



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# True North Scorecard 2021 February Update



San Francisco Department  
of Public Health

**True North Scorecard CY 2021  
2/15/2022  
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 strategies.*

↑/↓ 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	Jul	Aug	Sep	Oct	Nov	Dec	CYTD*	On-Off Target	Target CY2021 (unless otherwise noted)
<b>EQUITY</b>																			
Departments Driving Equity	Ehrlich, Turner	% of PIPs and DMS departments	30%	↑	50%	75%	33.3%	100%	60%	75%	60%	25%	40%	71%	29%	38%	51%		50%
<b>SAFETY</b>																			
Patient Safety Composite Score <span style="color: gold;">★</span>	Winston, Smith	Individual Composite Items		↑	25%	25%	50%	50%	50%	50%	50%	50%	75%	50%	50%		50% <sup>€</sup>		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 = 2.86 Count = 3	Rate = 2.83 Count = 3	Rate = 2.75 Count = 2	Rate = 2.70 Count = 2	Rate = 4.28 Count = 5	Rate = 2.53 Count = 1	Rate = 2.19 Count = 2	Rate = 2.85 Count = 6	Rate = 2.45 Count = 1		Rate = 2.85 Count = 6		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 = 0.82 Count = 1	Rate = 0.75 Count = 0	Rate = 0.78 Count = 1	Rate = 0.74 Count = 0	Rate = 1.31 Count = 1	Rate = 0.57 Count = 0	Rate = 0.38 Count = 0	Rate = 0.57 Count = 1	Rate = 0.69 Count = 1		Rate = 0.60 Count = 1		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 = 1.27 Count = 1	Rate = 1.34 Count = 2	Rate = 1.28 Count = 1	Rate = 0.00 Count = 0	Rate = 0.00 Count = 0	Rate = 0.34 Count = 1	Rate = 1.36 Count = 4	Rate = 1.24 Count = 1		Rate = 1.36 Count = 4		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 = 0.71 Count = 2	Rate = 0.79 Count = 11	Rate = 0.75 Count = 3	Rate = 0.79 Count = 8	Rate = 0.98 Count = 7	Rate = 1.12 Count = 9	Rate = 1.21 Count = 10	Rate = 1.22 Count = 9	Rate = 1.15 Count = 6		Rate = 1.22 Count = 9		Rate = 0.22 YTD = 40

True North Pillar Measure	Executive Owner (Local 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)	
<b>QUALITY</b>																			
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)	40% (2 out of 5)	20% (1 out of 5)	20% (1 out of 5)	20% (1 out of 5)	20% (1 out of 5)	20% (1 out of 5)	20% (1 out of 5)	36% (21 out of 58)		80% (4 out of 5)	
Emergency Department - Diversion Rate	Staconis, Colwell	% of time on Diversion	↓	31.90%	22.60%	29.80%	39.90%	39.60%	41.90%	63.50%	69.60%	73.60%	67.60%	60.40%	60.50%	50.00%		40%	
Dept of Care Coordination - Lower Level of Care Patient Days	Kanzaria, Hamilton	Patient Days	↓	838	629	849	785	840	720	863	785	940	1041	1028	990	863.8		950	
Perioperative Dept - OR Block Utilization	Lang, Coggan	% surgical services above 80% utilization	↑	Due to surge, adjustments were made to OR blocks		90%	90%	90%	90%	70%	70%	50%	70%	80%	60%	76%		80%	
EVS - Bed Turnaround Time	Williams	Minutes	↓	75	80	82	85	79	80	74	75	68	72	69	73	76.0		60	
Specialty Clinics - Third Next Available Appointment	Tuot, Ferrer	% all Clinics with less than 21 days TNAA	↑	76.79%	80.36%	80.70%	78.90%	75.40%	70.20%	73.60%	72.00%	73.10%	82.70%	78.80%	75.50%	75.60%		90%	
<b>CARE EXPERIENCE</b>																			
Real-time Survey Implementation	Johnson	% of measures achieved by departments	↑	Establishing real-time survey vendor and workflows					23.8%	33.3%	42.9%	42.9%	42.9%	42.9%	52.0%	52.0%		33% by 8/31 66% by 9/30 100% by 10/31	
<b>DEVELOPING OUR PEOPLE</b>																			
Operationalizing Thriving at Work Strategy Composite	Johnson, Woods, Damiano	% of targets achieved by focus group	↑	Establishing strategy and measures behind "Thriving at Work" implementation					33.3%	33.3%	66.7%	66.7%	66.7%	66.7%	81.0%	81.0%		33% by 7/31 66% by 8/31 100% by 12/31	
<b>FINANCIAL STEWARDSHIP</b>																			
Salary Variance	Boffi, Nguyen	\$ in Millions Variance	↑	-\$2.48 <sup>A</sup>	-\$8.700	-\$9.623	-\$10.706	-\$12.404	-\$13.815	-\$16.799	-\$1.430	-\$2.600	-\$3.415	-\$4.250	-\$5.180	-\$4.670	-\$4.67 <sup>A</sup>		\$0.000

True North Pillar Measure	Executive Owner (Local 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)
<b>TRUE NORTH OUTCOME METRICS</b>																		
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% B/AA HF discharges with 30-day readmission	31.1% <sup>B</sup> ↓	23.8%	29.2%	18.2%	23.8%	11.8%	50.0%	9.1%	18.2%	20.0%	8.3%	15.8%	22.2%	20.9%		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%	75% <sup>D</sup>	80.8%	73.7%	78.0%				78.3%		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 <sup>C</sup> ↓	\$231.21M			\$82.13M									\$82.13M		\$133.20M

★ = 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 QJP = 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 June has significantly decreased (April = 68 responses; May = 14 responses; June = 4 responses)

E = Patient Safety Composite Harm events YTD reset on Fiscal Year