francis into UCSFH expands its ability to provide care for the San Francisco community, and many of the services provided at these hospitals are complementary to, and different from, those provided at UCSFH academic medical centers.

Patients by Housing Status

UCSFH provided housing status data for all patient encounters through two categories – homeless and not homeless/not stated. These categories are consistent with the data system UCSFH uses and draws upon information such as address collected at registration, nursing admissions assessments, as well as through discharge forms. Dignity Health provided data for positive homeless screenings. According to Dignity Health, all patients are screened upon entry, however, patients may not wish to be identified as homeless and may give an approximate address or alternate location. Due to differences in data collection and reporting, data between hospitals is not compared.

In 2023, people experiencing homelessness represented approximately four percent of St. Mary's inpatient discharges. In 2023, approximately 16.6% of Saint Francis' inpatient discharges were people experiencing homelessness. At the Saint Francis ED, a total of 3,402 ED visits were people experiencing homelessness (16.6% of all emergency encounters), while St. Mary's ED saw 1,234 ED visits by people experiencing homelessness (10.7% of all emergency encounters).

From January to November of 2023, approximately 2% of UCSFH inpatient discharges were people experiencing homelessness. In 2023, patients experiencing homelessness represented an average of 4.6% of all emergency discharges from UCSFH hospitals. Since 2019, UCSFH has seen a decrease in the number of people experiencing homelessness discharged from their hospitals and through ED encounters. In 2019 people experiencing homelessness represented 8.2% of all UCSFH emergency encounters and 2.9% of all UCSFH inpatient hospital discharges.

Data on housing status for each hospital by year is available in [Appendix B - Patient Demographics by Year](#).

VII. Staffing

UCSFH has committed to retaining the employees of both St. Mary's and Saint Francis. According to UCSFH, there are no anticipated reductions in staff (clinical, administrative, facilities, or any other staff category) as a part of the acquisition. UCSFH's plan is to staff the hospitals consistent with patient volumes and in accordance with regulatory requirements. UCSFH stated that it expects to be able to serve more patients at St. Mary's and Saint Francis and will continually evaluate staffing and make increases as may be necessary.

In 2023, there were 866 staff (607 full time equivalent positions) supporting the functions of Saint Francis and 948 staff (659 full time equivalent positions) supporting St. Mary's. Approximately six

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percent of hospital staff support outpatient functions. Regarding the associated outpatient clinics, there are 24 staff supporting the clinics.

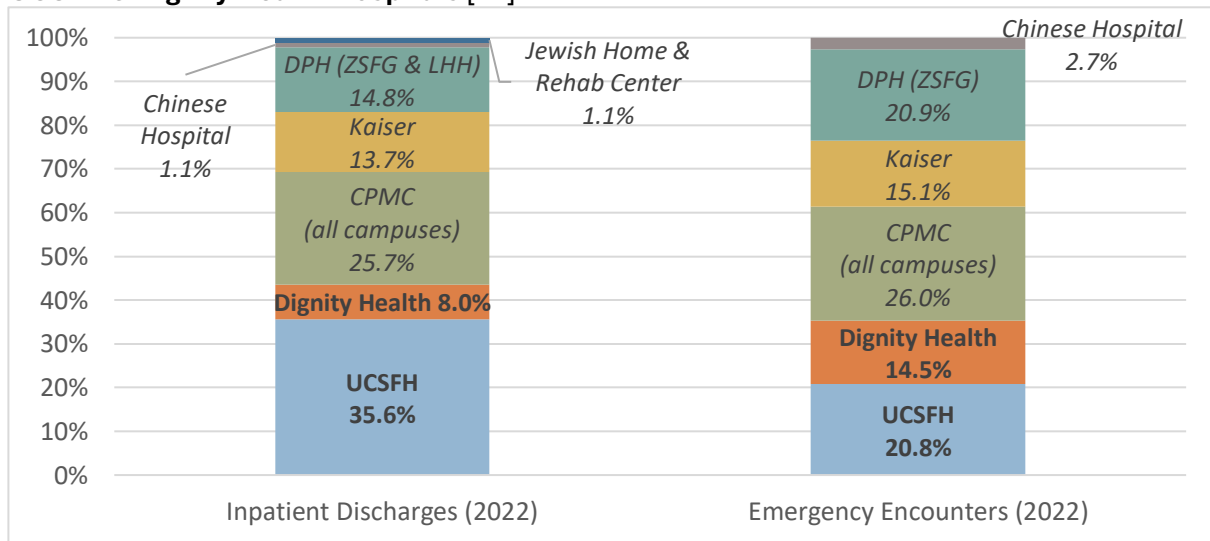
UCSFH’s engagement as a part of this acquisition process has included assurances that the existing workforce of the two hospitals will be substantially maintained, and that the hospitals will retain their open medical staff models. As said by UCSFH, community providers will continue to practice at each location which will preserve patient-provider relationships. UCSFH has committed to working collaboratively with Dignity Health hospital leadership to gather information about current staffing and inform integration planning.

VIII. San Francisco’s Hospital Utilization Landscape

The following section covers the landscape of hospital utilization in San Francisco and the potential impacts of the acquisition on health care costs and health care access.

In 2022, there were 15 hospitals located in San Francisco. This includes general acute care hospitals, psychiatric hospitals such as Langley Porter Psychiatric Institute, and long-term care hospitals such as Laguna Honda Hospital (LHH) and Jewish Home and Rehab Center. In 2022, UCSFH³ accounted for approximately 35.6% of all inpatient discharges from San Francisco hospitals and 20.8% of emergency encounters at San Francisco facilities. In 2022, Dignity Health Hospitals – Saint Francis and St. Mary’s combined – represented approximately 8% of inpatient discharges from San Francisco facilities and 14.5% of emergency encounters at San Francisco EDs. With UCSFH’s stated commitment to maintaining services and programs across the hospitals and ensuring a seamless transition for patients; after the acquisition UCSFH may have approximately 43.6% of the inpatient and 34.5% of the ED hospital market share in San Francisco.

Figure 16. Chart – Share of San Francisco Inpatient Discharges & Emergency Encounters – UCSFH & Dignity Health Hospitals [12]



Source: 2022 California Patient Origin/Market Share (Pivot Profile)–Inpatient, Emergency Department, and Ambulatory Surgery.

³ UCSFH data includes discharges from UCSF Medical Center and Langley Porter Psychiatric Institute.

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In 2022, approximately 36% of all inpatient discharges from UCSFH hospitals/facilities are patients who are residents of San Francisco. Meanwhile, 58% of inpatient discharges from Saint Francis and 68% of inpatient discharges from St. Mary’s are patients who are residents of San Francisco. Similarly, San Francisco residents represented 58% of emergency encounters at Saint Francis and 72% of St. Mary’s emergency encounters. While San Francisco residents represented less than half of UCSFH inpatient discharges, San Francisco residents represented 67.5% of UCSFH emergency encounters. Resident data does not include people experiencing homelessness unless the patient selected a San Francisco zip code.

A. Impacts of Healthcare Consolidation

The UCSFH acquisition of Dignity Health hospitals and associated clinical presence in San Francisco will lead to a more consolidated healthcare market in San Francisco. In consolidated markets, a small number of hospital systems, medical groups, or insurers, have a large share. Hospital consolidation has been shown to impact healthcare costs and healthcare quality. The impact of the UCSFH acquisition of Dignity Health hospitals and associated clinics in San Francisco on healthcare costs, quality, and access, however, is unknown at this time.

A summary of the impacts of healthcare consolidation based on recent research is briefly discussed below.

Evidence suggests that **healthcare consolidation leads to higher healthcare costs**. Studies have found that as competition decreases, hospital prices increase; this pattern has shown true for acquisitions of facilities in close proximity as well as for non-profit hospital mergers and acquisitions [13]. A 2018 report produced by the Nicholas C. Petris Center on Health Care Markets and Consumer Welfare found that Northern California markets are considerably more concentrated, and that healthcare procedures in Northern California are often 20 to 30% higher than in Southern California, after adjusting for wages [14]. Moreover, healthcare prices in the San Francisco – Oakland – Hayward region are already significantly higher than the national average [15].

Recent evidence regarding **consolidation impacts on the quality of patient care is mixed**. One study demonstrated that health care consolidation may not improve quality measures and may reduce patient experience after consolidation [16]. Conversely, another study found that mergers of hospitals in close proximity found small improvements in hospital readmission rates [17]. One study showed that the acquisition of a resource-constrained hospital by an academic health system, once fully integrated, improved outcomes and patient experience [18].

There is **limited research on the effects of consolidation on patient access**. One study based in New York found that areas of reduced hospital competition and increased healthcare concentration saw a reduction in Medicaid beneficiary admissions (specifically birth admissions), and that Medicaid admissions shifted away from non-profit hospitals to

public hospitals. This study demonstrated that healthcare consolidation may have negative impacts on healthcare access, particularly for low-income populations [19].

UCSFH asserts that the acquisition is integral to its plans to reduce health care costs while improving access. It will combine a top tier but capacity-constrained academic health system with two under-utilized and under-resourced hospitals. According to UCSFH, focusing on primary and secondary care services in community hospitals, while continuing to offer complex services in its existing facilities enables UCSF Health to deliver the right care in the right place at the right time. More important, UCSF Health and Dignity Health are not meaningful competitors today and as a result, the affiliation will not significantly impact market dynamics in San Francisco.

IX. Conclusion

UCSFH's acquisition of Saint Francis Memorial Hospital, St. Mary's Medical Center, and their associated outpatient clinics will be a significant change for healthcare services in San Francisco. This report reviews a variety of issues related to the acquisition including hospital and clinic services, patient populations served by Dignity Health compared to UCSFH, current staffing and planned changes, as well as potential impacts San Francisco's hospital landscape following the acquisition. The acquisition will bring two community hospitals within the UCSF Health network of care, which will shift the hospital and clinic provider for many patients, will transition the employer for many health care workers, and will further consolidate San Francisco's healthcare market. UCSFH has stated its intent to mitigate any negative impact on patients and staff. Specifically:

- UCSFH has committed to maintaining both Saint Francis and St. Mary's hospitals as full-service community hospitals and has committed to maintaining the critical services that both hospitals provide to the San Francisco community.
- UCSFH has committed to maintaining the capacity and services provided at each hospital's associated outpatient clinics.
- UCSFH has publicly committed to retaining all employees of both Saint Francis and St. Mary's hospitals, and the organization plans to evaluate staffing and any potential increases in staffing as necessary in the future alongside integration efforts.
- UCSFH has committed to maintaining essential behavioral health and emergency services for San Francisco, including inpatient adolescent mental health services at McAuley, the McAuley Counseling Enriched Education Program, inpatient adult mental health services at Saint Francis, and the EDs at both Saint Francis and St. Mary's.
- UCSFH has committed to honoring all insurance arrangements that are presently available at Saint Francis and St. Mary's in order for patients to have access to all of the services and providers they have today.

UCSFH is working to ensure that patient access to care will be maintained, and that there will be limited impact on the San Francisco workforce. Evidence demonstrates that healthcare

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acquisitions are shown to increase healthcare prices and may have a negative impact on healthcare access for low-income populations. However, UCSFH has maintained their shared commitment to improving the health of vulnerable populations, regardless of their ability to pay, and has maintained that the acquisition will allow them to provide patients with the right care in the right setting. Additionally, UCSFH has stated its short-term plans include improvements to both Saint Francis and St. Mary's EDs, as well as staffing and resource increases to the hospitals so that the facilities may see more patients in their neighborhoods. While research suggests that this acquisition may increase prices and may not impact patient quality of care, the impact of the UCSFH acquisition of Dignity Health hospitals and associated clinics on patient access, quality, and costs are unknown at this time.

Provided that UCSFH is able to maintain agreements with all existing payors and organizations covering services at Saint Francis and St. Mary's hospitals and clinics, that UCSFH continues to maintain services provided at each of the hospitals and clinics, and provided that there are not reductions in the staff supporting the hospitals and clinics; the Department recommends that the Health Commission finds that the UCSFH acquisition of Dignity Health hospitals and associated clinics in San Francisco will not have a detrimental impact on healthcare services in San Francisco. Additionally, the Department encourages UCSFH to provide the Health Commission with periodic updates regarding the acquisition and progress on its commitments.

X. References

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<https://data.chhs.ca.gov/dataset/hospital-emergency-department-characteristics-by-facility-pivot-profile>. [Accessed December 2023].

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- [14] University of California, Berkeley, "Consolidation in California's Health Care Market 2010-2016: Impact on Prices and ACA Premiums," Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, 2018.
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Appendix A

Dignity Health - Associated Outpatient Clinics

Clinics are located in San Francisco unless otherwise noted.

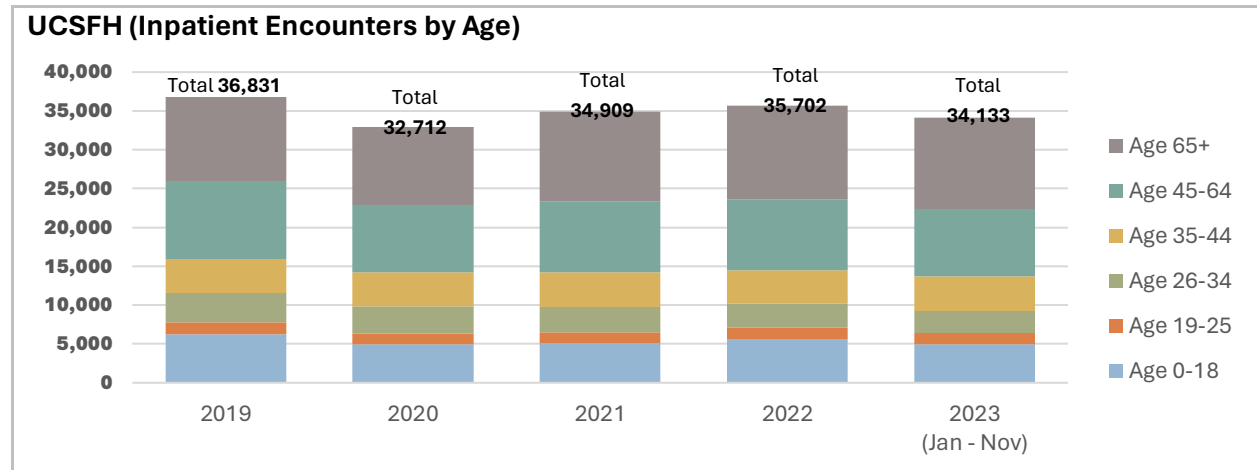
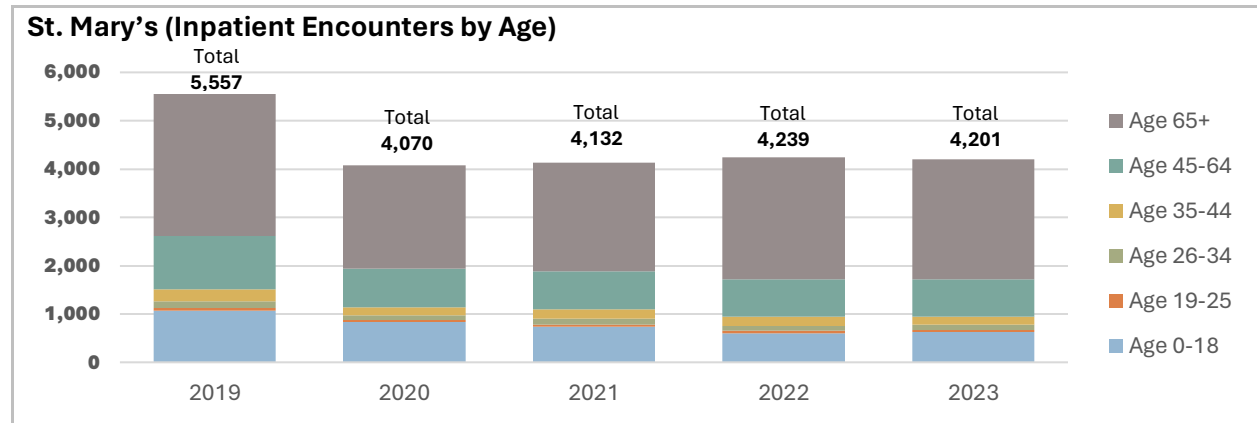
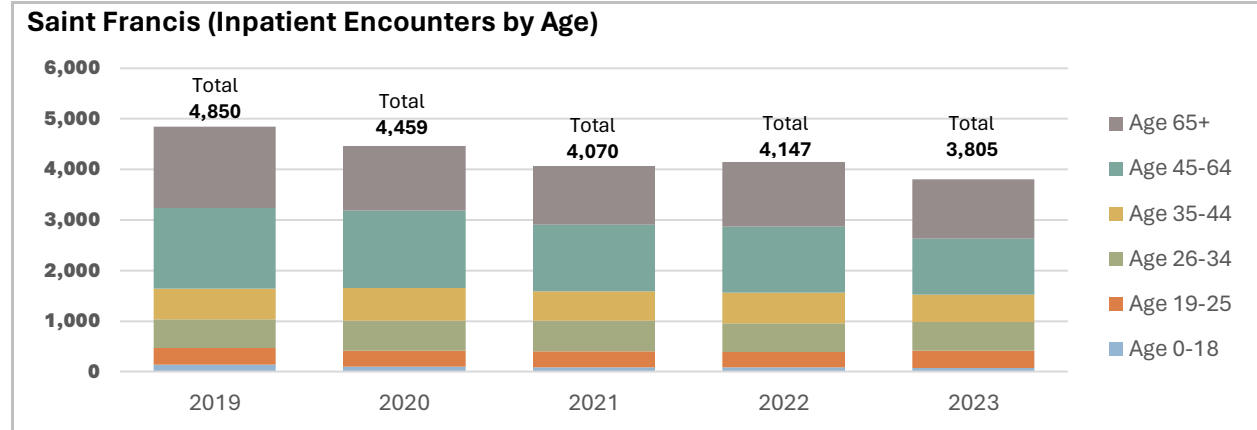
Dignity Health Medical Foundation	
Dignity Health Medical Group Saint Francis/St. Mary's	<i>1 Shrader St, Suite 650</i>
	<i>2250 Hayes St, Suite 302</i>
	<i>1199 Bush St, Suite 400</i>
St. Mary's	
Cancer or Oncology Melanoma Center	<i>2250 Hayes St, Level C</i>
Infusion Center	<i>2250 Hayes St, 1st Floor</i>
Primary Care at Sister Mary Philippa Health Center	<i>2235 Hayes Street, 5th floor</i>
Radiation Therapy Dept SMMC Cancer Center	<i>2250 Hayes St 1st floor</i>
Women's Health	<i>1 Shrader St, Suite 490</i>
St. Mary's (leased space)	
Primary Care at SFO International Airport	<i>International Terminal, Level 3, A Side</i>
Saint Francis	
Joint at Orthopedic and Sports Medicine Institute & Spine at Orthopedic and Sports Medicine and Pain Center at Orthopedic Institute	<i>11th Floor, 900 Hyde St</i>
Outpatient Physical Therapy at Orthopedic and Sports Medicine Institute	<i>11th floor, 900 Hyde St</i>
Outpatient Therapy Services - Physical, Occupational, Speech and Hand Therapy	<i>900 Hyde St</i>
Franciscan Treatment Room – Occupational Medicine	<i>1199 Bush St, Suite 160</i>
Center for Comprehensive Pain Management	<i>1199 Bush St, Suite 300</i>
Saint Francis (leased space)	
Saint Francis Health Center at the Ballpark <ul style="list-style-type: none"> • Occupational Health Center • Outpatient Physical Therapy Clinic • Dignity Health Medical Foundation Clinic 	<i>24 Willie Mays Plaza</i>
Center for Sports Medicine and Therapy - Walnut Creek	<i>1777 Botelho Dr, Suite 110, Walnut Creek</i>

Appendix B - Patient Demographics by Year

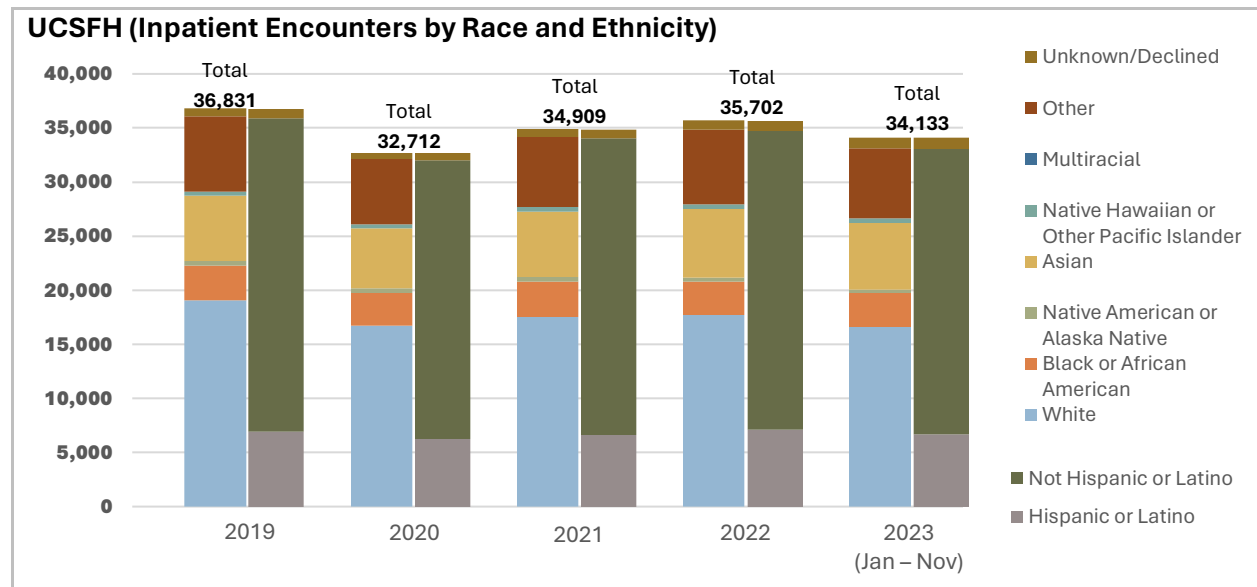
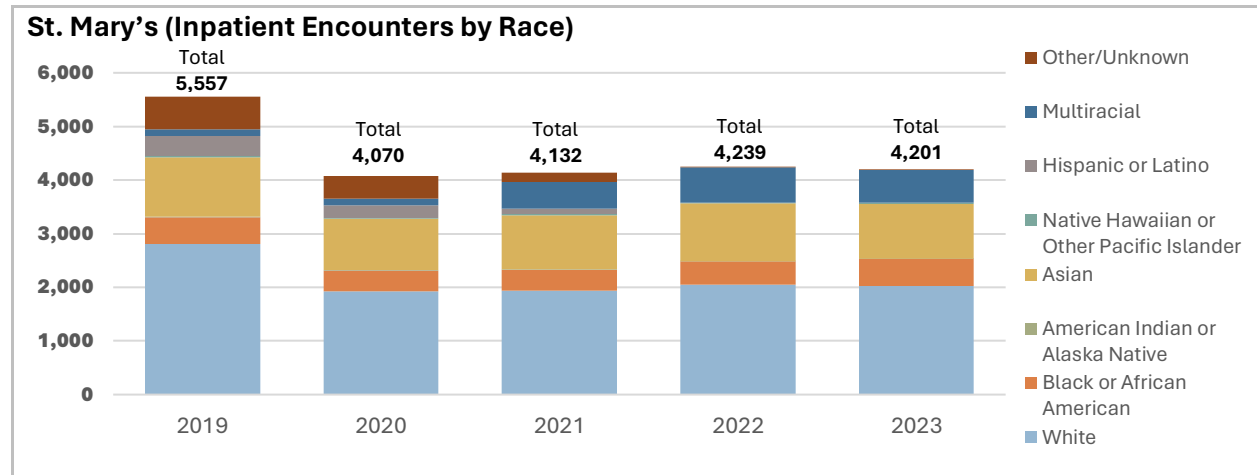
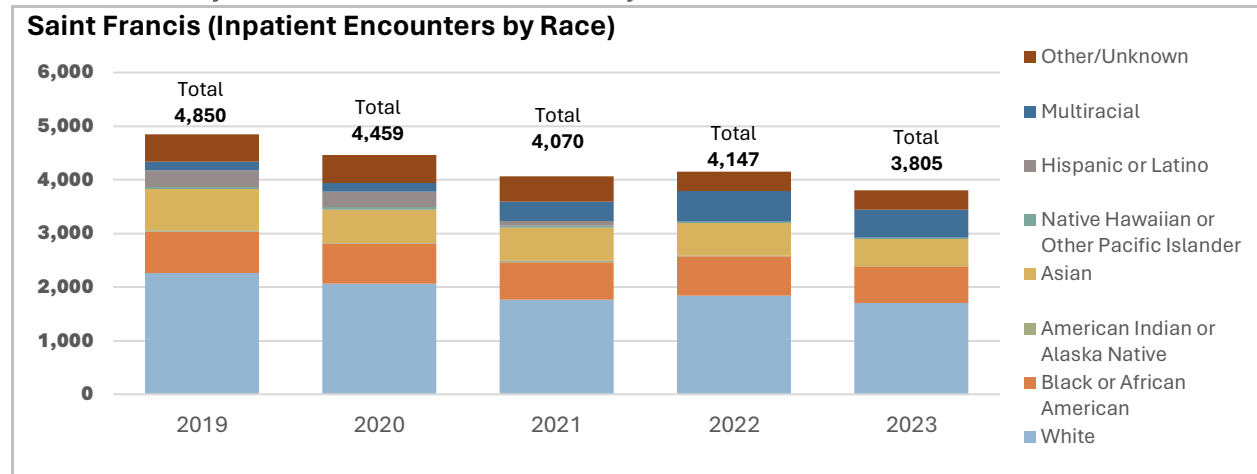
Inpatient Encounters

For inpatient data, Saint Francis, St. Mary's and UCSFH counted patient cases/encounters for each demographic category. This is consistent with hospital billing practices.

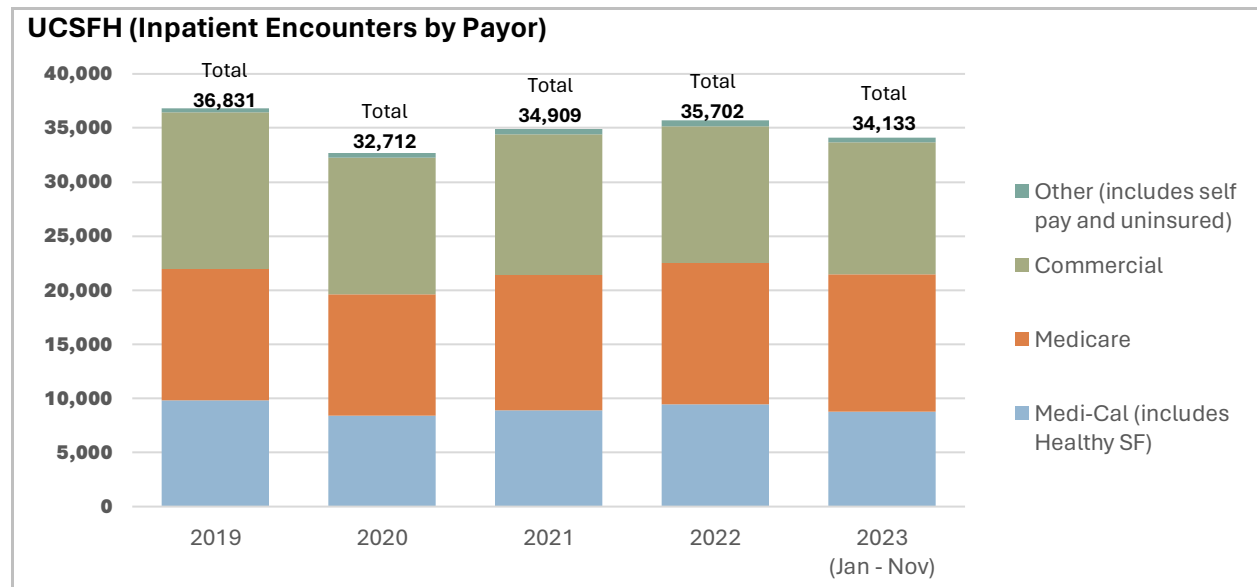
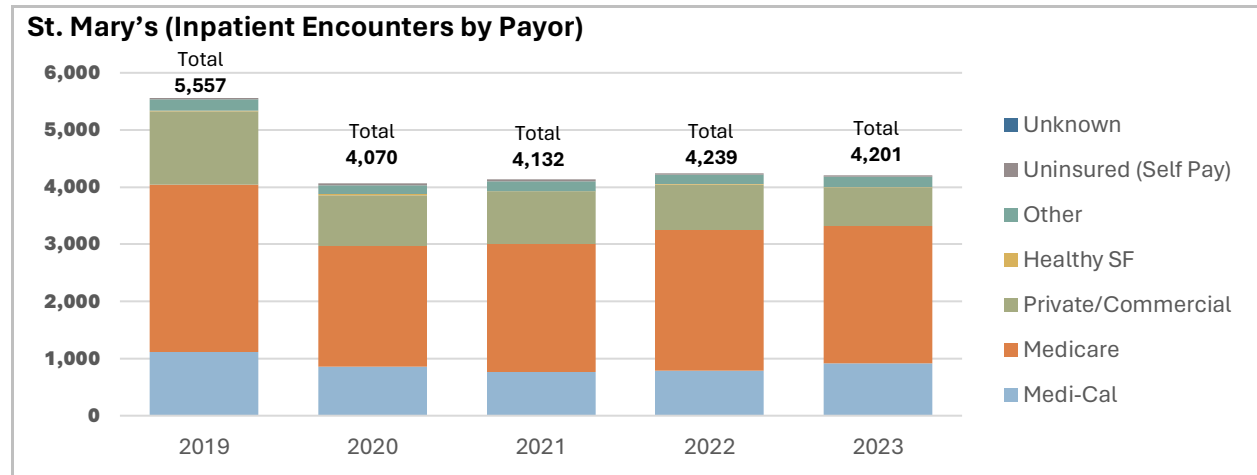
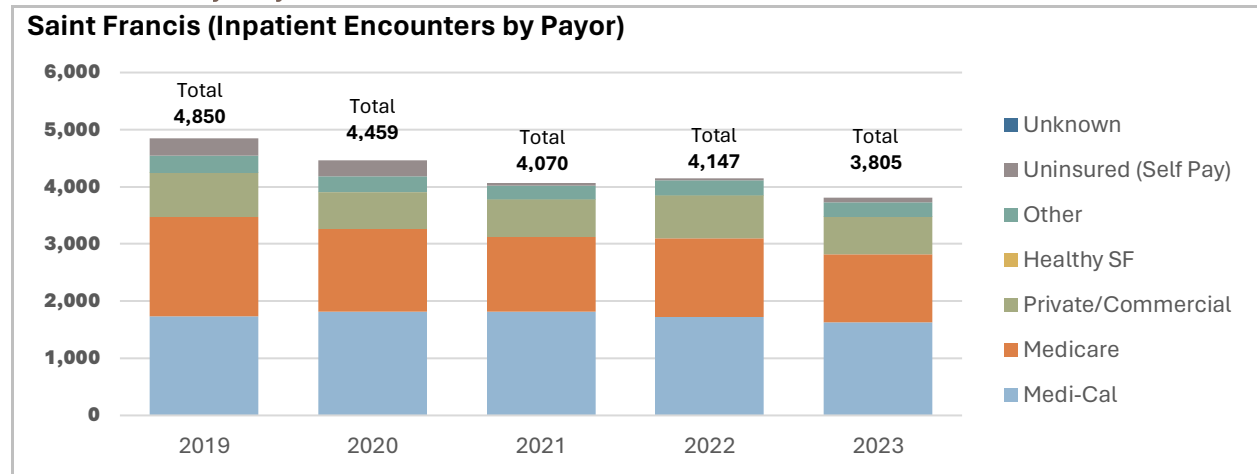
Encounters by Age



Encounters by Race or Race and Ethnicity

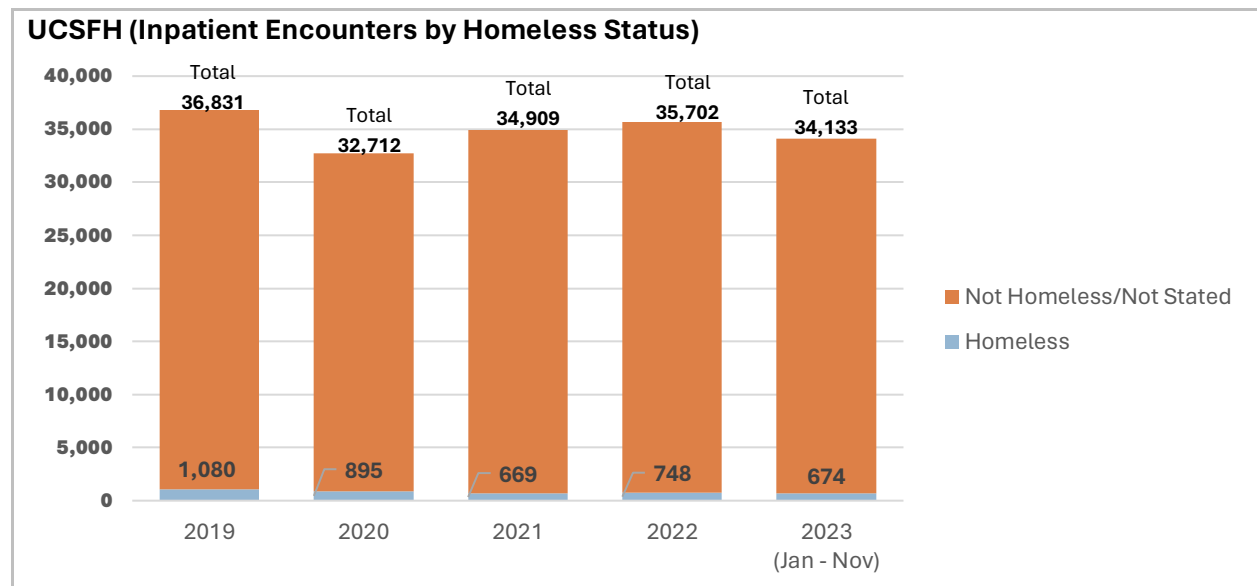
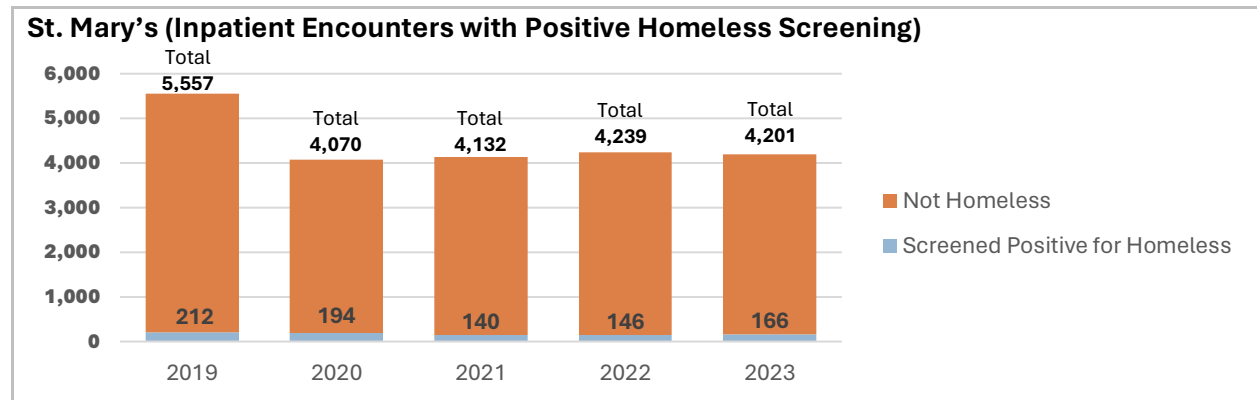
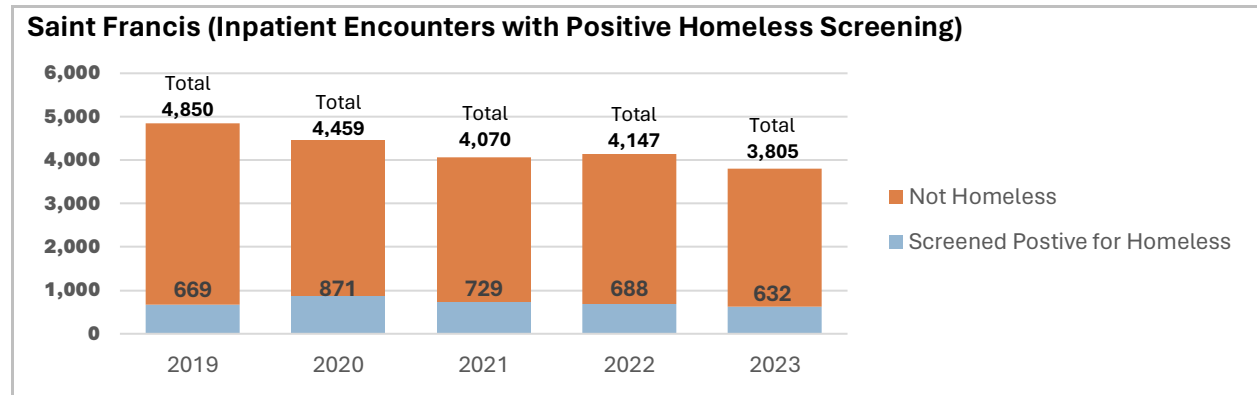


Encounters by Payor



Encounters by Housing Status

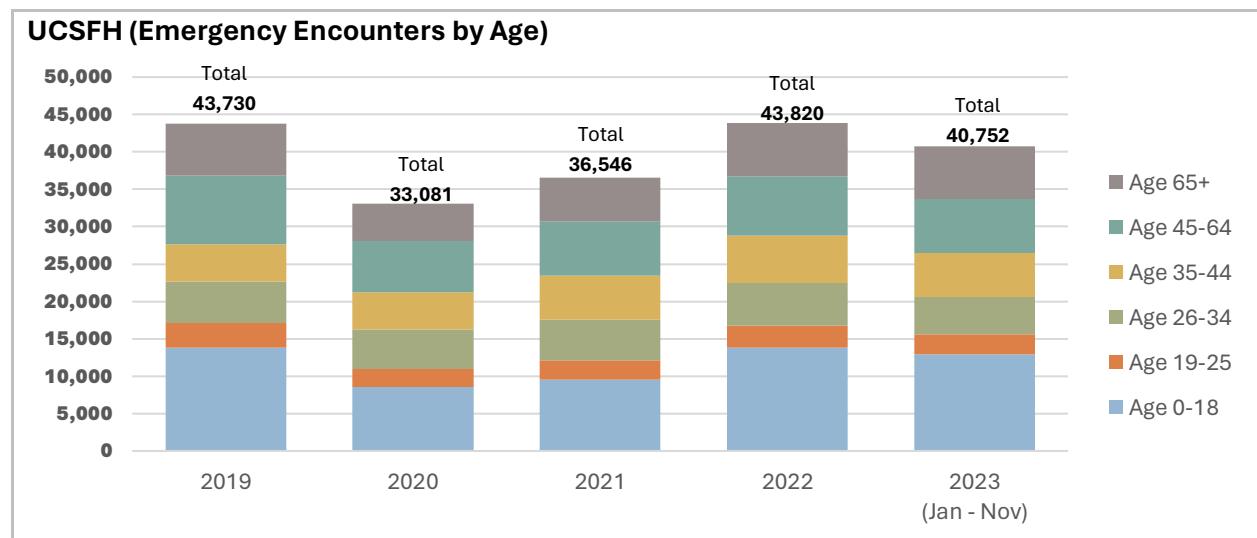
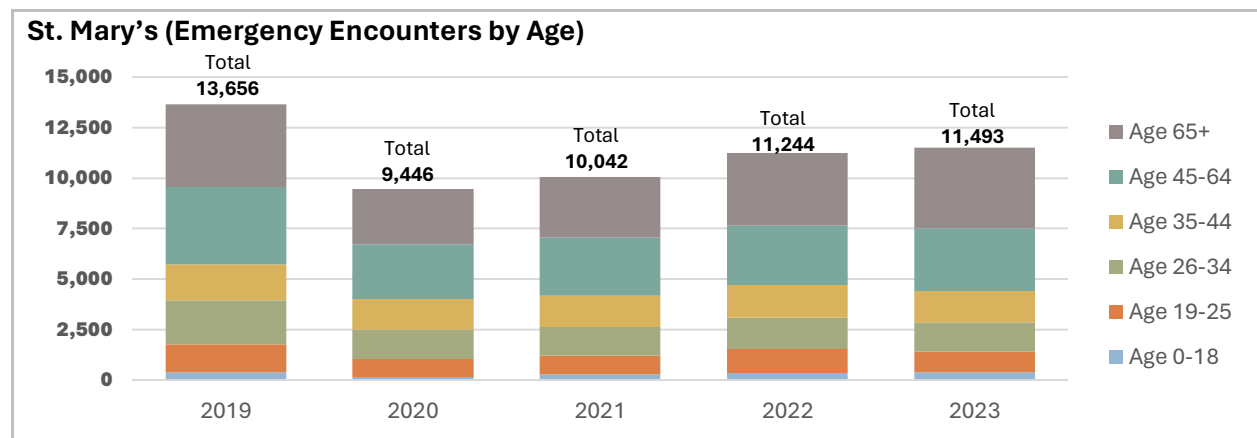
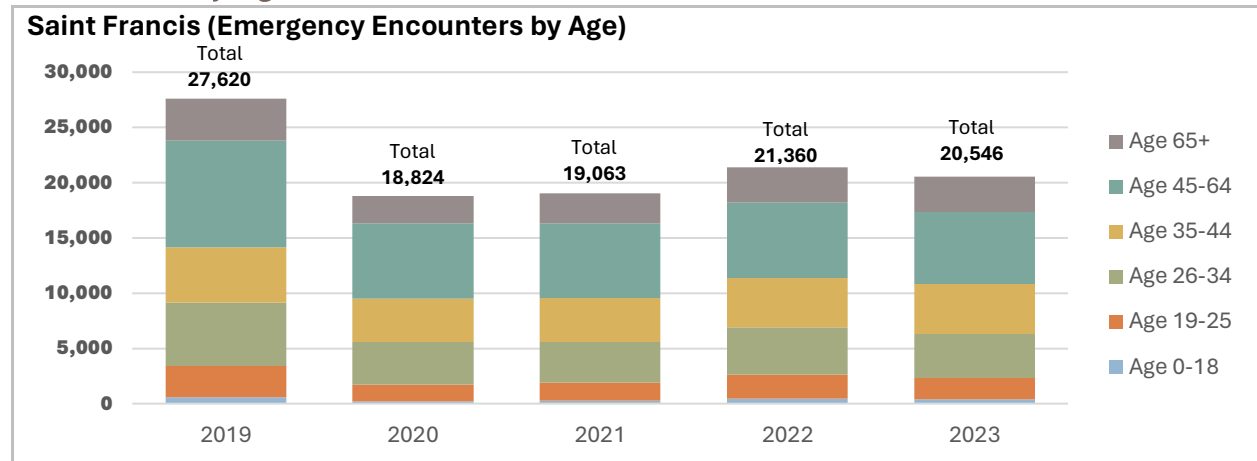
Dignity Health reported positive homeless screenings. UCSFH reported two categories – homeless and not homeless/not stated, which is consistent with its data tracking system.



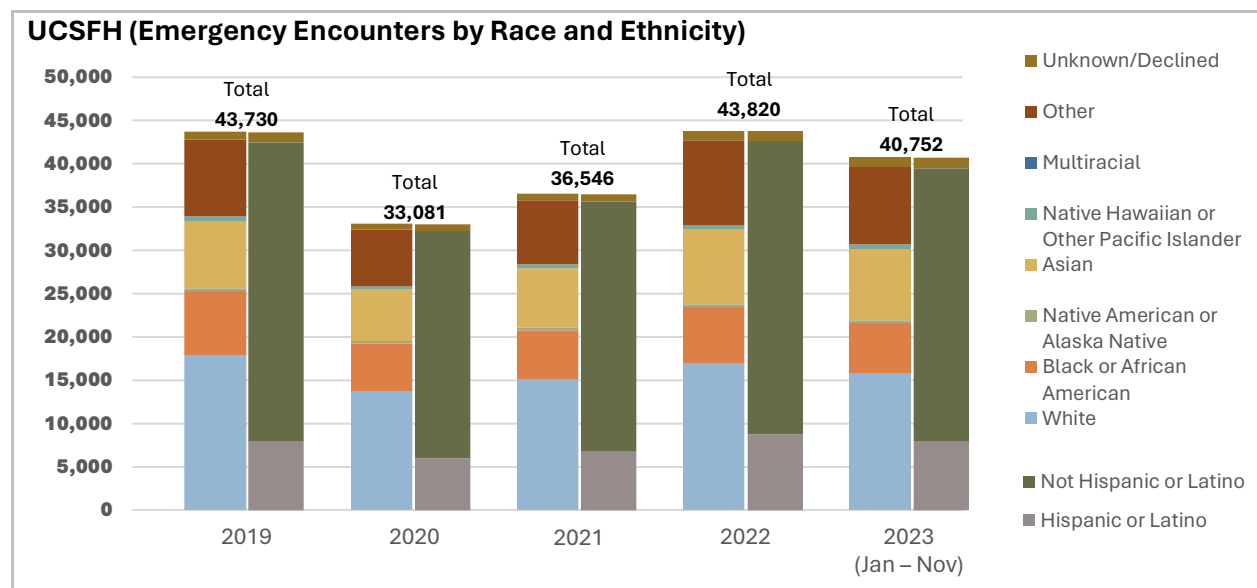
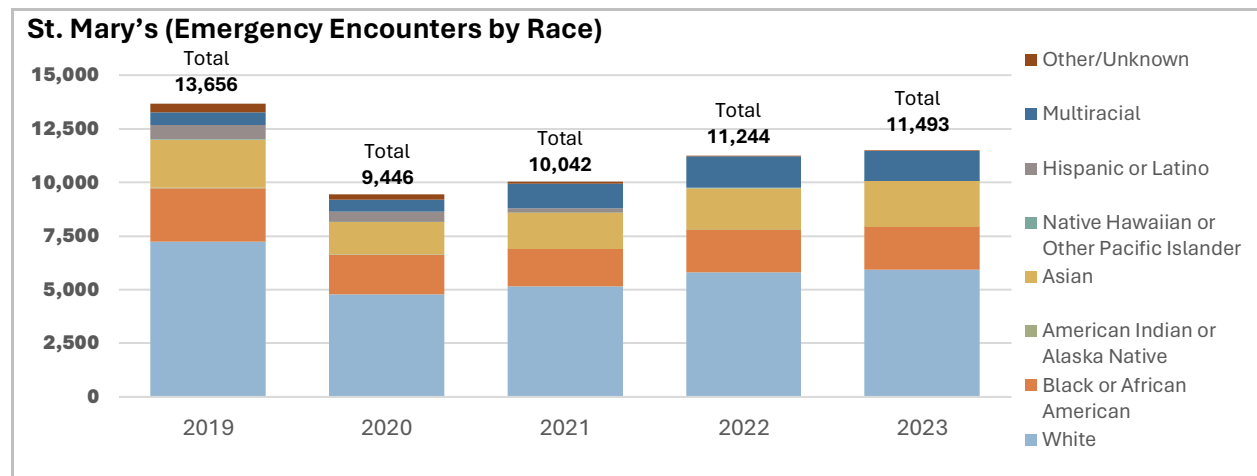
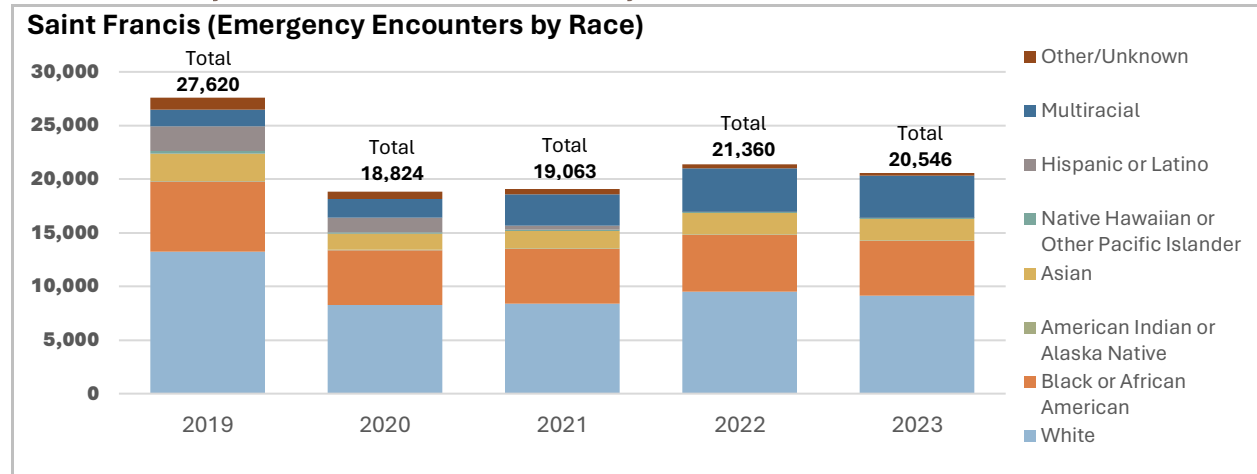
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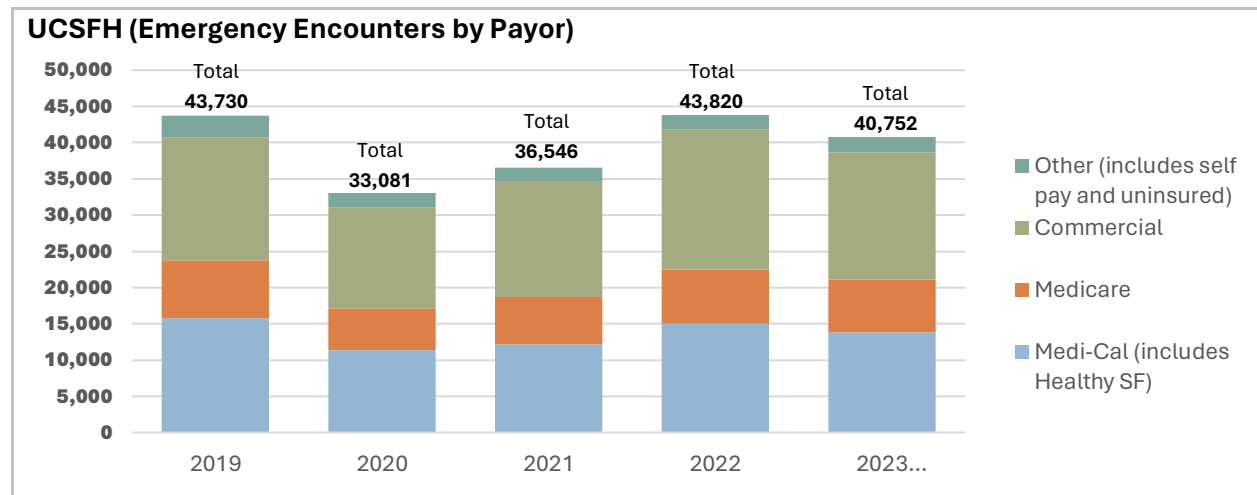
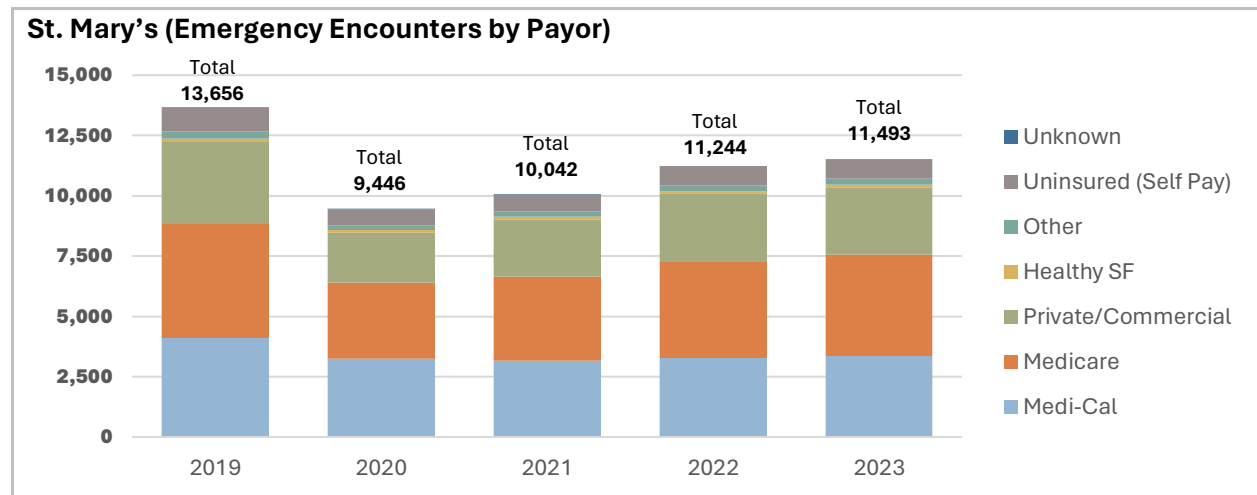
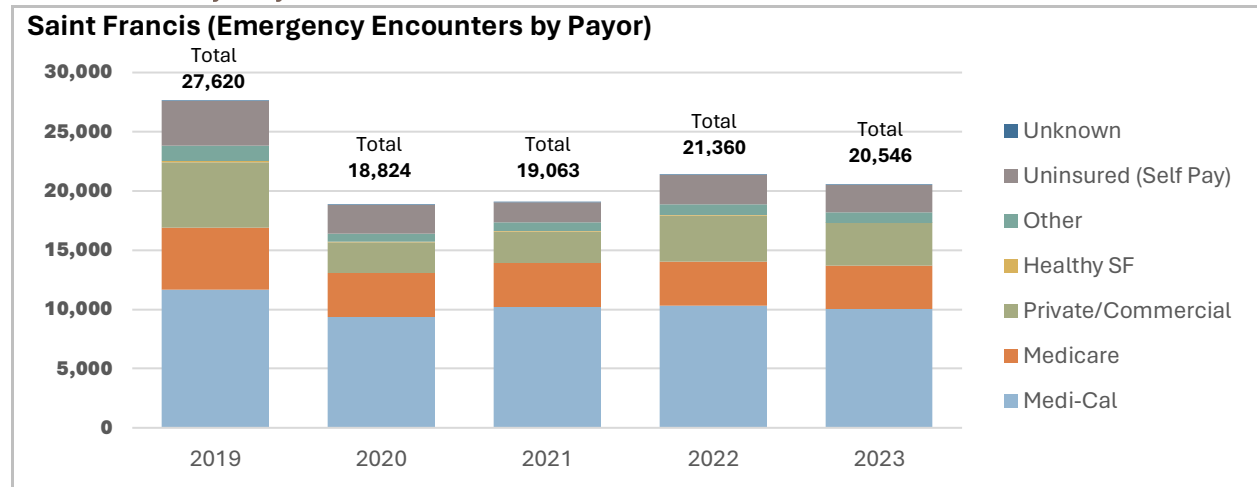
Encounters by Age



Encounters by Race or Race and Ethnicity

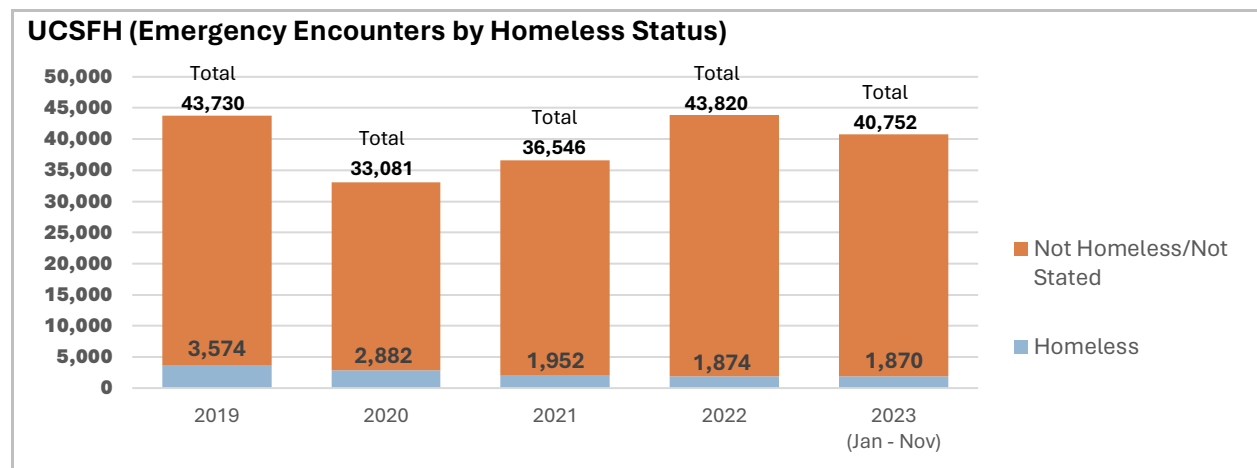
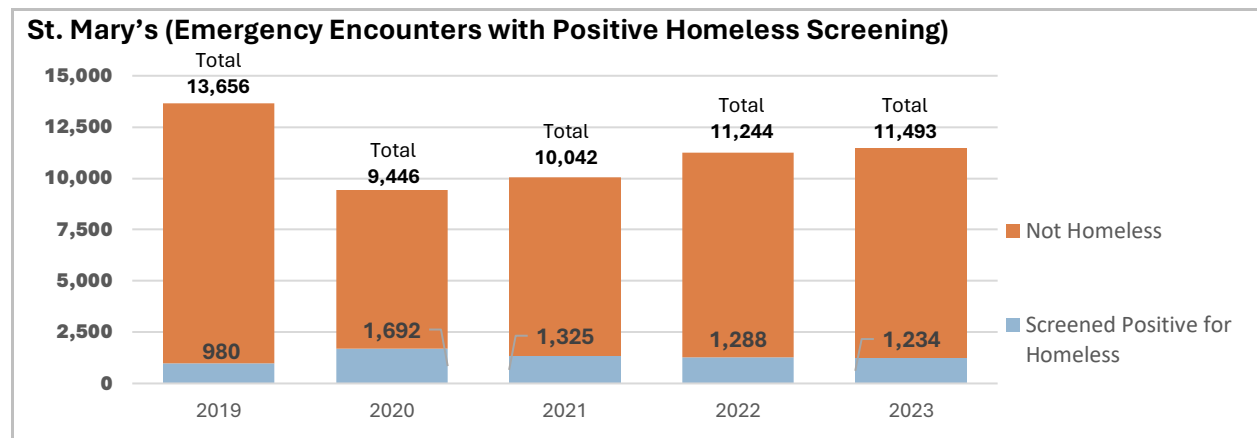
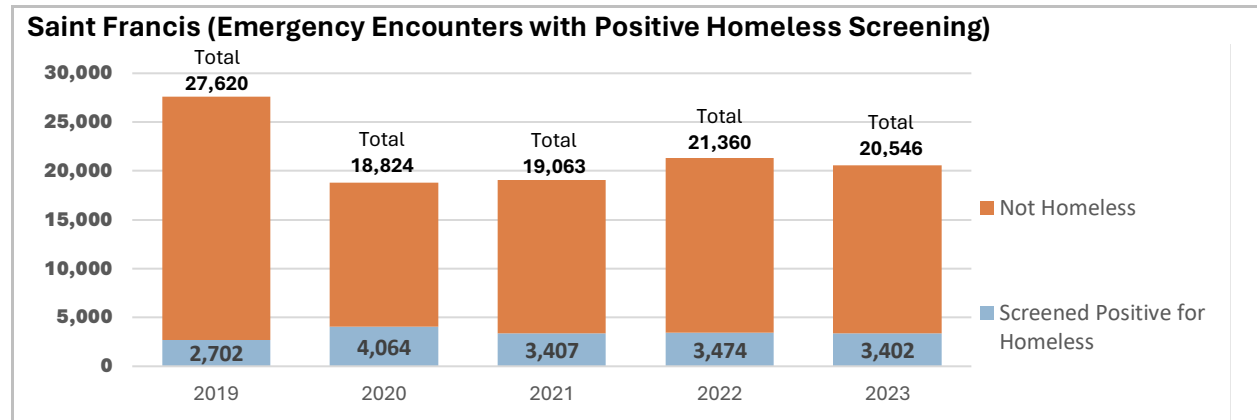


Encounters by Payor



Encounters by Housing Status

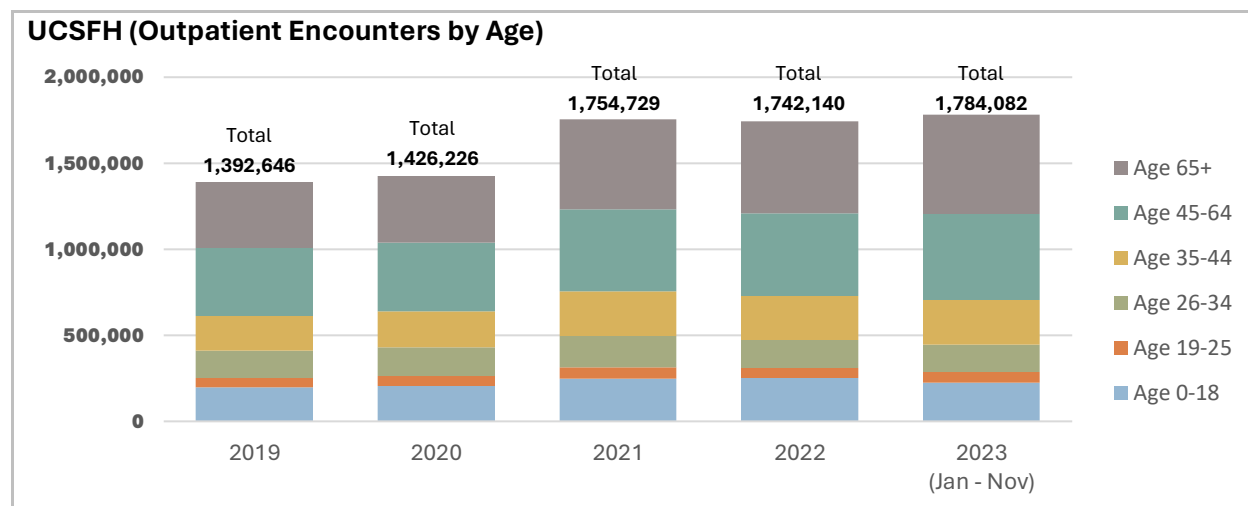
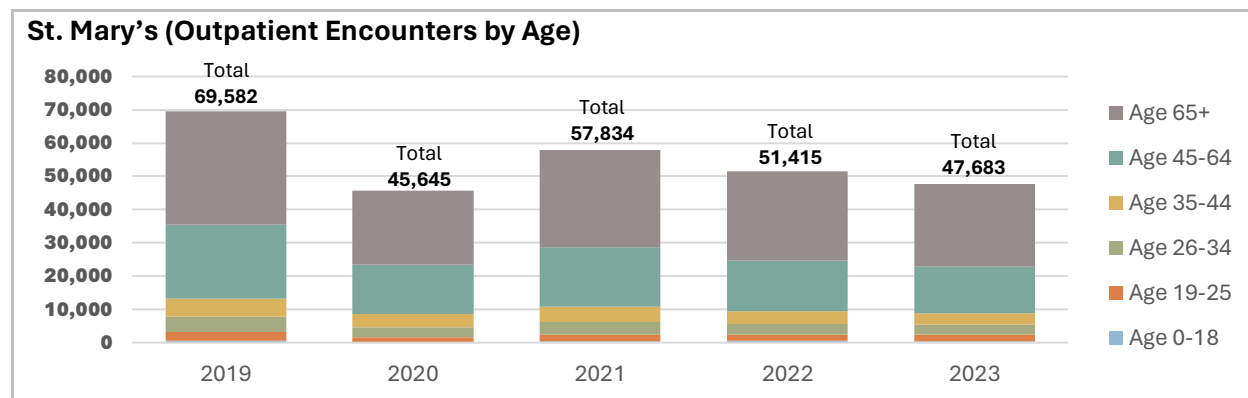
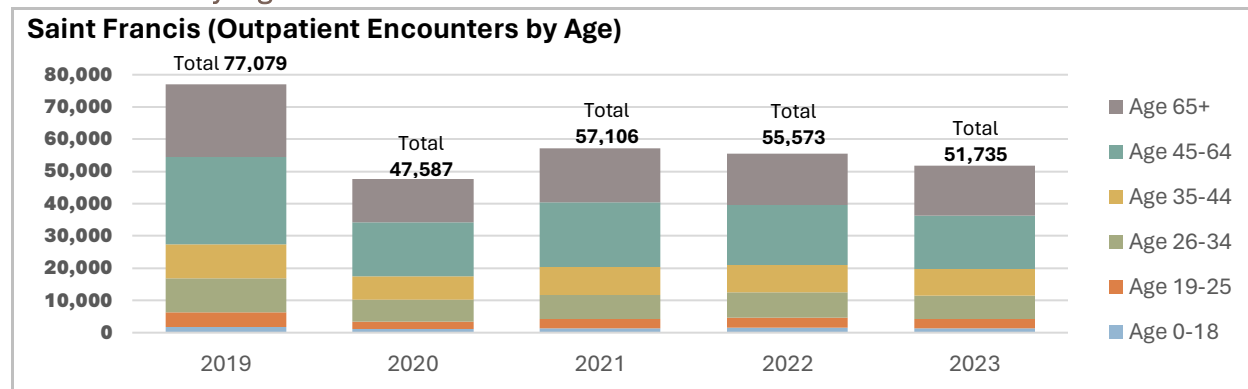
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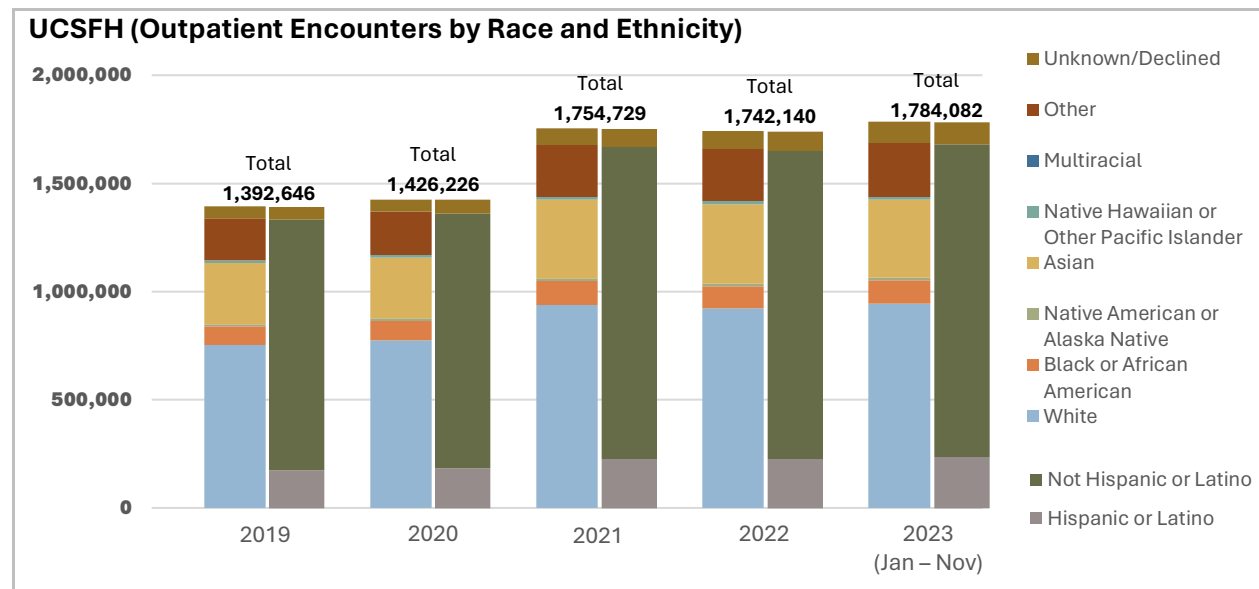
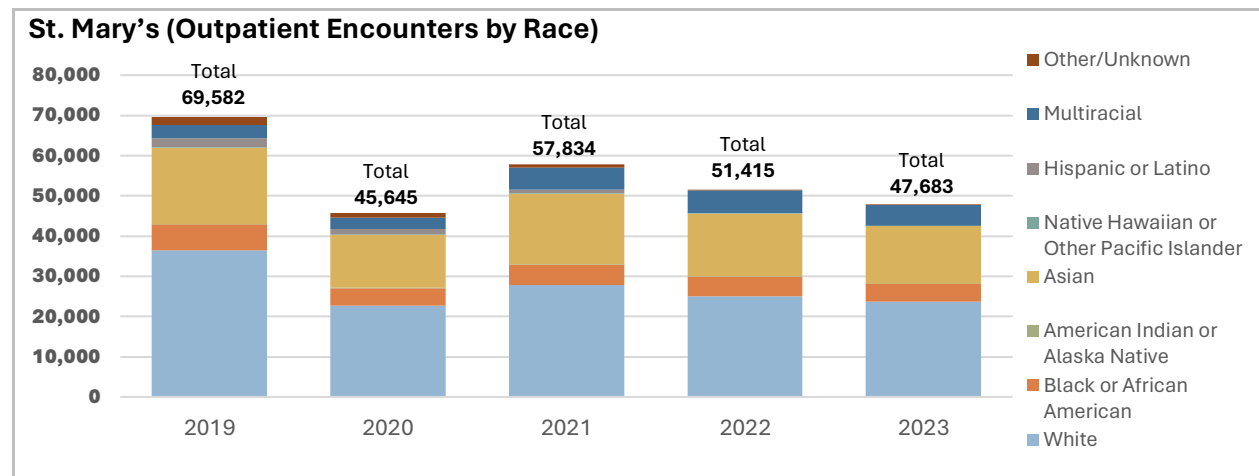
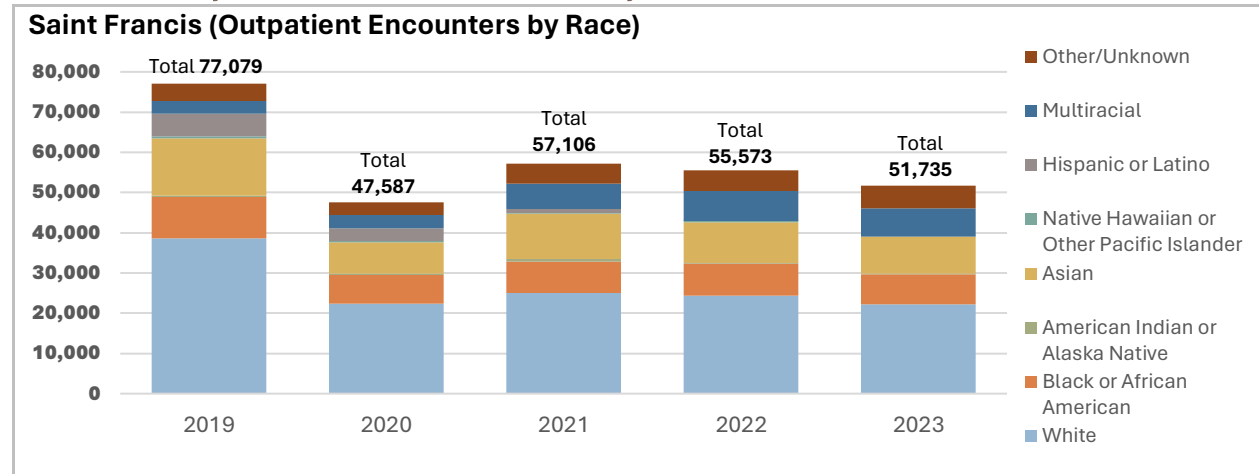
Outpatient Encounters

Outpatient data for Saint Francis represents all outpatient registrations, not visits, and excludes occupational health visits. St. Mary's data includes all outpatient registrations, not visits. For accounts that do not have a hospital billing component, data counts each transaction on the professional side – per encounter. Recurring accounts (e.g., Rehab, Occupational Therapy, Infusions, Radiation Oncology) are billed monthly so these categories have been counted as one patient case/encounter.

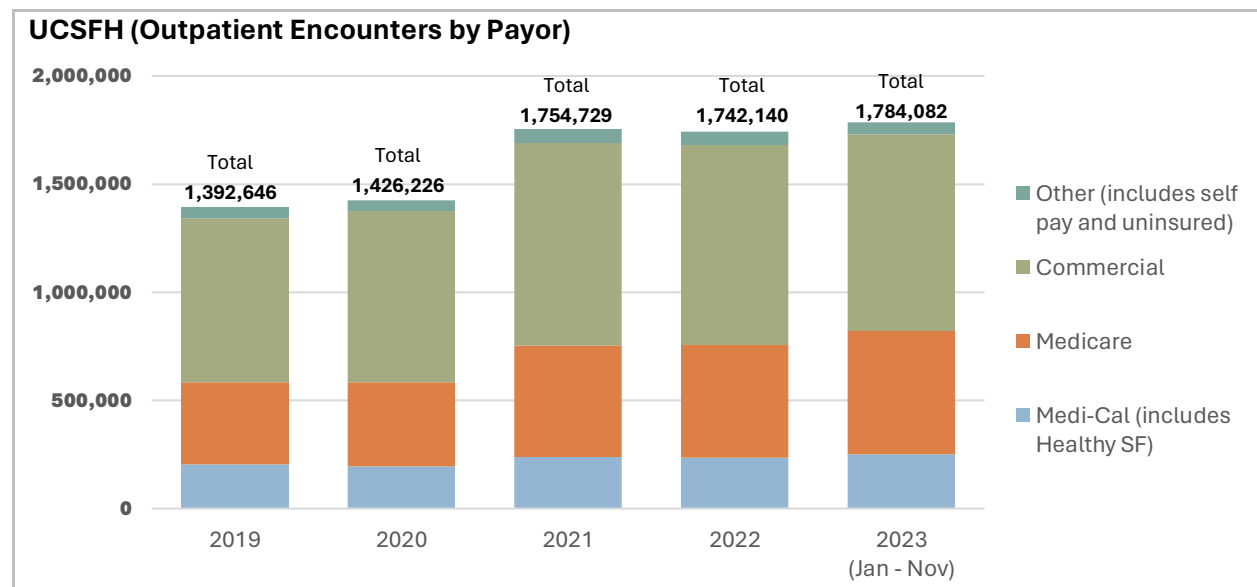
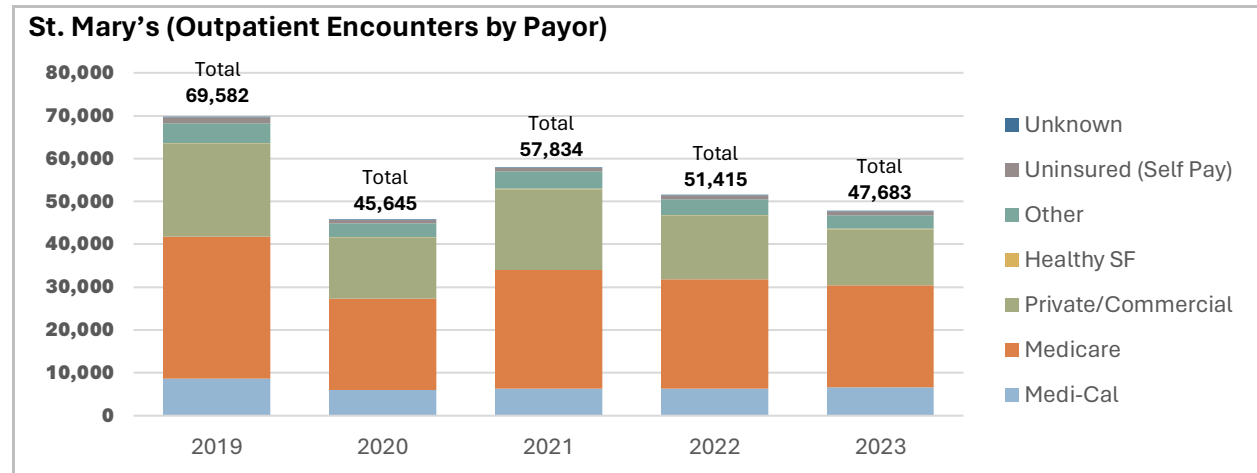
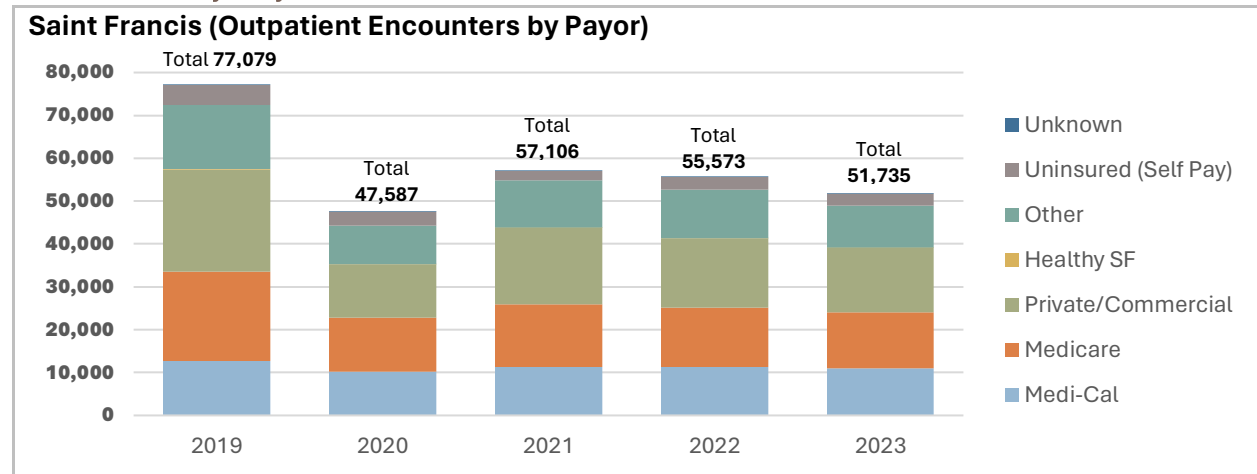
Encounters by Age



Encounters by Race or Race and Ethnicity



Encounters by Payor



Encounters by Housing Status

Dignity Health did not provide outpatient encounter data by housing status. UCSFH data is provided below.

