



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

True North Strategy Measure	Executive Owner	Measure Unit	CY 22 Baseline <sup>A</sup>	Improvement direction ↑/↓	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CY 23 Year To Date <sup>A</sup>	On-Off-Target	Target CY 23 (unless noted in footnote) <sup>A</sup>
Departments Driving Equity	Ehrlich, Turner	% of departments	63%	↑	25%	60%	75%	67%	67%	88%	100%	67%	83%	100%			73%		65%
⚖️ Achieving Safe & Equitable Patient Care																			
Catheter Associated Urinary Tract Infections (CAUTI) <sup>D</sup>	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 = 1.13 Count = 0	Rate = 1.14 Count = 1				Rate = 1.14 Count = 22		Rate = 0.87
Central Line Associated Bloodstream Infections (CLABSI) <sup>D</sup>	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 = 0.49 Count = 0	Rate = 0.49 Count = 0				Rate = 0.49 Count = 2		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 = 1.07 Count = 2	Rate = 0.90 Count = 0					Rate = 0.90 Count = 6		Rate = 0.81
Hospital Acquired Pressure Injuries (HAPI)	Smith	Count / 1,000 midnight census	Rate = 0.28	↓	Rate = 0.28 Count = 1	Rate = 0.29 Count = 3	Rate = 0.31 Count = 3	Rate = 0.32 Count = 1	Rate = 0.31 Count = 1	Rate = 0.34 Count = 3	Rate = 0.34 Count = 1	Rate = 0.34 Count = 0	Rate = 0.31 Count = 1				Rate = 0.31 Count = 14		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 = 0.60 Count = 5	Rate = 0.60 Count = 3				Rate = 0.60 Count = 40		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%	60.7%	45.7%			46.1%		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%	94%				83%		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	1,632	1,777	1,755			1,635		1,100
👥 Achieving Safe & Equitable Staff Experience																			
Physical Assaults with Injury	Turner	# per Month	3 <sup>B</sup>	↓	5	5	9	6	4	4	3	4	4	3			5		2
🏛️ 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%	18.2%	19.1%			18.9%		17.0%
TRUE NORTH OUTCOME METRICS																			
CMS Star Rating	Ehrlich	# of stars	1 - Star	↑	1 - Star		1 - Star		2 - Star								2 - Star		2 - Star
Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	75.3%	↑	74.0%    n = 323		79.5%    n = 332		74.6%    n = 295		Q4 CY 2023		76.1%			77.0%			
			Asian    69.5%		Asian    69.7%    n = 109		Asian    76.7%    n = 90		Asian    65.4%    n = 107		70.3%								
			B/AA    71.6%		B/AA    71.0%    n = 31		B/AA    70.4%    n = 27		B/AA    72.7%    n = 22		71.3%								
			Hispanic    86.6%		Hispanic    85.4%    n = 103		Hispanic    92.6%    n = 121		Hispanic    90.0%    n = 100		89.5%								
			White    70.1%		White    63.5%    n = 74		White    68.3%    n = 82		White    65.5%    n = 58		65.9%								
Likelihood to Recommend Provider's Office to Friends & Family	Ehrlich	% positive responses	77.8%	↑	76.8%    n = 4,459		78.0%    n = 4,318		78.0%    n = 3,929		Q4 CY 2023		77.6%			80.0%			
			Asian    75.1%		Asian    78.3%    n = 904		Asian    77.8%    n = 917		Asian    79.1%    n = 808		78.4%								
			B/AA    75.4%		B/AA    72.8%    n = 552		B/AA    77.0%    n = 543		B/AA    76.2%    n = 441		75.3%								
			Hispanic    80.0%		Hispanic    79.1%    n = 1,788		Hispanic    79.9%    n = 1,736		Hispanic    79.5%    n = 1,677		79.5%								
			White    76.2%		White    74.7%    n = 989		White    74.9%    n = 915		White    73.9%    n = 816		74.5%								
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑	DPH Staff Engagement Survey (3/1/23 to 3/31/23)  Results Expected September 2023														3.75
			Asian    3.70																
			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		\$111.08M		Q1 FY24		Q1 FY24				\$111.08M <sup>C</sup>			\$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 Standardized-Infection-Ratio starting July 2023