



True North Scorecard CY 2023 Updated: 03/23/2023 **Owner: ZSFG Executive Team** Unit/Dept: ZSFG-Wide

Purpose Statement: To track our performance in achieving True North, using focused driver metrics aligned with organization-wide strategies.

On-Target

Company Section Sect		THE ZDG WAY THE EXPLOSION PRODUCT	Unit/Dept: 25FG-	vviae																Off-Target
Control (Associated Security Florar (Florar (Control))				CY 22 d	lirection	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		Off-	CY 23 (unless noted in
Control Associated Univer Yassos Minorators (CAUTI) Start V, Virtual Control (CAUT	Departments Driving Equity	Ehrlich, Turner	% of departments	63%	1	25%	50%											40%		65%
Control Link Annual Link	Achieving Safe & Equitable Patient Care					•					,	YTD reset	on Fiscal Yea	ar		1		!		
Part	Catheter Associated Urinary Tract Infections (CAUTI)	Smith, Winston		Rate = 1.98	\															Rate = 2.26
Control Cont	Central Line Associated Bloodstream Infections (CLABSI)	Smith, Winston		Rate = 0.46	\															Rate = 0.77
Count Property Angulated Presenting Right Section County Property County Coun	Colon Surgical Site Infections (COLO SSI)	Smith, Winston	Ratio	Rate = 0.89	\	YTD reflects July														Rate = 1.62
Second Second Provided Secon	Hospital Acquired Pressure Injuries (HAPI)	Smith, Winston	_	Rate = 0.15	1															Rate = 0.20
Consequency Department - Ambidulance Diversion Rate	Falls with injury (med surg, 4A, ED, inpatient psych)	Smith, Winston	_	Rate = 0.93	\															Rate = 0.45
Secritary Carrol Clinics - Third Next Available Day, Onewy % of clinics < 2.2 Depo 2.74 ↑ 8.95 87% 9.95%	Harmonizing and Synergizing Access and Flow Ac	cross the ZSFG Cam	pus																	
Appaintment of 21 days	Emergency Department - Ambulance Diversion Rate	Day, Otway	% of time on diversion	63.9%	\	51.2%	45.1%											48.2%		50.0%
Patient Days		Day, Otway	% of clinics ≤ 21 Days	82%	1	80%	87%											84%		90%
Uselihood to Recommend Provider's Office to Friends & Family Likelihood to Recommend Provider's Office to Friends & Family Alabatic Provider Provider Average White Provider Average Provider Average Provider Average Provider Average Provider Average Provider Average Provider Pro		Day, Otway	# of patient days	1,315	4	1,898	1,440											1,669		1,100
Revenue Cycle Optimization Denial Rate - Hospital Billing Billinski, Botti V of Claims Denied TBD Transition to Fee-for-service TRUE NORTH OUTCOME METRICS CMS Star Rating Ehrlich Brich Wegit et Average Anal 73-15- Brich Wegit et Average Brich	Achieving Safe & Equitable Staff Experience				·															
Denial Rate - Hospital Billing Billinaki, Boffi % of Claims Denied TBD C	Under Construction	Turner	TBD	TBD ^B	\downarrow	Transi	tion to SAFE	System												TBD ^B
TRUE NORTH OUTCOME METRICS CMS Star Rating Ehrlich For Stars CMS Star Rating Ehrlich For Stars CMS Star Rating Ehrlich For Stars CMS Star Rating Ehrlich For Stars CMS Star Rating Chrlich For Stars CMS CAN Star Rating Chrlich For Stars CAN Star Table Chrlich For Star Table C	Revenue Cycle Optimization																			
CMS Star Rating	Denial Rate - Hospital Billing	Bilinski, Boffi	% of Claims Denied	TBD ^C	\	Transit	on to Fee-fo	or-service												TBD ^C
1	TRUE NORTH OUTCOME METRICS																			
White 70.1% 8/A 71.6% Asian 69.5% Hispanic 86.6%	CMS Star Rating	Ehrlich	# of stars	1 - Star	1	1 -	Star											1 - Star		2 - Star
Common C	Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	White 70.1% B/AA 71.6% Asian 69.5%	<u>^</u>		Q1 CY 2023	3												77.0%
Likelihood to Recommend ZSFG as a Workplace Ehrlich Weighted Average B/AA 3.54 Asian 3.70 Hispanic 3.79 General Fund Spend To Not Exceed Budgeted Amount Flyrich Sin Millions S		Ehrlich	% positive responses	77.8% White 76.2% B/AA 75.4% Asian 75.1%	\$\frac{1}{5}\$ \\ \frac{1}{5}\$		Q1 CY 2023	3												80.0%
Iseneral Fund Spend to Not Exceed Budgeted Amount Shrilish Sin Millions I S/X 11M I I I I I I I I I I I I I I I I I I	Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66 White 3.53 B/AA 3.54 Asian 3.70					DPI					/23)						3.75
	General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$78.11M	\downarrow		Q3 FY23			Q4 FY23			Q1 FY24			Q1 FY24		\$138.41M (Q2 FY23) ^D		\$174M

= Included in CMS Star Ratings

Footnotes:

A = Patient Safety and General Funds are measured and reported on Fiscal Year calendar; Equity and Flow are measured and reported on Calendar Year

B = Staff Experience metrics are under construction

C = Hospital Billing Denial Rate baseline and target to be defined in April

D = General Fund values are not cumulative, but a projected estimate of GF fund spend through the end of the fiscal year based on actual revenues and expenditures at the end of each quarter



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↑/↓ Desired direction of improvement On-Target Off-Target

rue North Pillar Measure	Executive Owner (Local Owner)	Measure Unit	CY Baseline ^A		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CYTD ^A	On- Off- Target	Target CY2022 (unless otherwise noted) ^A
EQUITY																			
Departments Driving Equity	Ehrlich, Turner	% of PIPs and DMS departments	51%	↑	50%	67%	50%	0%	50%	67%	67%	75%	80%	83%	67%	75%	64%		50%
SAFETY										,	✓ YTD reset on I	iscal Year							
Catheter Associated Urinary Tract Infections (CAUTI)	Smith, Winston	Count / 1,000 urinary catheter days	Rate = 1.98 ^A	\	Rate = 2.36 Count = 3	Rate = 2.27 Count = 2	Rate = 2.02 Count = 0	Rate = 1.91 Count = 1	Rate = 1.97 Count = 3	Rate = 1.98 Count = 2	Rate = 1.00 Count = 1	Rate = 2.89 Count = 5	Rate = 2.13 Count = 1	Rate = 1.81 Count = 1	Rate = 1.56 Count = 5	Rate = 1.93 Count = 5	Rate = 1.93 Count = 14		Rate = 2.26
Central Line Associated Bloodstream Infections (CLABSI)	Smith, Winston	Count / 1,000 central line days	Rate = 0.46 ^A	V	Rate = 0.64 Count = 1	Rate = 0.68 Count = 1	Rate = 0.61 Count = 0	Rate = 0.54 Count = 0	Rate = 0.50 Count = 0	Rate = 0.46 Count = 0	Rate = 2.97 Count = 2	Rate = 2.90 Count = 2	Rate = 1.77 Count = 0	Rate = 1.71 Count = 1	Rate = 1.52 Count = 1	Rate = 1.69 Count = 2	Rate = 1.69 Count = 8		Rate = 0.77
Colon Surgical Site Infections (COLO SSI)	Smith, Winston	Standardized Infection Ratio (Observed/Expected)	Rate = 0.89 ^A	\	Rate = 1.15 Count = 2	Rate = 1.06 Count = 0	Rate = 1.01 Count = 1	Rate = 0.96 Count = 0	Rate = 0.88 Count = 0	Rate = 0.89 Count = 1	Rate = 1.09 Count = 2	Rate = 1.40 Count = 2	Rate = 0.98 Count = 0	Rate = 1.21 Count = 2	Rate = 1.32 Count = 2	Rate = 1.08 Count = 0	Rate = 1.08 Count = 8		Rate = 1.62
Falls with injury (med surg, 4A, ED, inpatient psych)	Smith, Winston	Count / 1,000 midnight census	Rate = 0.93 ^A	\	Rate = 1.18 Count = 15	Rate = 1.18 Count = 8	Rate = 1.09 Count = 3	Rate = 1.04 Count = 4	Rate = 0.98 Count = 3	Rate = 0.93 Count = 3	Rate = 0.95 Count = 7	Rate = 0.54 Count = 1	Rate = 0.50 Count = 3	Rate = 0.53 Count = 5	Rate = 0.56 Count = 5	Rate = 0.61 Count = 7	Rate = 0.61 Count = 28		Rate = 0.45
QUALITY						<u> </u>			<u> </u>			<u> </u>							
Emergency Department - Diversion Rate	Day, Otway	% of time on Diversion	58.30%	+	66.9%	57.7%	58.0%	60.5%	76.2%	65.6%	67.8%	66.5%	66.7%	64.7%	57.6%	58.3%	63.9%		50.0%
Dept of Care Coordination - Lower Level of Care Patient Days	Day, Otway	Patient Days	1283	\	1276	913	1394	1204	1406	1384	1285	1108	1197	1363	1518	1735	1315		1100
Specialty Clinics - Third Next Available Appointment	Day, Otway	% clinics with ≤ 21 days TNAA	84.80%	1	78.0%	80.0%	74.0%	76.0%	78.0%	86.0%	87.8%	90.0%	88.0%	84.0%	82.0%	78.0%	81.8%		90%
CARE EXPERIENCE																			
Real-time Survey Implementation	Johnson	% of measures achieved by departments	52%	↑	52%	52%	52%	52%	52% 52% Strategy under revision								52%		33% by 8/31/21 66% by 9/30/21 100% by 10/31/21
DEVELOPING OUR PEOPLE											<u>'</u>								
Operationalizing Thriving at Work Strategy Composite	Johnson, Damiano	% of targets achieved by focus group	67%	↑	81%	81%	81%	81%	81%	81%		Str	ategy un	der revi	sion		81%		33% by 7/31/21 66% by 8/31/21 100% by 12/31/21
FINANCIAL STEWARDSHIP										,	✓ YTD reset on F	iscal Year							
Salary Variance	Boffi	\$ in Millions Variance	-\$4.80 ^A	1	-\$5.470	-\$7.200	-\$8.600	-\$9.600	-\$10.700	-\$12.257	\$0.130	-\$0.047	-\$0.256	\$0.149	-\$1.380	-\$0.820	-\$0.820		\$0.000
TRUE NORTH OUTCOME METRIC	s																		
CMS Star Rating	Ehrlich	# stars	1-Star	↑						1-Star							1-Star		2-Star
Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	78.3%	↑		70.9%			76.9%			65.4%			70.6%		69.3%		80%
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑					(2019 \$	3.66 Staff Engagemer	nt Survey)						3.66		3.76
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$82.13M	\		\$69.64M (Q3 FY 22)			\$78.11M (Q4 FY22)			\$136.08M (Q1 FY23)			\$138.41M (Q2 FY23)		\$138.41M ^B		\$159.9M
	Departments Driving Equity SAFETY Catheter Associated Urinary Tract Infections (CAUTI) Central Line Associated Bloodstream Infections (CLABSI) Colon Surgical Site Infections (COLO SSI) Falls with injury (med surg, 4A, ED, inpatient psych) QUALITY Emergency Department - Diversion Rate Dept of Care Coordination - Lower Level of Care Patient Days Specialty Clinics - Third Next Available Appointment CARE EXPERIENCE Real-time Survey Implementation DEVELOPING OUR PEOPLE Operationalizing Thriving at Work Strategy Composite FINANCIAL STEWARDSHIP Salary Variance TRUE NORTH OUTCOME METRIC CMS Star Rating Likelihood to Recommend Hospital to Friends & Family Likelihood to Recommend ZSFG as a Workplace General Fund Spend To Not Exceed	Departments Driving Equity Equity Departments Driving Equity Ehrlich, Turner SAFETY Catheter Associated Urinary Tract Infections (CAUTI) Central Line Associated Bloodstream Infections (CLABSI) Colon Surgical Site Infections (COLO SSI) Falls with injury (med surg, 4A, ED, inpatient psych) QUALITY Emergency Department - Diversion Rate Dept of Care Coordination - Lower Level of Care Patient Days Specialty Clinics - Third Next Available Appointment CARE EXPERIENCE Real-time Survey Implementation Developing our People Operationalizing Thriving at Work Strategy Composite TRUE NORTH OUTCOME METRICS CMS Star Rating Likelihood to Recommend Hospital to Friends & Family Likelihood to Recommend ZSFG as a Workplace General Fund Spend To Not Exceed Ehrlich Ehrlich Ehrlich Ehrlich Ehrlich Ehrlich Ehrlich Ehrlich Ehrlich	Departments Driving Equity Enrich, Turner Catheter Associated Urinary Tract Infections (CAUTI) Central Line Associated Bloodstream Infections (CAUTI) Colon Surgical Site Infections (COLO Smith, Winston Count / 1,000 central line days Colon Surgical Site Infections (COLO Smith, Winston Ratio (Observed/Expected) Falls with injury (med surg, 4A, ED, inpatient psych) COUALITY Emergency Department - Diversion Rate Day, Otway Count / 1,000 central line days Standardized Infection (Ratio (Observed/Expected)) Count / 1,000 midnight census Count / 1,000 midnight census Standardized Infection (Ratio (Observed/Expected)) Count / 1,000 midnight census Count / 1,000 central line days Count / 1,000 midnight census Count / 1,000 central line days Standardized Infection Ratio (Observed/Expected) Count / 1,000 central line days Standardized Infection Ratio (Observed/Expected) Count / 1,000 central line days Standardized Infection Ratio (Observed/Expected) Count / 1,000 central line days Standardized Infection Ratio (Observed/Expected) Count / 1,000 central line days Standardized Infections Ratio (Observed/Expected) Count / 1,000 central line days Standardized Infections Count / 1,000 central line days Standardized Infections (Count / 1,000	Country Cou	Count / 1,000 uninary Count / 1,000 uninary Rate = 1.98	Departments Driving Equity Ehrlich, Turner Wedgenarments Safetine Wedgenarments Safetine Samith, Winston Count / 1,000 urinary catheter days Rate = 1.98	Count Coun	Count Coun	Departments Driving Equity Ehrlich, Turner No of Pi's and DMS Standardised Medicine State State	Page Page	Department De	Description Description	Control Cont	Control Cont	Part Court Court	Column	Column	Column	Column

= Included in CMS Star Ratings

Footnotes:

A = Salary Variance and Patient Safety Baseline and Target are on a Fiscal Year (FY) not Calendar Year (CY)

B = General Fund values are not cumulative, but a projected estimate of GF fund spend through the end of the fiscal year based on actual revenues and expenditures at the end of each quarter