



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%	50%	33%	100%	60%								53%	On-Target	50%	
SAFETY																			
Patient Safety Composite Score ★	Winston, Safier	Individual Composite Items	↑	25%	25%	50%										50%	Off-Target	75% (3 out of 4)	
QUALITY																			
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items	↑	50%	50%	60%	60%	60%								56.5%	Off-Target	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	-\$10.706	-\$12.404	-\$13.815								-\$13.815 ^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 ↓	23.8%	29.2%	18.2%	23.8%									23.7%	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%	83.9%	79.1%	94.1% ^D								80.6%	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 ↓	\$231.23M												\$231.23M	On-Target	\$253.04M	

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



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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
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													
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