



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

True North Scorecard 2021



San Francisco Department
of Public Health







True North Scorecard CY 2021
6/16/2021
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

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

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%	33.3%	100%	60%		53%		50%
SAFETY												
Patient Safety Composite Score ★	Winston, Safier	Individual Composite Items	↑	25%	25%	50%				50%		75% (3 out of 4)
Catheter Associated Urinary Tract Infections (CAUTI)		(rate/1,000 urinary catheter days)	Rate = 2.82 YTD Count = 38 ↓	Rate = 3.12 Count = 7	Rate = 2.95 Count = 2	Rate = 2.91 Count = 3				Rate = 2.91 Count = 12		Rate = 2.26 YTD = 30
Central Line Associated Bloodstream Infections (CLABSI)		(rate/1,000 central line days)	Rate = 0.97 YTD Count = 10 ↓	Rate = 0.90 Count = 2	Rate = 0.80 Count = 0	Rate = 0.67 Count = 1				Rate = 0.67 Count = 3		Rate = 0.77 YTD = 8
Colon Surgical Site Infections (COLO SSI)		(infections/procedure count)	Rate = 1.62 YTD Count = 13 ↓	Rate = 1.31 Count = 1	Rate = 1.36 Count = 0	Rate = 1.25 Count = 0				Rate = 1.25 Count = 1		Rate = 1.62 YTD = 10
Falls with injury (med surg, 4A, ED, inpatient psych)		Falls/1,000 midnight census	Rate = 0.28 YTD Count = 51 ↓	Rate = 0.75 Count = 7	Rate = 0.77 Count = 6	Rate = 0.69 Count = 2				Rate = 0.69 Count = 15		Rate = 0.22 YTD = 40

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 QUALITY													
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items		↑	50% (2 out of 4)	50% (2 out of 4)	60% (3 out of 5)	60% (3 out of 5)	60% (3 out of 5)		56.5% (13 out of 23)		80% (4 out of 5)
Emergency Department - Diversion Rate	Navarro, Colwell	% of time on Diversion	58.30%	↓	31.90%	22.60%	29.80%	39.90%	39.60%		32.76%		40%
Dept of Care Coordination - Lower Level of Care Patient Days	Kanzaria, Hamilton	Patient Days	1192	↓	838	629	849	785	840		788.2		950
Perioperative Dept - OR Block Utilization	Lang, Coggan	% surgical services above 80% utilization	60%	↑	Due to surge, adjustments were made to OR blocks		90%	90%	90%		90%		90%
EVS - Bed Turnaround Time	Head	Minutes	86.5	↓	75	80	82	85	79		80.2		60
Specialty Clinics - Third Next Available Appointment	Tuot, Ferrer	% all Clinics with less than 21 days TNAA	84.80%	↑	76.79%	80.36%	80.70%	78.90%	75.40%		78.43%		90%
 CARE EXPERIENCE													
eVideon Discharge Education Survey	Johnson	% Positive Responses	45%	↑	New patient survey vendor - adjustments being made to KPI						N/A		52%
 DEVELOPING OUR PEOPLE													
Driving "Communication", "Recognition", & "Wellness"	Johnson, Woods, Damiano	Weighted Average	3.09	↑	Staff engagement survey Spring 2021						N/A		3.14
 FINANCIAL STEWARDSHIP													
Salary Variance	Boffi, Nguyen	\$ in Millions Variance	-\$2.48 ^A	↑	-\$8.700	-\$9.623	-\$10.706	-\$12.404	-\$13.815		-\$13.815 ^A		\$0.000

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TRUE NORTH OUTCOME METRICS													
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% B/AA HF discharges with 30-day readmission	31.1% ^B	↓	23.8%	29.2%	18.2%	23.8%			23.7%		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%	83.9%	79.1%	94.1% ^D		80.6%		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	↓	\$231.23M						\$231.23M		\$253.04M

★ = 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
D = **Likelihood to Recommend Hospital to Friends & Family** sample size from April to May decreased by 79% (April = 68 responses; May = 14 responses)