



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%	67%	88%	100%	67%	83%	100%	63%	75%	74%	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 = 1.17 Count = 1	Rate = 1.18 Count = 1	Rate = 1.12 Count = 0	Rate = 1.22 Count = 3	Rate = 1.12 Count = 2	Rate = 1.12 Count = 28	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 = 0.49 Count = 0	Rate = 0.49 Count = 0	Rate = 0.40 Count = 0	Rate = 0.41 Count = 1	Rate = 0.21 Count = 0	Rate = 0.21 Count = 3	On-Target	Rate = 1.11
★ Colon Surgical Site Infections (COLO SSI)	Smith	Standardized Infection Ratio	Rate = 0.96	↓	Rate = 1.17 Count = 1	Rate = 0.88 Count = 0	Rate = 0.85 Count = 0	Rate = 0.82 Count = 0	Rate = 0.90 Count = 1	Rate = 1.05 Count = 3	Rate = 1.15 Count = 2	Rate = 1.05 Count = 0	Rate = 1.05 Count = 1	Rate = 1.15 Count = 3	Rate = 1.10 Count = 0	Rate = 1.13 Count = 0	Rate = 1.13 Count = 11	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 = 0.29 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 = 0.25 Count = 0	Rate = 0.21 Count = 1	Rate = 0.20 Count = 1	Rate = 0.20 Count = 16	On-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 = 0.60 Count = 5	Rate = 0.60 Count = 3	Rate = 0.59 Count = 5	Rate = 0.58 Count = 4	Rate = 0.60 Count = 9	Rate = 0.60 Count = 58	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%	60.7%	45.7%	42.70%	59.70%	46.9%	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%	79%	83%	87%	94%	94%	90%	83%	85%	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	1,630	1,754	1,763	1,797	1,951	1,674	Off-Target	1,100
Achieving Safe & Equitable Staff Experience																			
Physical Assaults with Injury	Turner	# per Month	3 ^B	↓	5	6	10	6	4	4	3	4	4	4	2	4	4.7	Off-Target	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%	17.2%	16.8%	18.6%	Off-Target	17.0%
TRUE NORTH OUTCOME METRICS																			
★ CMS Star Rating	Ehrlich	# of stars	1 - Star	↑	1 - Star			1 - Star			2 - 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			74.6% n = 295			77.4% n = 243			76.4%	Off-Target	77.0%
			Asian 69.5%		Asian 69.7% n = 109	Asian 76.7% n = 90	Asian 65.4% n = 107	Asian 64.6% n = 79	69.1%										
			B/AA 71.6%		B/AA 71.0% n = 31	B/AA 70.4% n = 27	B/AA 72.7% n = 22	B/AA 73.9% n = 23	71.9%										
			Hispanic 86.6%		Hispanic 85.4% n = 103	Hispanic 92.6% n = 121	Hispanic 90.0% n = 100	Hispanic 92.1% n = 76	90.0%										
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			75.1% n = 4,041			77.0%	Off-Target	80.0%
			Asian 75.1%		Asian 78.3% n = 904	Asian 77.8% n = 917	Asian 79.1% n = 808	Asian 73.8% n = 808	77.3%										
			B/AA 75.4%		B/AA 72.8% n = 552	B/AA 77.0% n = 543	B/AA 76.2% n = 441	B/AA 70.3% n = 501	74.0%										
			Hispanic 80.0%		Hispanic 79.1% n = 1,788	Hispanic 79.9% n = 1,736	Hispanic 79.5% n = 1,677	Hispanic 78.7% n = 1,712	79.3%										
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	↓	FY 23 Q3 \$146.47M			FY 23 Q4 \$111.08M			FY 24 Q1 \$137.74M			FY 24 Q2 \$95.83M			\$111.08M ^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 Standardized-Infection-Ratio starting July 2023