



True North Scorecard CY 2024
Updated: 06/14/2024
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.

On-Target
Off-Target

True North Strategy Measure	Executive Owner	Measure Unit	CY 23 Baseline ^A	Improvement Direction	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CY 24 Year To Date ^A	On-Off-Target	Target CY 24 (unless noted in footnote) ^A				
Departments Driving Equity	Ehrlich	% of departments	74%	↑	100%	71%	100%	60%	100%								80%	On-Target	65%				
Achieving Safe & Equitable Patient Care																							
★ Sepsis Bundle Compliance (SEP-1)	Smith	% Sepsis bundle compliance	39.97%	↑	SEPSIS Task Force establishing metric (est. July 2024)														57%				
Hospital Acquired Pressure Injuries (HAPI)	Smith	Count / 1,000 midnight census	Rate = 0.20 Count = 16	↓	Rate = 0.19 Count = 0	Rate = 0.15 Count = 0	Rate = 0.11 Count = 0	Rate = 0.10 Count = 0									Rate = 0.10 Count = 8	On-Target	Rate = 0.20				
Falls with injury (med surg, 4A, ED, inpatient psych)	Smith	Count / 1,000 midnight census	Rate = 0.60 Count = 58	↓	Rate = 0.67 Count = 9	Rate = 0.71 Count = 6	Rate = 0.70 Count = 5	Rate = 0.64 Count = 2									Rate = 0.64 Count = 61	Off-Target	Rate = 0.45				
Harmonizing and Synergizing Access and Flow Across the ZSFG Campus																							
Emergency Department - Ambulance Diversion %	Ortiz, Otway	% of time on diversion	46.9%	↓	69.3%	47.6%	39.4%	31.5%	36.1%								44.8%	Off-Target	35%				
Emergency Department - Left Without Being Seen %	Ortiz, Otway	% of patients	6.8%	↓	5.8%	4.9%	5.8%	6.1%	7.0%								5.9%	Off-Target	4%				
Perioperative - OR Add-on Case Completion %	Ortiz, Otway	% of cases	58%	↑	59%	68%	66%	73%	61%								65%	Off-Target	95%				
Specialty Care Clinics - Third Next Available Appointment ≤ 21 days % of clinics	Ortiz, Otway	% of clinics ≤ 21 Days	85%	↑	89.6%	95.8%	87.2%	77%	81%								86.1%	Off-Target	90%				
Department of Care Coordination - Lower Level Of Care Patient Days	Ortiz, Otway	# of patient days	1,674	↓	2,026	1,862	2,048	1,949	2,019								1,981	Off-Target	1,100				
Achieving Safe & Equitable Staff Experience																							
Departments Driving Staff Engagement	Johnson	% of departments	13%	↑	Establishing baseline & metric collection process														20%				
Physical Assaults with Injury	Smith, Journagin	# per month	5.8 ^B	↓	5	6	4	8	5								5.6	Off-Target	4				
Revenue Cycle Optimization																							
Denial Rate - Hospital Billing	Wu, Kanzaria	% of claims denied	18.6%	↓	18.2%	15.9%	17.0%	15.4%	14.5%								16.0%	Off-Target	15.0%				
TRUE NORTH OUTCOME METRICS																							
★ CMS Star Rating	Ehrlich	# of stars	2 - Star	↑	2 - Star												2 - Star	On-Target	2 - Star				
★ Likelihood to Recommend Hospital to Friends & Family (NRC - HCAHPS Survey)	Ehrlich	% positive responses	Overall	↑	CY 24 Q1 (1/1/24 - 3/31/24)				CY 24 Q2				CY 24 Q3				CY 24 Q4				Overall	77.0%	
			Asian		76.4%	76.1%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	66.0%	Asian						
			B/AA		69.1%	66.0%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%	91.7%	B/AA						
			Hispanic		71.9%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	85.4%	Hispanic						
White	90.0%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	74.6%	White									
Likelihood to Recommend Provider's Office to Friends & Family (NRC - Real-time Survey)	Ehrlich	% positive responses	Overall	↑	77.4%	76.9%	79.0%	77.4%	77.1%									Overall	80.0%				
			Asian		73.9%	73.3%	74.8%	73.8%	75.7%	73.4%								Asian					
			B/AA		74.9%	75.4%	70.6%	73.1%	71.4%	72.7%								B/AA					
			Hispanic		81.4%	80.3%	80.4%	83.5%	81.0%	80.2%								Hispanic					
White	74.3%	76.1%	75.4%	78.1%	75.5%	77.4%								White									
Likelihood to Recommend ZSFG as a Workplace (DPH Staff) ^D	Ehrlich	% positive responses	ZSFG Staff Engagement % Positive Responses (CY 2023)	↑	ZSFG Staff Engagement % Positive Responses (CY 2023)												Overall	33% ^D					
			"Where 0 is the least likely and 10 is the most likely, how likely are you to recommend this organization to others as a place to work?"												Asian								
			Asian		29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%	29.7%		Asian				
			B/AA		37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%	37.0%		B/AA				
Hispanic	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	28.2%	Hispanic								
White	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	25.1%	White								
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$111.08M	↓	FY 24 Q3				FY 24 Q4				FY 24 Q1 \$137.74M				FY 24 Q2 \$95.83M				\$95.83M ^C	On-Target	\$143.69M

★ = Included in CMS Star Ratings

Footnotes:

Patient Safety metrics are measured and reported on a rolling 12-month calendar, with 1-month lag in reporting

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 = Staff Engagement: Overall % positive is combined ZSFG & UCSF data. Race/ethnicity is from ZSFG data.