



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

On-Target
Off-Target

True North Strategy Measure	Executive Owner	Measure Unit	CY 22 Baseline ^A	Improvement direction ↑/↓	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CY 23 Year To Date ^A	On-Off-Target	Target CY 23 (unless noted in footnote) ^A
Departments Driving Equity	Ehrlich, Turner	% of departments	63%	↑	25%	60%	75%	67%	50%	88%	100%	67%					68%	On-Target	65%
Achieving Safe & Equitable Patient Care																			
★ Catheter Associated Urinary Tract Infections (CAUTI) ^D	Smith	Standardized Infection Ratio	Rate = 1.78	↓	Rate = 1.15 Count = 6	Rate = 1.07 Count = 0	Rate = 1.23 Count = 4	Rate = 1.35 Count = 4	Rate = 1.37 Count = 4	Rate = 1.31 Count = 1	Rate = 1.33 Count = 2						Rate = 1.33 Count = 21	Off-Target	Rate = 0.87
★ Central Line Associated Bloodstream Infections (CLABSI) ^D	Smith	Standardized Infection Ratio	Rate = 0.40	↓	Rate = 0.81 Count = 1	Rate = 0.74 Count = 0	Rate = 0.81 Count = 1	Rate = 0.82 Count = 0	Rate = 0.81 Count = 0	Rate = 0.83 Count = 0	Rate = 0.65 Count = 0						Rate = 0.65 Count = 2	Off-Target	Rate = 1.11
★ Colon Surgical Site Infections (COLO SSI)	Smith	Standardized Infection Ratio	Rate = 0.96	↓	Rate = 0.87 Count = 0	Rate = 0.81 Count = 0	Rate = 0.78 Count = 0	Rate = 0.76 Count = 0	Rate = 0.84 Count = 1	Rate = 0.97 Count = 3							Rate = 0.97 Count = 4	Off-Target	Rate = 0.81
Hospital Acquired Pressure Injuries (HAPI)	Smith	Count / 1,000 midnight census	Rate = 0.28	↓	Rate = 0.28 Count = 1	Rate = 0.28 Count = 3	Rate = 0.29 Count = 3	Rate = 0.31 Count = 1	Rate = 0.32 Count = 1	Rate = 0.31 Count = 3	Rate = 0.34 Count = 1						Rate = 0.34 Count = 13	Off-Target	Rate = 0.20
Falls with injury (med surg, 4A, ED, inpatient psych)	Smith	Count / 1,000 midnight census	Rate = 0.71	↓	Rate = 0.57 Count = 3	Rate = 0.50 Count = 2	Rate = 0.53 Count = 6	Rate = 0.57 Count = 8	Rate = 0.57 Count = 4	Rate = 0.58 Count = 4	Rate = 0.56 Count = 5						Rate = 0.56 Count = 32	Off-Target	Rate = 0.45
Harmonizing and Synergizing Access and Flow Across the ZSFG Campus																			
Emergency Department - Ambulance Diversion Rate	Day, Otway	% of time on diversion	63.9%	↓	51.2%	45.1%	43.1%	47.8%	37.3%	37.3%	40.4%	52.0%					44.3%	On-Target	50.0%
Specialty Care Clinics - Third Next Available Appointment ≤ 21 days	Day, Otway	% of clinics ≤ 21 Days	82%	↑	80%	87%	89%	76%	76%	78%	83%	85%					82%	Off-Target	90%
Department of Care Coordination - Lower Level Of Care Patient Days	Day, Otway	# of patient days	1,315	↓	1,914	1,490	1,534	1,528	1,613	1,608	1,503	1,610					1,600	Off-Target	1,100
Achieving Safe & Equitable Staff Experience																			
Physical Assaults with Injury	Turner	# per Month	3.1 ^B	↓	5.0	5.0	9.0	6.0	4.0	4.0	3.0	4.0					5.0	Off-Target	2.0
Revenue Cycle Optimization																			
Denial Rate - Hospital Billing	Boffi	% of Claims Denied	18.6%	↓	15.6%	20.0%	19.6%	18.1%	18.5%	19.7%	18.6%	19.6%					19.1%	Off-Target	17.0%
TRUE NORTH OUTCOME METRICS																			
★ CMS Star Rating	Ehrlich	# of stars	1 - Star	↑	1 - Star		1 - Star		2 - Star								2 - Star	On-Target	2 - Star
★ Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	75.3%	↑	74.0% n = 323		79.5% n = 332		Q3 CY 2023		Q4 CY 2023						77%	On-Target	77.0%
			Asian 69.5%		Asian 69.7% n = 109	Asian 76.7% n = 90					73%	Off-Target							
			B/AA 71.6%		B/AA 71.0% n = 31	B/AA 70.4% n = 27					71%	Off-Target							
			Hispanic 86.6%		Hispanic 85.4% n = 103	Hispanic 92.6% n = 121					89%	On-Target							
Likelihood to Recommend Provider's Office to Friends & Family	Ehrlich	% positive responses	77.8%	↑	79.8% n = 7,186		80.5% n = 7,031		Q3 CY 2023		Q4 CY 2023						80%	On-Target	80.0%
			Asian 75.1%		Asian 79.3% n = 1,370	Asian 78.3% n = 1,402					79%	Off-Target							
			B/AA 75.4%		B/AA 77.2% n = 892	B/AA 79.7% n = 876					78%	Off-Target							
			Hispanic 80.0%		Hispanic 81.5% n = 2,958	Hispanic 82.4% n = 2,896					82%	On-Target							
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑	DPH Staff Engagement Survey (3/1/23 to 3/31/23)														3.75
			Asian 3.70		Results Expected September 2023														
			B/AA 3.54																
			Hispanic 3.79																
White 3.53																			
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$78.11M	↓	\$146.47M		Q4 FY23		Q1 FY24		Q1 FY24						\$146.47M (Q3 FY23) ^C	On-Target	\$174M

★ = Included in CMS Star Ratings

Footnotes:

Patient Safety metrics are measured and reported on a rolling 12-month calendar, with 1-month lag (COLO SSI has a 2-month lag);
A = General Funds are measured and reported on Fiscal Year calendar;
All other metrics are measured and reported on Calendar Year start/end
B = High risk areas include: Psych (Inpatient and Psych Emergency), Med-Surg, Behavioral Health Center, Emergency Department, Urgent Care
C = 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
D = Patient Safety: CAUTI and CLABSI now measured as Standard-Infection-Ratio starting July 2023