



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

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

True North Pillar Measure	Executive Owner	Measure Unit	CY Baseline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CYTD*	On-Off-Target	Target CY2021 (unless otherwise noted)	
EQUITY																			
Departments Driving Equity	Ehrlich, Turner	% of PIPs and DMS departments	30% ↑	50.0%	50.0%											50.0%		50%	
SAFETY																			
Patient Safety Composite Score ★	Winston, Safier	Individual Composite Items	↑	25%	Two month lag on rate calculations											25%		75% (3 out of 4)	
QUALITY																			
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items	↑	50.0%	50.0%											50.0%		80% (4 out of 5)	
CARE EXPERIENCE																			
eVideon Discharge Education Survey	Johnson	% Positive Responses	45% ↑	New patient survey vendor - adjustments being made to KPI															52%
DEVELOPING OUR PEOPLE																			
Driving "Communication", "Recognition", & "Wellness"	Johnson, Woods, Damiano	Weighted Average	3.09 ↑	Staff engagement survey Spring 2021															3.14
FINANCIAL STEWARDSHIP																			
Salary Variance	Boffi, Nguyen	\$ in Millions Variance	\$-2.48 ^A ↑	-\$8.700	-\$9.623											-\$9.6225 ^A		\$0.000	
TRUE NORTH OUTCOME METRICS																			
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% B/AA HF discharges with 30-day readmission	31.1% ^B ↓	Report in March															34.3%
CMS Star Rating ★	Ehrlich	# stars	1-star ↑	1-Star													1-Star		2-Star
Likelihood to Recommend Hospital to Friends & Family ★	Ehrlich	% positive responses	75.4% ↑	81.4%	78.1%											81.4%		80%	
Likelihood to Recommend ZSFG as a Workplace ★	Ehrlich	Weighted Average	3.66 ↑	3.66													3.66		3.76
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$17.34M ^C ↓	Q3 of FY 20/21 to be reported in April															\$168.18M

★ = Included in CMS Star Ratings HAC = Included in CMS Hospital-Acquired Conditions Reduction Program BRRP = Included in CMS Readmissions Reduction Program PRIME = Included in PRIME QIP = Included in QIP

Footnotes:
A = **Salary Variance** Baseline and Target are on a Fiscal Year (FY) not Calendar Year (CY); COVID-19-related labor costs have not yet been separated out of our operating fund leading to an inflated salary variance. COVID operations and COVID sick time account for approximately \$12,000,000 in labor expenses
B = **Black/African American Heart Failure Readmissions** outcome metric is in coordination with DPH/SFHN, clinical experts and readmissions task force
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



True North Pillar Measure	Executive Owner (Local Owner)	Measure Unit	CY Baseline		Jan	Feb	Mar	Apr	May	Jun	CYTD*	On-Off-Target	Target CY2021 (unless otherwise noted)
EQUITY													
Departments Driving Equity	Ehrlich, Turner	% of PIPs and DMS departments	30%	↑	50%	50.0%					50%	On-Target	50%
SAFETY													
Patient Safety Composite Score	Winston, Safier	Individual Composite Items		↑	25%						25%	Off-Target	75% (3 out of 4)
Catheter Associated Urinary Tract Infections (CAUTI)		(rate/1,000 urinary catheter days)	Rate = 2.82 YTD Count = 38	↓	Count = 6	Two month lag on rate calculations					Count = 6	Off-Target	Rate = 2.26 YTD = 30
Central Line Associated Bloodstream Infections (CLABSI)		(rate/1,000 central line days)	Rate = 0.97 YTD Count = 10	↓	Count = 2	Two month lag on rate calculations					Count = 2	Off-Target	Rate = 0.77 YTD = 8
Colon Surgical Site Infections (COLO SSI)		(infections/procedure count)	Rate = 0.16 YTD Count = 13	↓	Count = 1	Two month lag on rate calculations					Count = 1	On-Target	Rate = 0.13 YTD = 10
Falls with injury (med surg, 4A, ED, inpatient psych)		Falls/1,000 midnight census	Rate = 0.28 YTD Count = 51	↓	Count = 4	Two month lag on rate calculations					Count = 4	Off-Target	Rate = 0.22 YTD = 40
QUALITY													
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items		↑	50% (2 out of 4)	50% (2 out of 4)					50% (2 out of 4)	Off-Target	80% (4 out of 5)
Emergency Department - Diversion Rate	Navarro, Colwell	% of time on Diversion	58.30%	↓	31.90%	22.60%					27.25%	On-Target	40%
Dept of Care Coordination - Lower Level of Care Patient Days	Kanzaria, Hamilton	Patient Days	1192	↓	838	629					733.5	On-Target	950
Perioperative Dept - OR Block Utilization	Lang, Coggan	% surgical services above 80% utilization	60%	↑	Due to surge, adjustments were made to OR blocks						N/A	On-Target	90%
EVS - Bed Turnaround Time	Head	Minutes	86.5	↓	75	80					77.5	Off-Target	60
Specialty Clinics - Third Next Available Appointment	Tuot, Ferrer	% all Clinics with less than 21 days TNAA	84.80%	↑	76.79%	80.40%					78.59%	Off-Target	90%
CARE EXPERIENCE													
eVideon Discharge Education Survey	Johnson	% Positive Responses	45%	↑	New patient survey vendor - adjustments being made to KPI						N/A	On-Target	52%
DEVELOPING OUR PEOPLE													
Driving "Communication", "Recognition", & "Wellness"	Johnson, Woods, Damiano	Weighted Average	3.09	↑	Staff engagement survey Spring 2021						N/A	On-Target	3.14
FINANCIAL STEWARDSHIP													
Salary Variance	Boffi, Nguyen	\$ in Millions Variance	\$-2.48 ^A	↑	-\$8.700	-\$9.623					-\$9.623 ^A	On-Target	\$0.000
TRUE NORTH OUTCOME METRICS													
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% B/AA HF discharges with 30-day readmission	31.1% ^B	↓	Report in March							On-Target	34.3%
CMS Star Rating	Ehrlich	# stars	1-star	↑	1-Star						1-Star	Off-Target	2-Star
Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	75.4%	↑	81.4%	78.1%					81.4%	On-Target	80%
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑	3.66						3.66	Off-Target	3.76
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$17.34M ^C	↓	Q3 of FY 20/21 to be reported in April							On-Target	

★ = Included in CMS Star Ratings HAC = Included in CMS Hospital-Acquired Conditions Reduction Program RRP = Included in CMS Readmissions Reduction Program PRIME = Included in PRIME QIP = Included in QIP

Footnotes:
A = Salary Variance Baseline and Target are on a Fiscal Year (FY) not Calendar Year (CY); COVID-19-related labor costs have not yet been separated out of our operating fund leading to an inflated salary variance. COVID operations and COVID sick time account for approximately \$12,000,000 in labor expenses
B = Black/African American Heart Failure Readmissions outcome metric is in coordination with DPH/SFHN, clinical experts and readmissions task force
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