

JCC CEO Data Report November 2024

Part 1: True North Scorecard Key Performance Indicators

Part 2: Flow Data

Part 1: True North Scorecard

1. Departments Driving Equity
2. Achieving Safe & Equitable Patient Care
 - Sepsis Bundle Compliance
 - Hospital Acquired Pressure Injuries
 - Falls with Injury
3. Harmonizing and Synergizing Access and Flow Across the ZSFG Campus
 - Ambulance Diversion %
 - Left without Being Seen %
 - OR Add-on Case Completion %
 - Third Next Available Appointment Rate
 - Lower Level of Care Patient Days (Med/surg)
4. Achieving Safe & Equitable Staff Experience
 - Physical Assaults with Injury
5. Revenue Cycle Optimization
 - Denial Rate – Hospital Billing

2024 Scorecard:

True North:

Owner:

Goal Statement:

Departments Driving Equity

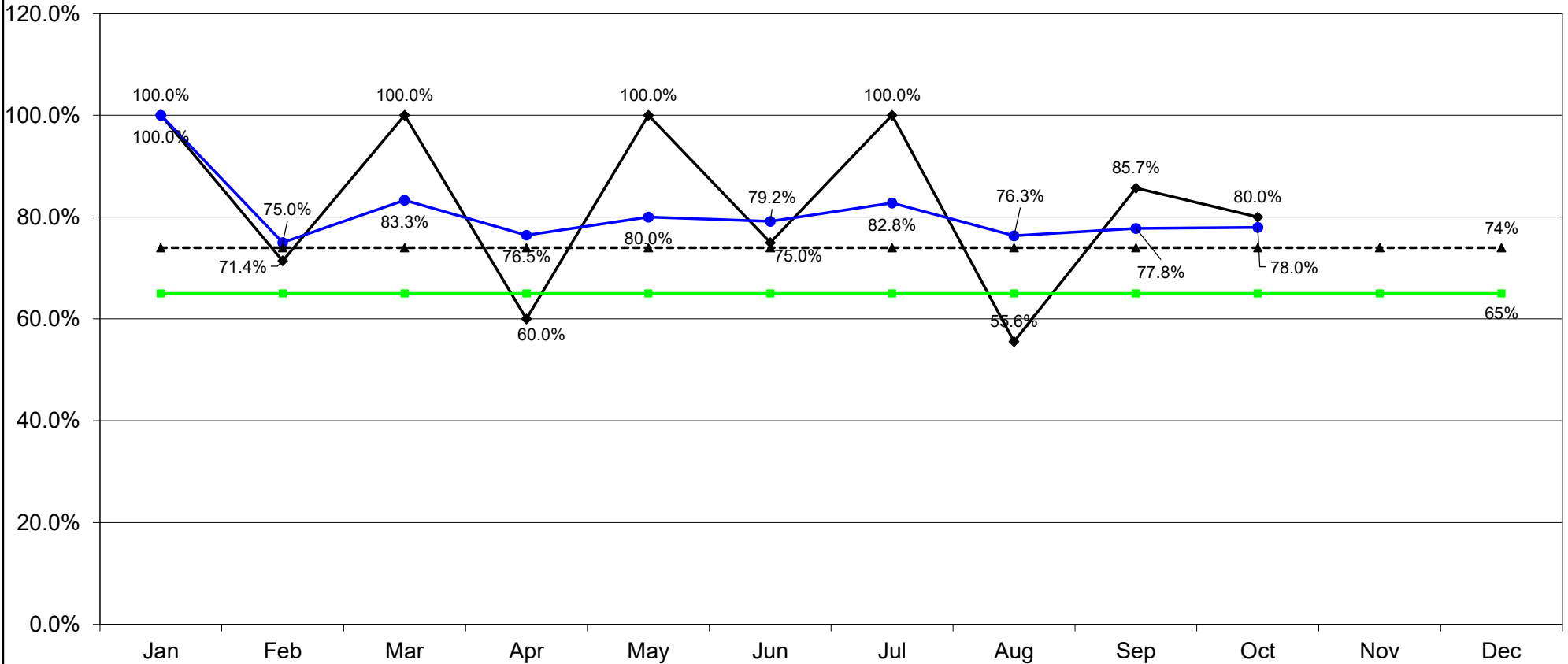
Equity

Ehrlich

Increase % departments with an active equity driver >= 65%



2024 YTD:	78.0%
2024 Target:	65.0%
2023 Baseline:	74.0%
% Change From Last Year:	5.41%



2024 Scorecard:

True North:

Owner:

Goal Statement:

Sepsis Bundle Compliance (SEP-1)

Safety

Smith

Increase % of Sepsis Bundle Compliance (SEP-1) >= 59%

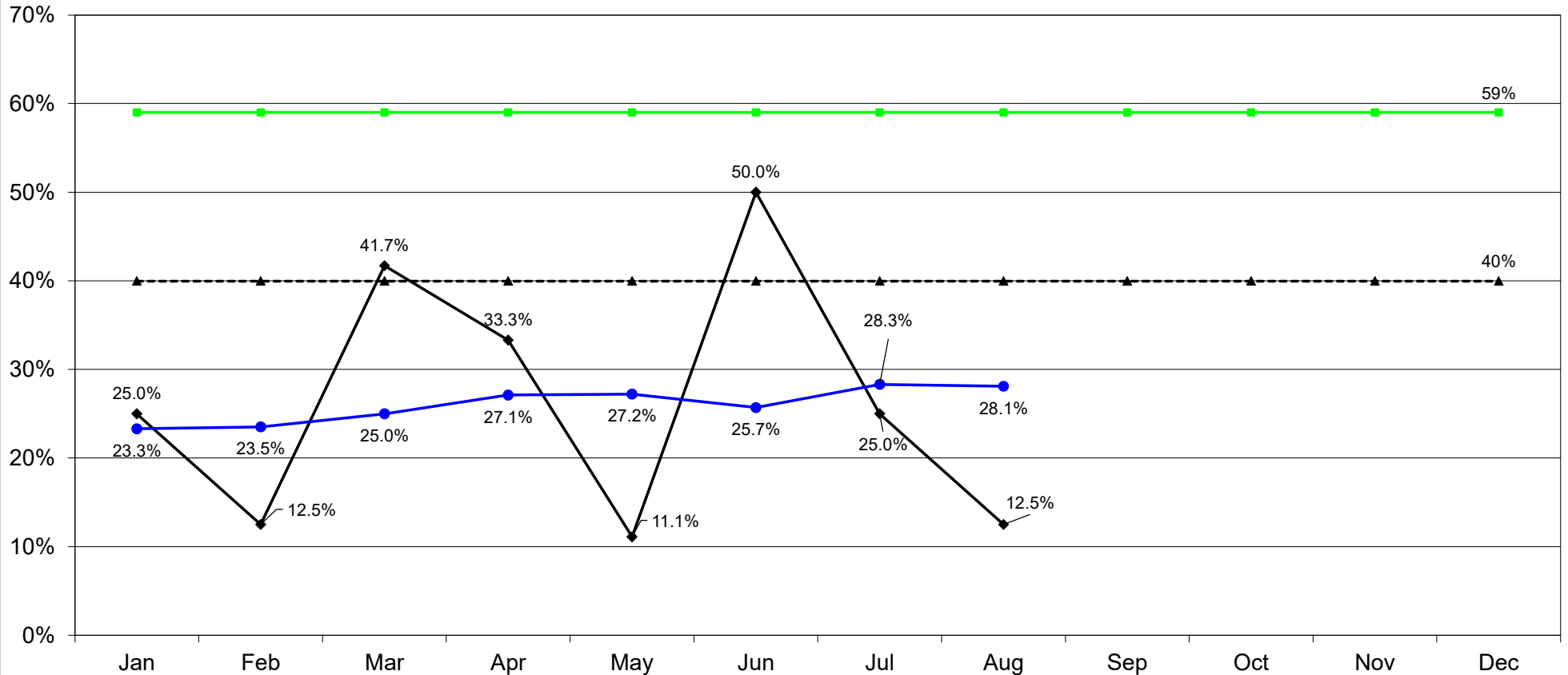


2024 YTD: **28%**

2024 Target: **59%**

2023 Baseline: **40%**

% Change From Last Year:



2024 Scorecard:

Hospital Acquired Pressure Injuries (HAPI)

True North:

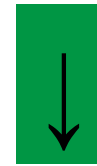
Safety

Owner:

Smith

Goal Statement:

*Reduce rate of patient hospital acquired pressure injuries per 1,000
midnight census <= 0.2*

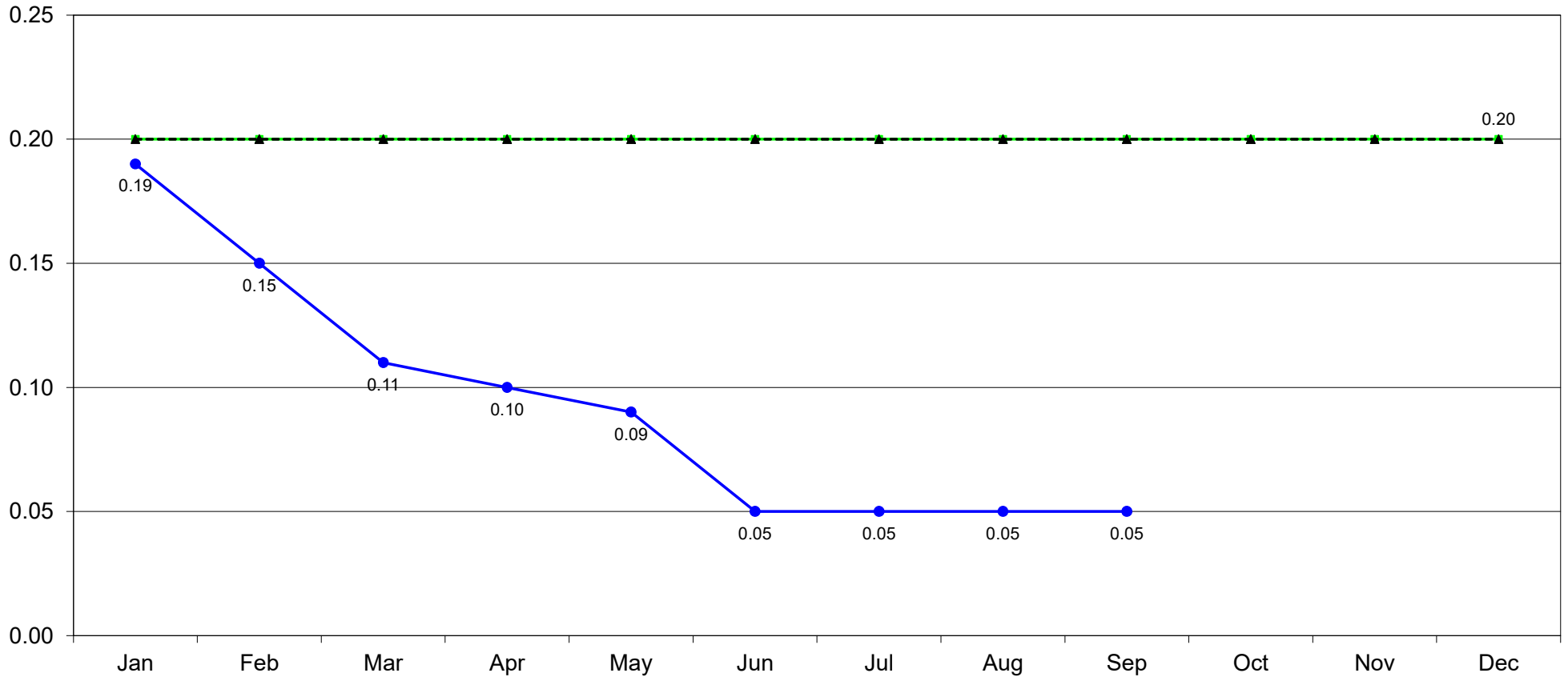


2024 YTD: **0.05**

2024 Target: **0.20**

2023 Baseline: **0.20**

% Change From Last Year: **-75.00%**



● YTD

— Target

-▲- Baseline

2024 Scorecard:

Falls with injury (med surg, 4A, ED, inpatient psych)

True North:

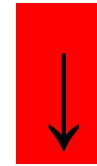
Safety

Owner:

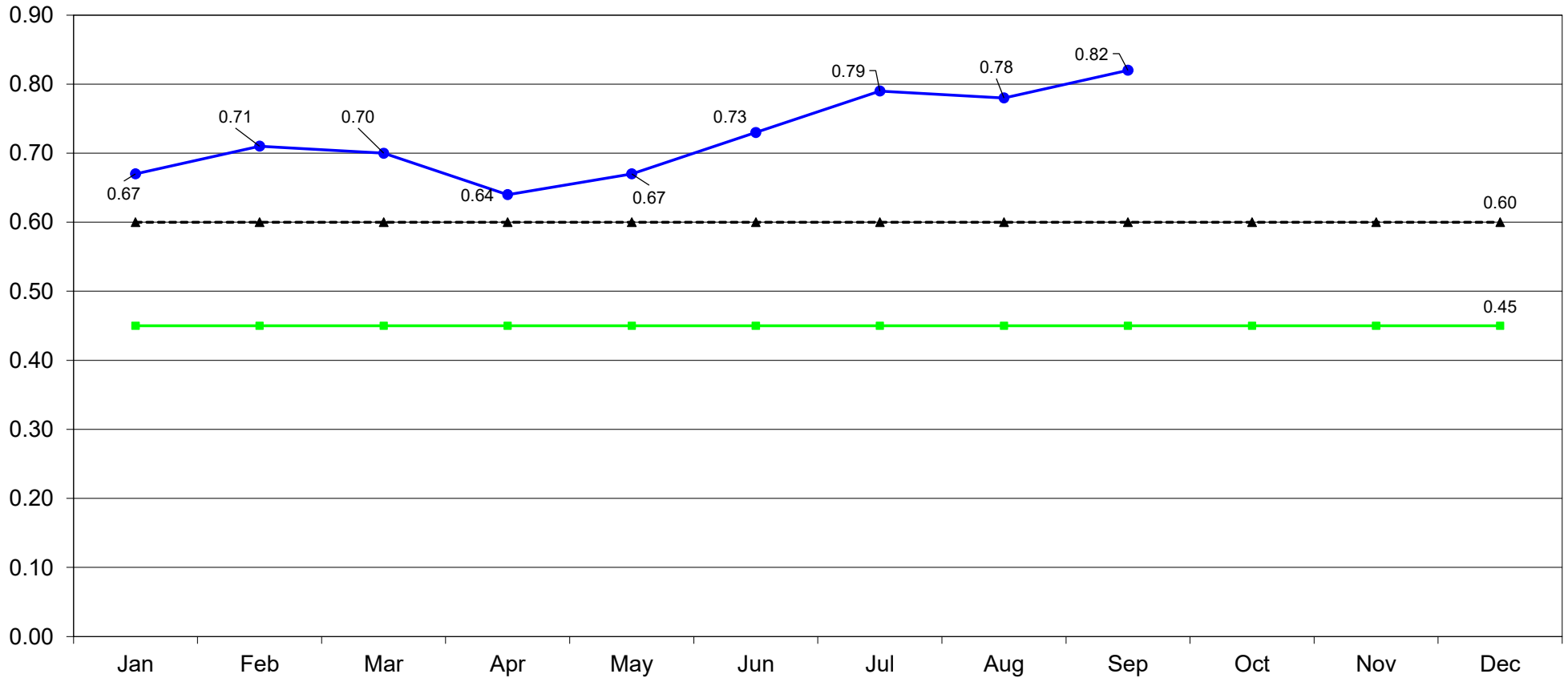
Smith

Goal Statement:

Reduce rate of patient falls per 1,000 midnight census ≤ 0.45



2024 YTD:	0.82
2024 Target:	0.45
2023 Baseline:	0.60
% Change From Last Year:	36.67%



2024 Scorecard:

Emergency Department - Diversion Rate

True North:

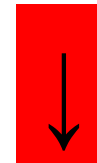
Quality

Owner:

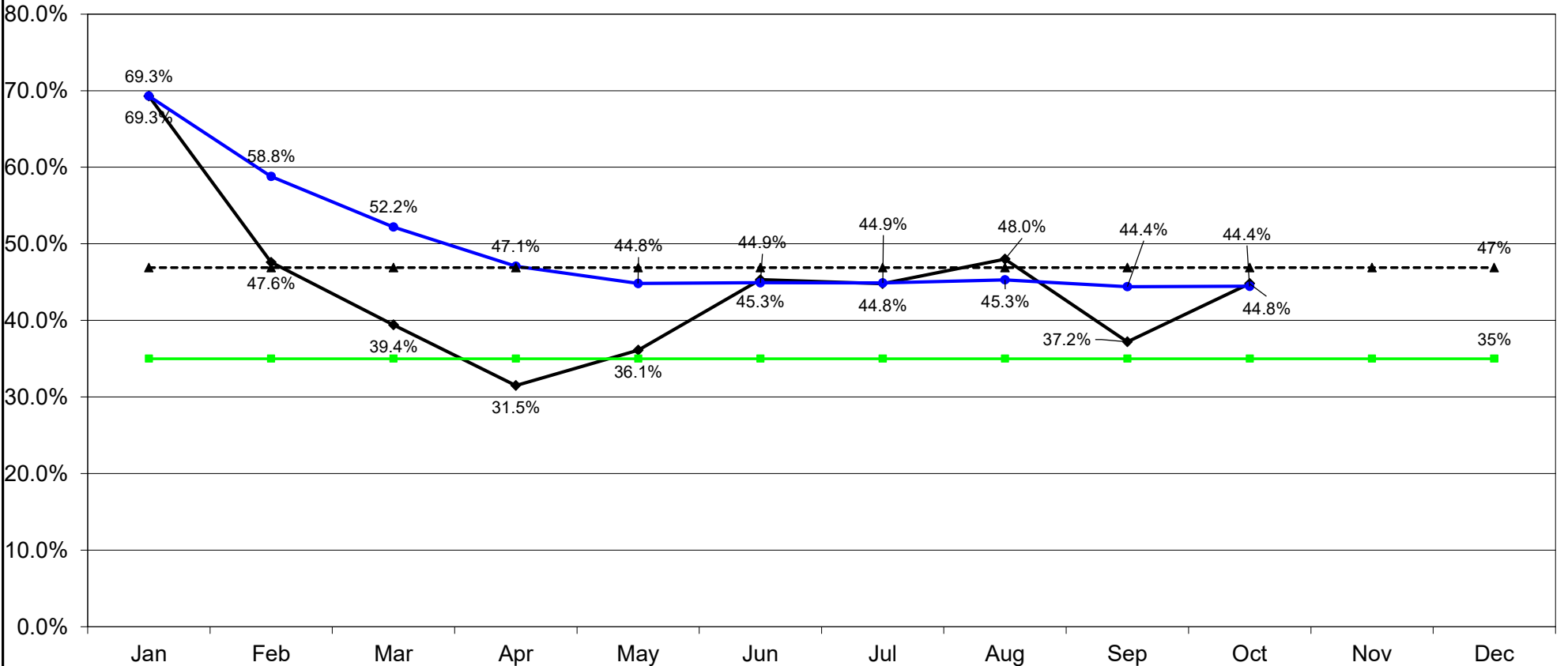
Staconis, Colwell

Goal Statement:

Reduce Emergency Department ambulance diversion rate = <35%



2024 YTD:	44.4%
2024 Target:	35.0%
2023 Baseline:	46.9%
% Change From Last Year:	-5.24%



2024 Scorecard:

Emergency Department - Left Without Being Seen

True North:

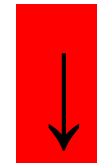
Quality

Owner:

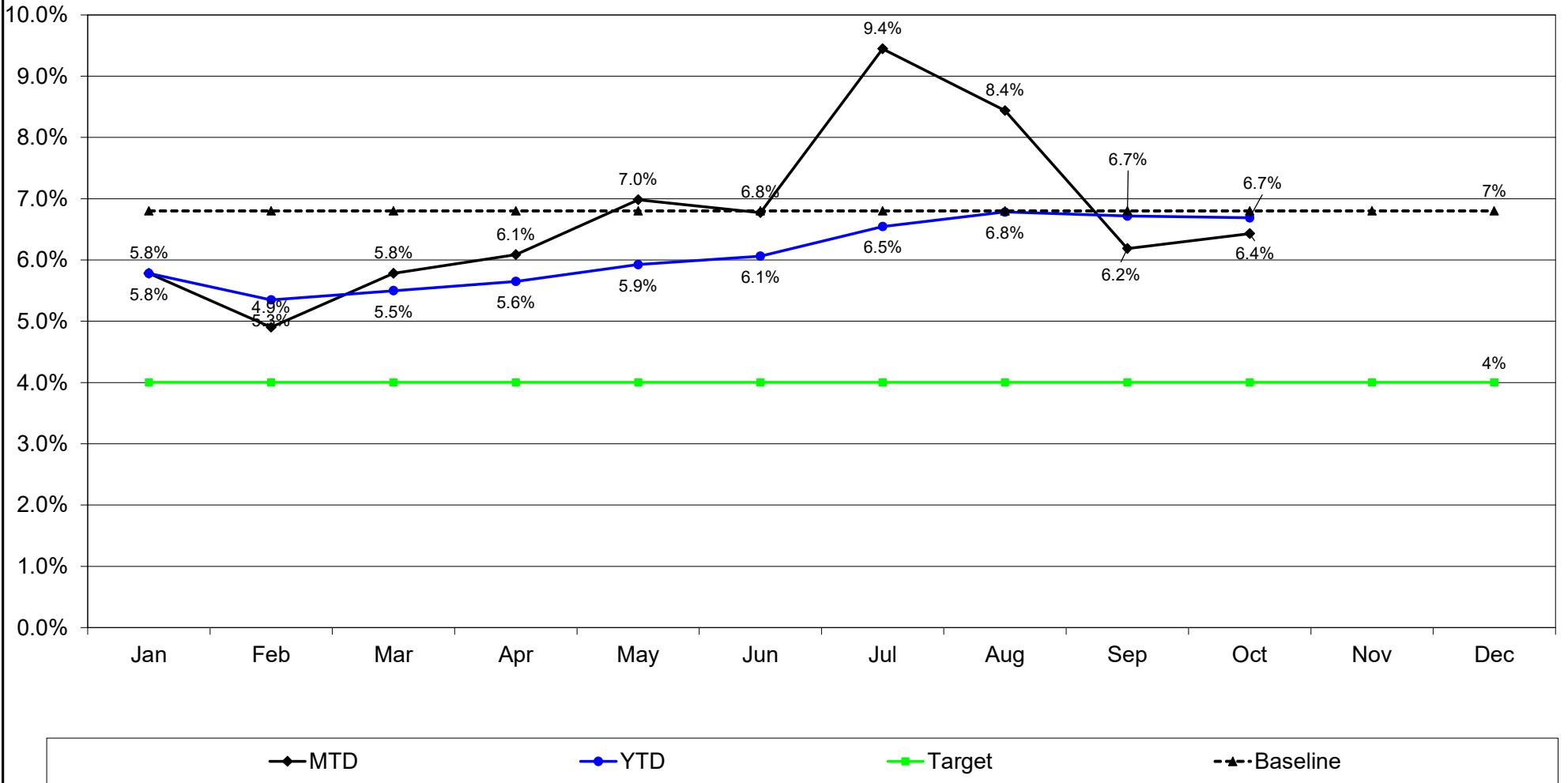
Staconis, Colwell

Goal Statement:

Reduce Emergency Department Left Without Being Seen rate <=4%



2024 YTD:	6.7%
2024 Target:	4.0%
2023 Baseline:	6.8%
% Change From Last Year:	-1.65%



2024 Scorecard:

True North:

Owner:

Goal Statement:

Perioperative - OR Add-on Case %

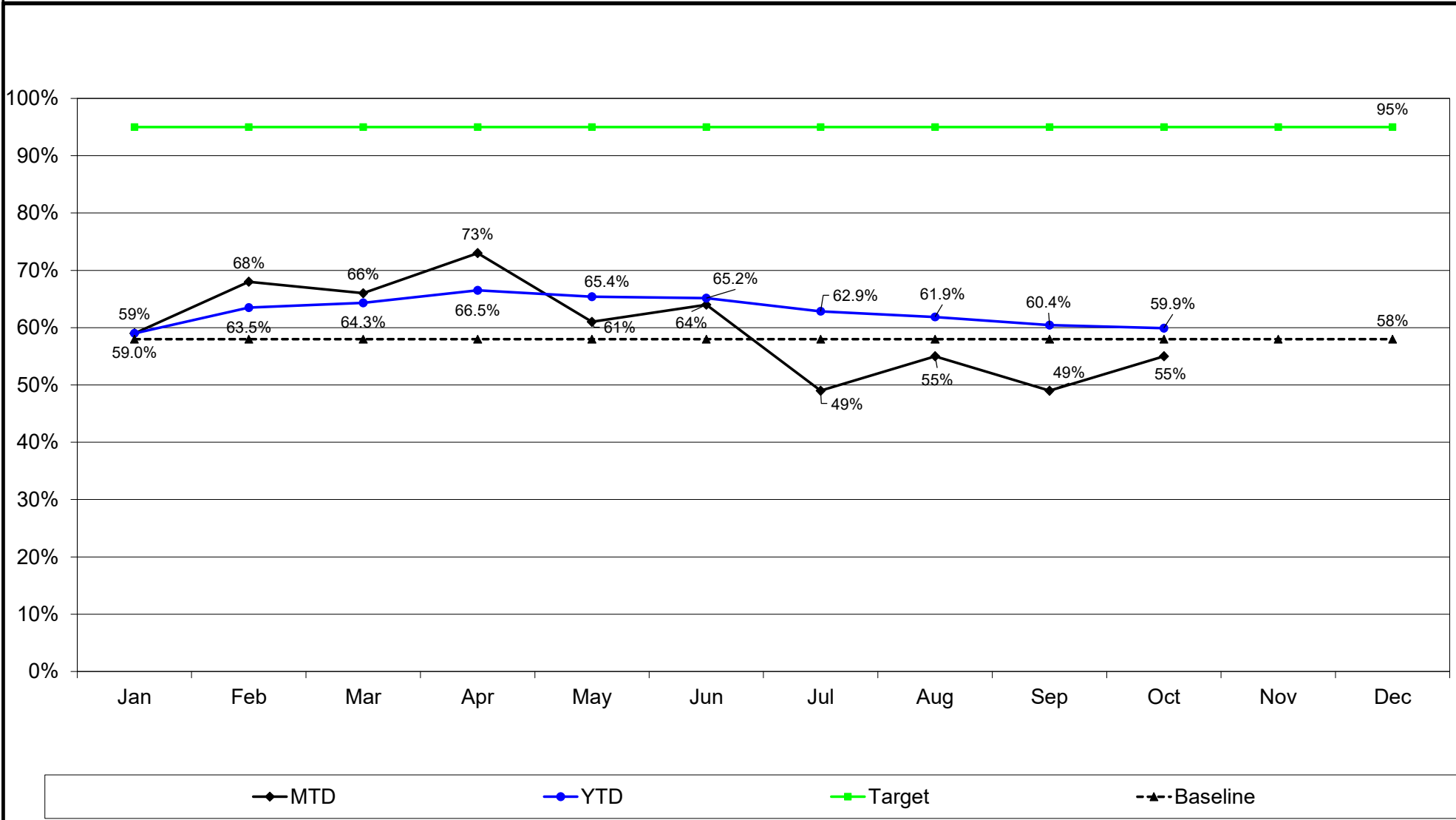
Quality

Coggan, Palaniappa

Completion rate of Urgent-24 hour OR add-ons within 24 hours >95%



2024 YTD:	59.9%
2024 Target:	95.0%
2023 Baseline:	58.0%
% Change From Last Year:	3.28%



2024 Scorecard:

True North:

Owner:

Goal Statement:

Specialty Clinics - Third Next Available Appointment

Quality

Patel

Increase % of outpatient adult clinics with Thrid Next Available Appointment less than 21 days, >= 90%

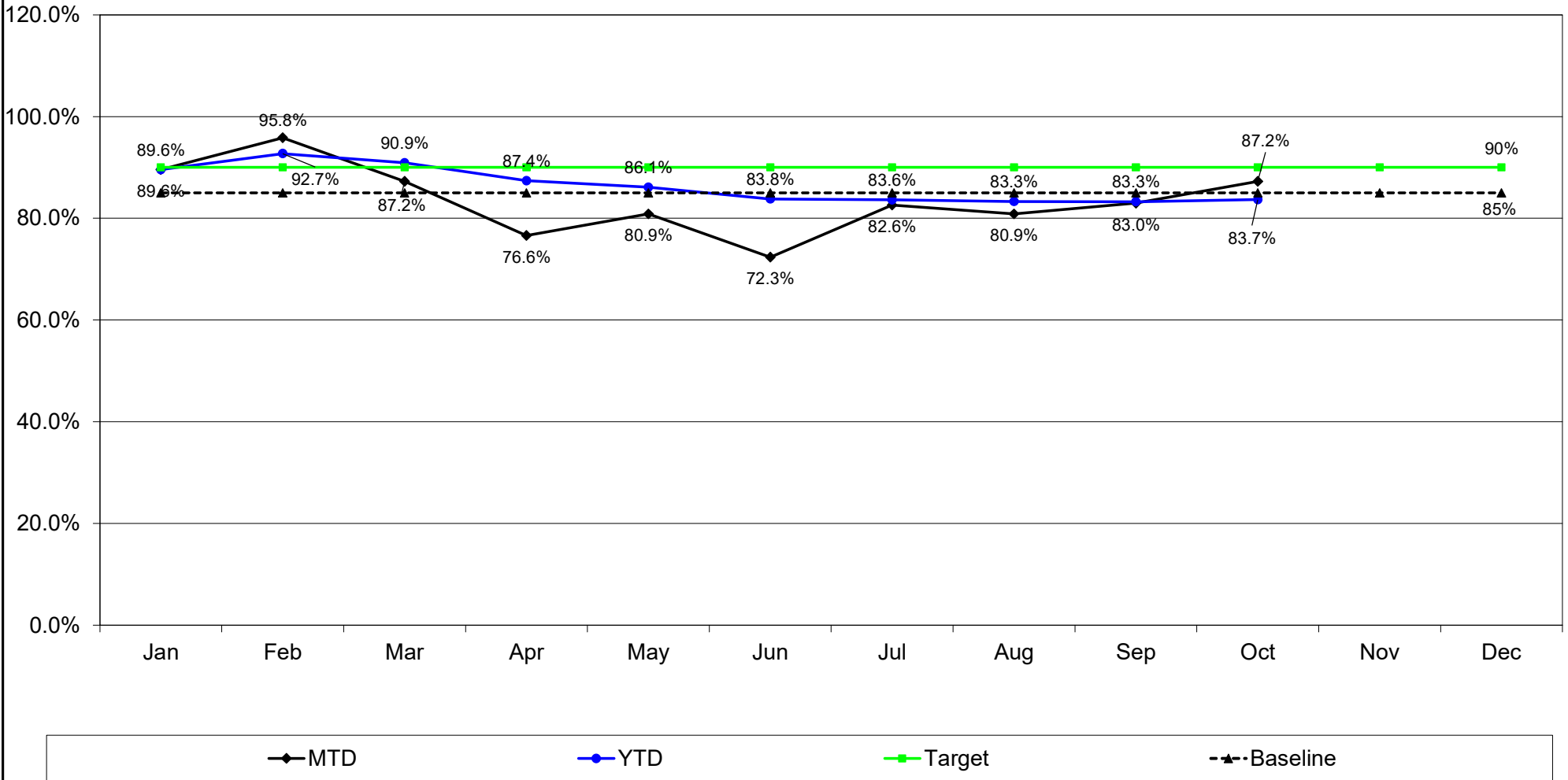


2024 YTD: **83.7%**

2024 Target: **90.0%**

2023 Baseline: **85.0%**

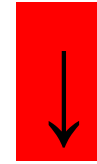
% Change From Last Year: **-1.59%**



2024 Scorecard: Dept of Care Coordination - Lower Level of Care (med/surg LLOC)

True North:
Owner:

Quality
Iverson, Ou, Morgos

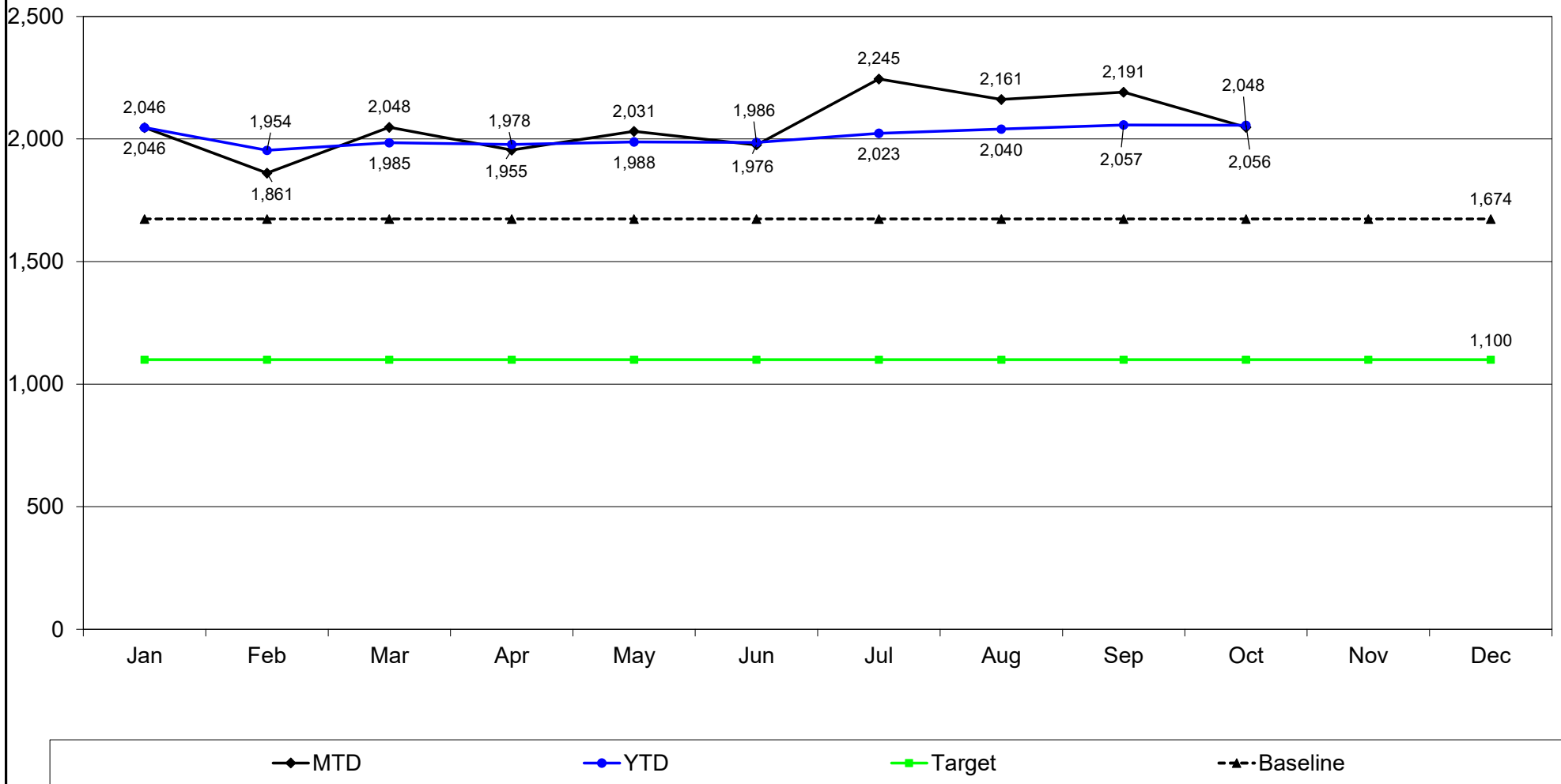


2024 YTD: **2,056**
2024 Target: **1,100**

2023 Baseline: **1,674**

% Change From Last Year: **22.83%**

Goal Statement: *Reduce Lower Level of Care patient days <=1100 days*



2024 Scorecard:

True North:

Owner:

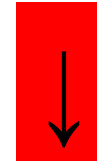
Goal Statement:

Physical Assaults with Injury

Developing Our People

Smith, Journagin

Reduce the # of physical assaults with injury to ZSFG staff from a rate of 5.8 per month to less than 4.0 per month for the combined high risk areas (PSYCH, ED, BHC, UCC, M/S)

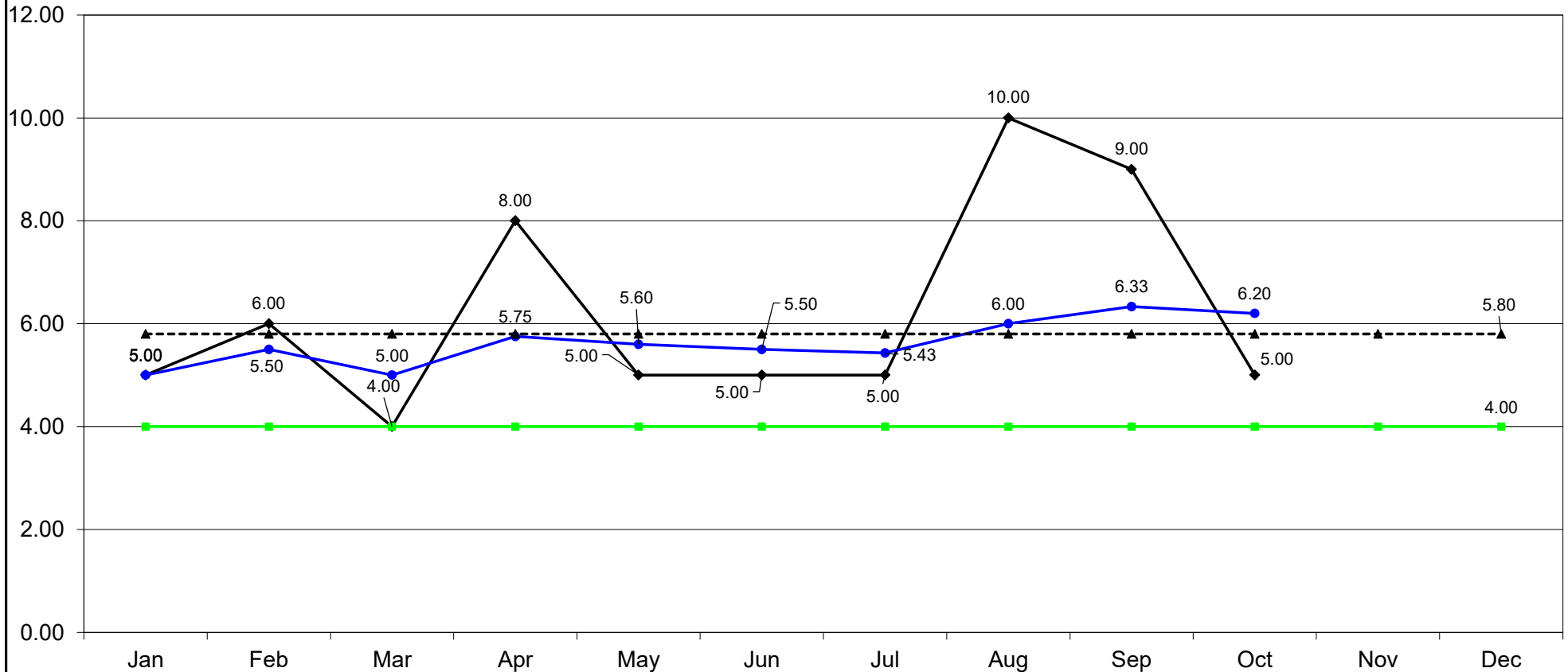


2024 YTD: **6.20**

2024 Target: **4.00**

2023 Baseline: **5.80**

% Change From Last Year: **6.90%**



2024 Scorecard:

True North:

Owner:

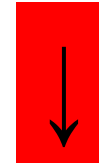
Goal Statement:

Denial Rate - Hospital Billing

Financial Stewardship

Wu, Kanzaria

Reduce Hospital Billing Denial rate for primary payers from 18.6% to 15.6% by July 2024.

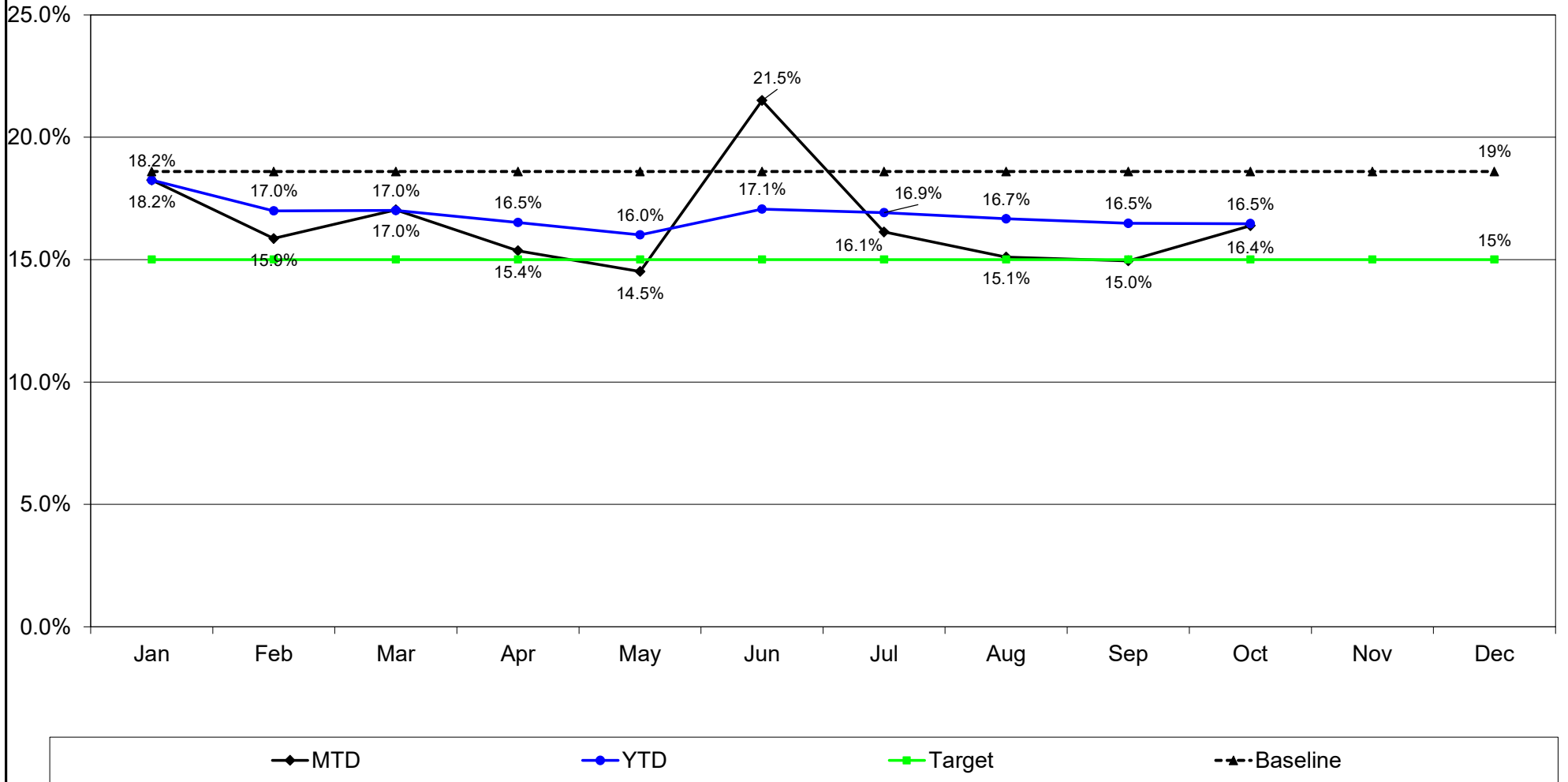


2024 YTD: **16.5%**

2024 Target: **15%**

2023 Baseline: **18.6%**

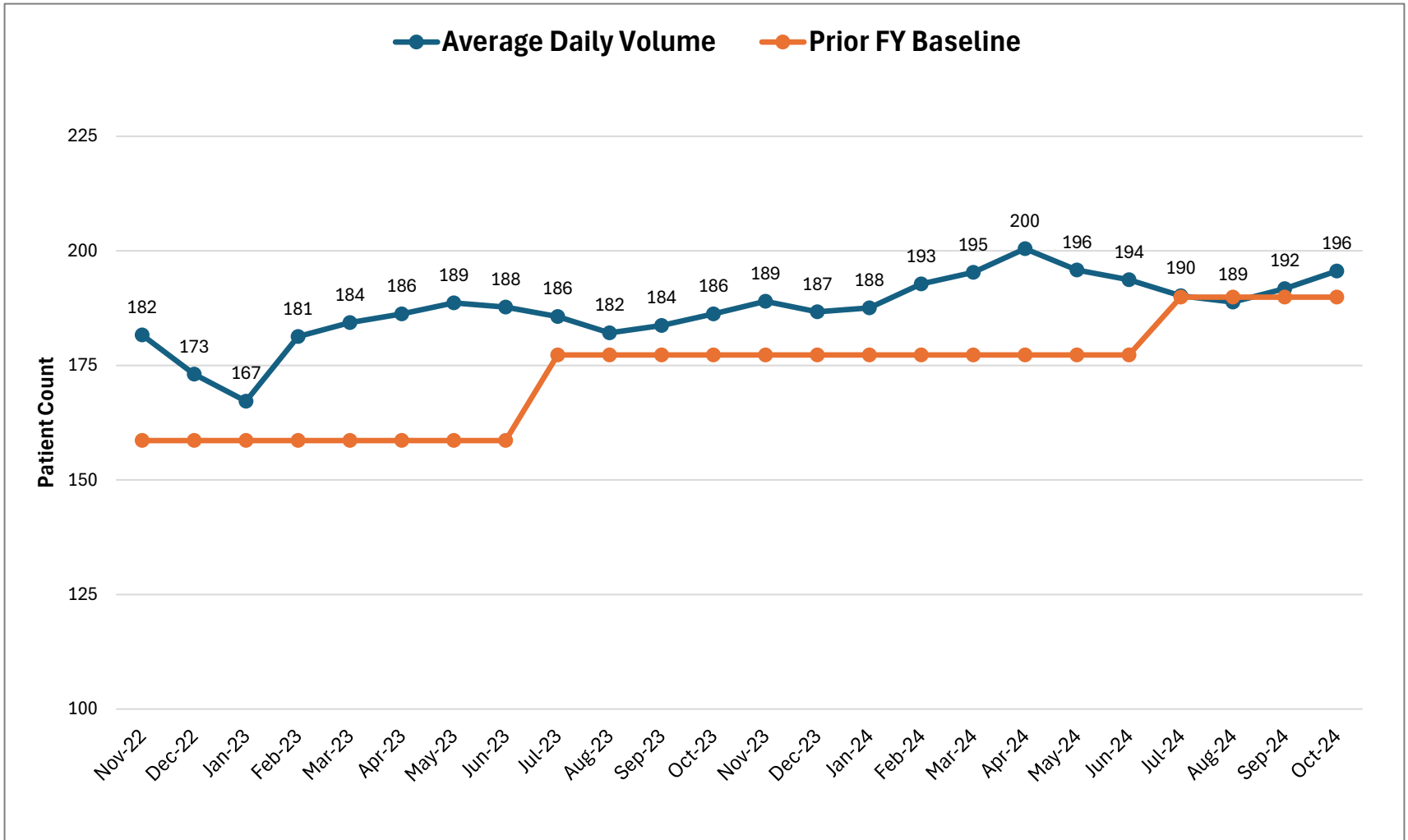
% Change From Last Year: **-11.45%**



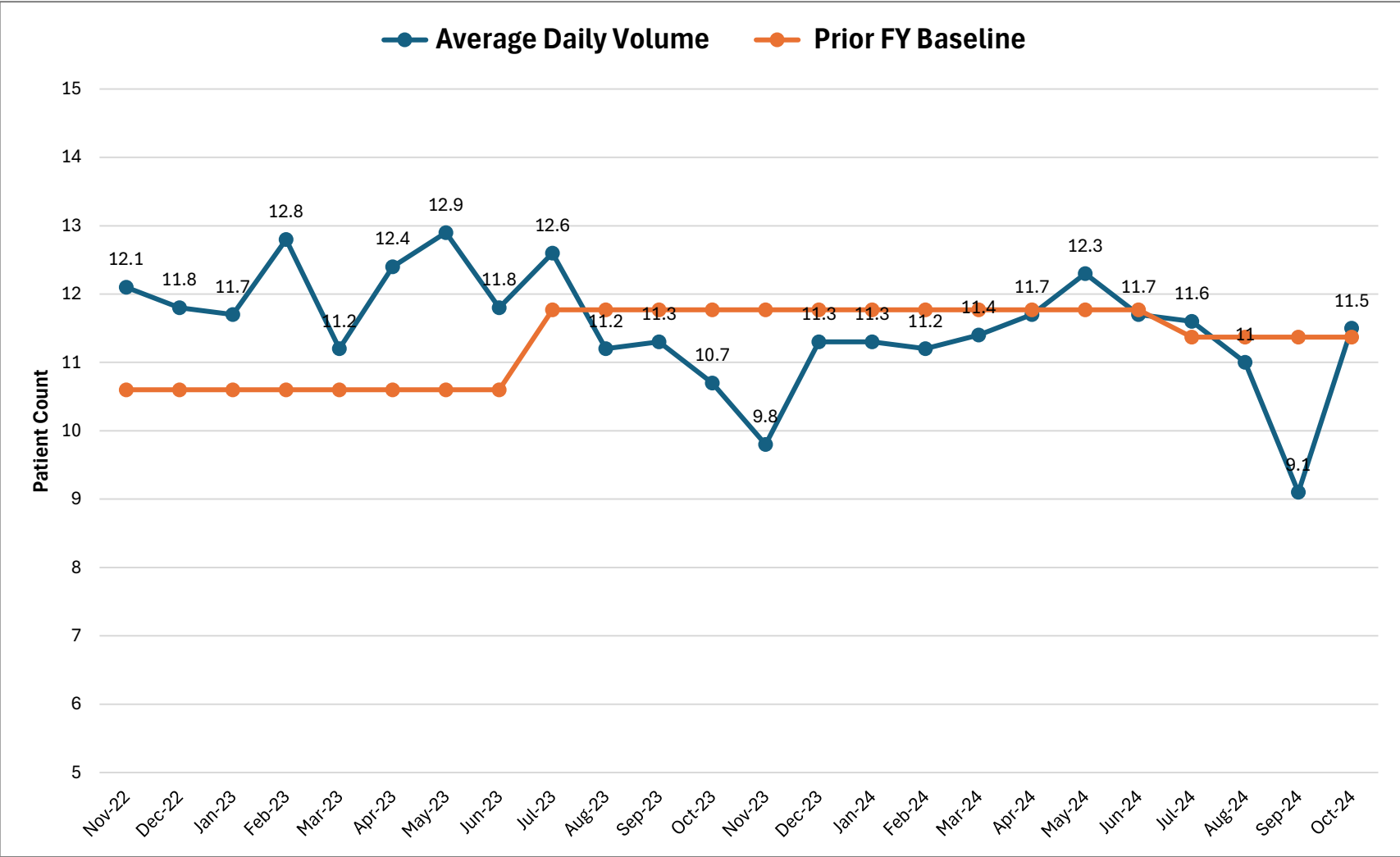
Part 2: Flow Data

1. Input (Emergency Volume)
 - ED, PES
2. Input and Output (Admissions and Discharges)
 - Physical Health (Med/Surg, ICU, OR, PACU), Maternal Child, Psychiatry
3. Throughput
 - ED Boarding
 - Length of Stay – Physical Health, Psychiatry, Maternal Child
 - LLOC – Physical Health and Psychiatry
4. Weekly ZSFG to LHH Transfers
5. Census Data
 - Physical Health (Med/Surg, ICU, OR, PACU), Maternal Child, Psychiatry
 - Increasing demand over time

Input - Medical ED Avg Daily Volume

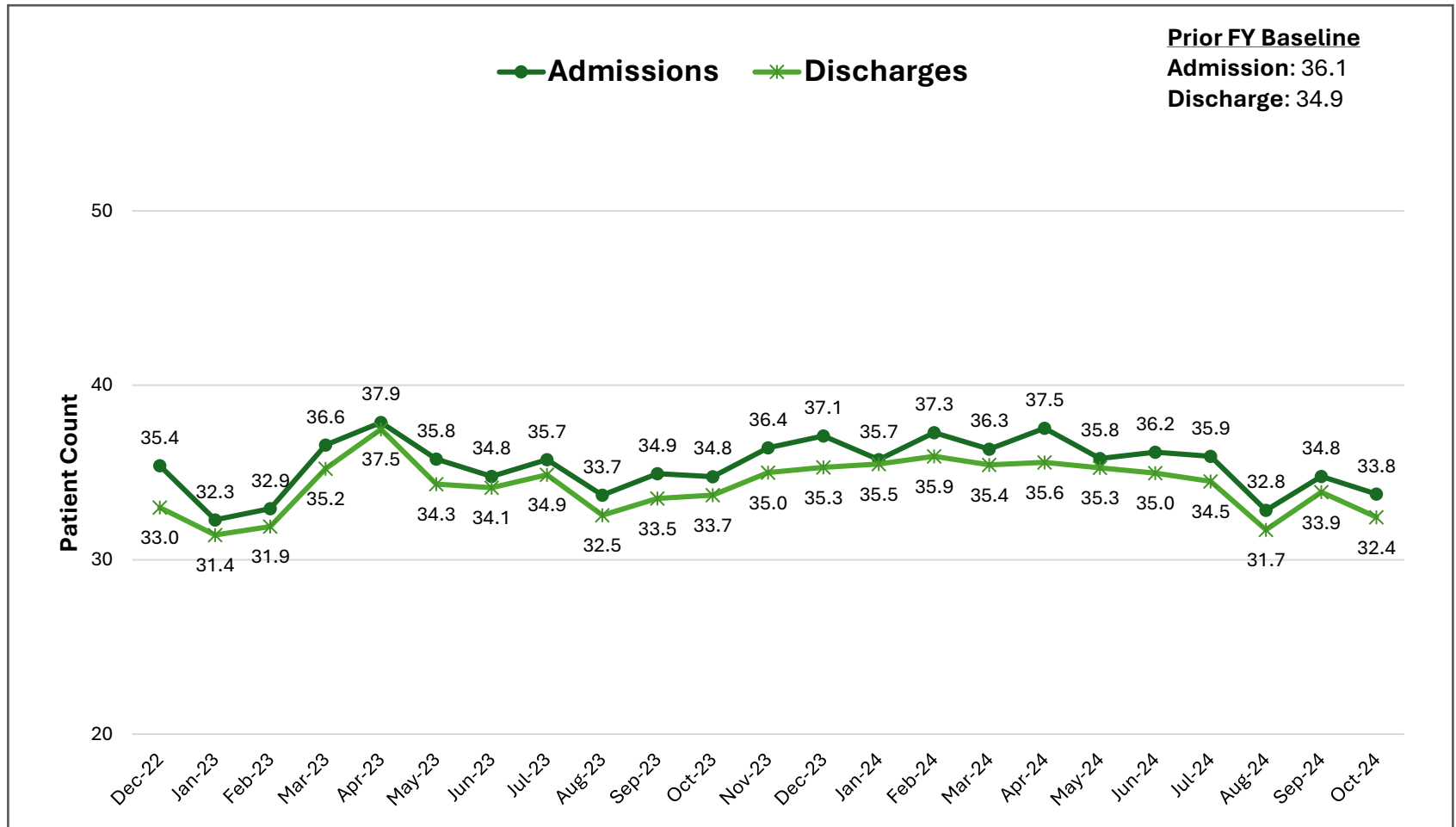


Input - Psychiatric ED Avg Daily Volume

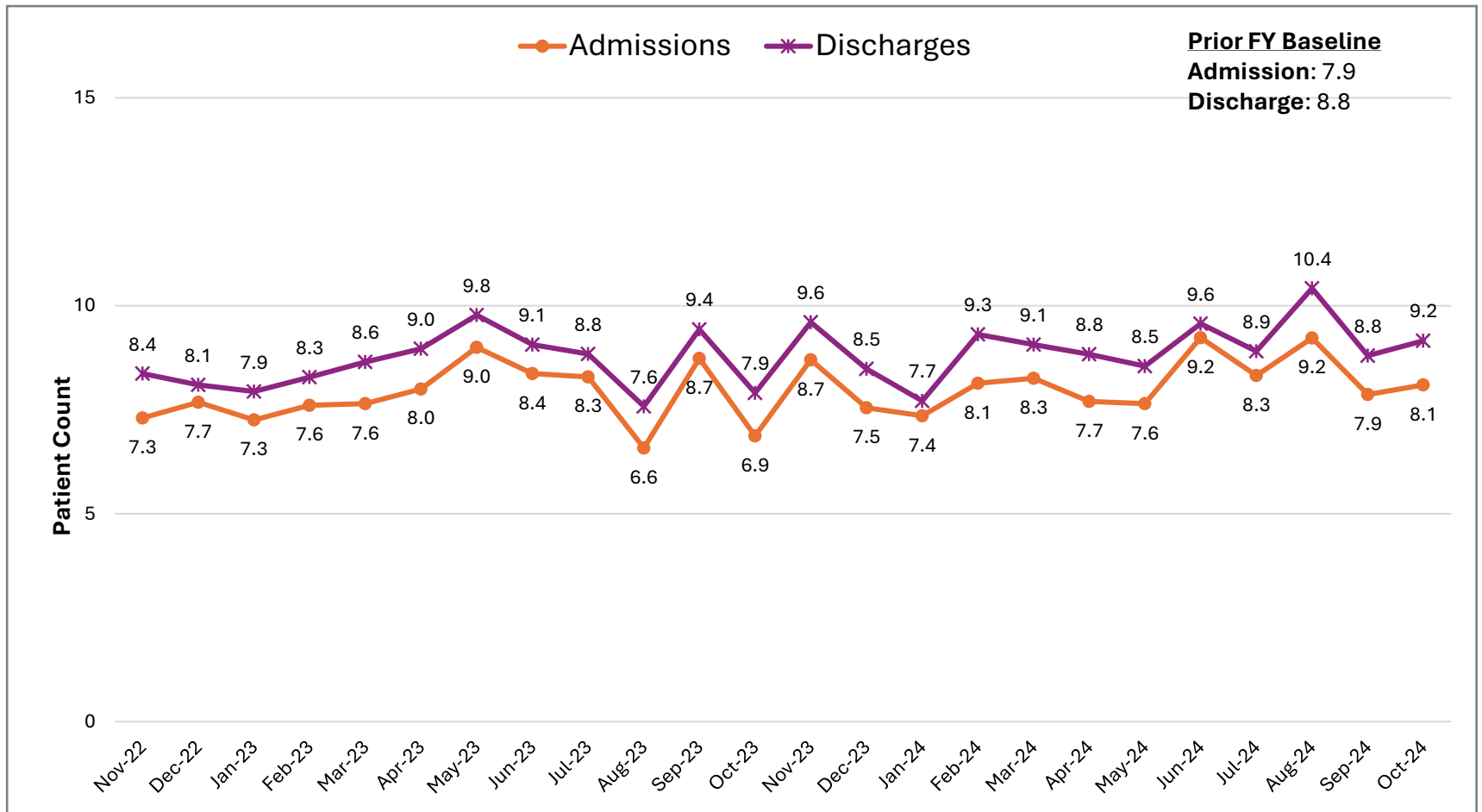


Inpatient Avg Daily Admissions & Discharges

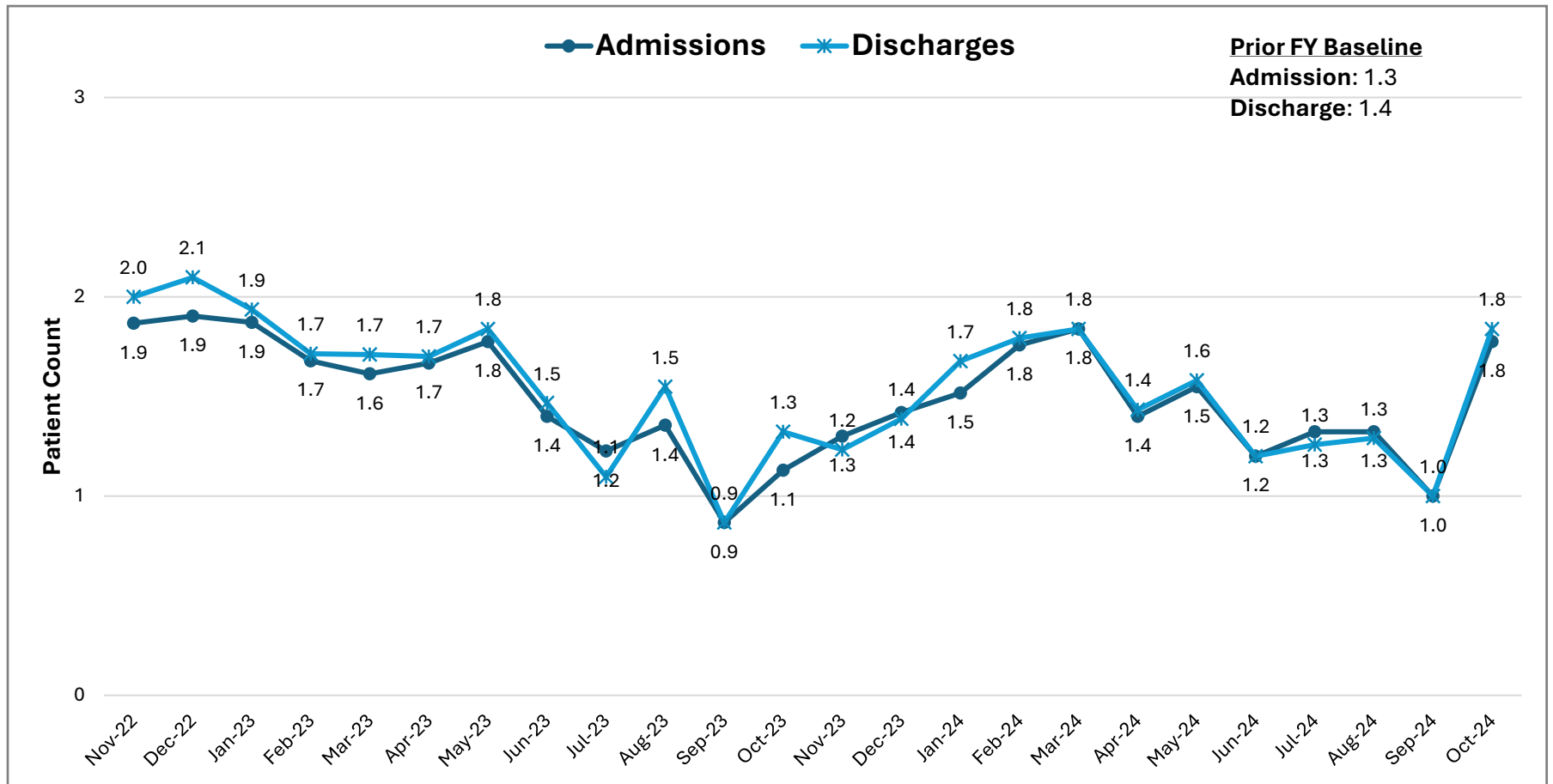
(Physical Health - MedSurg/ICU/Emergency/OR/PACU)



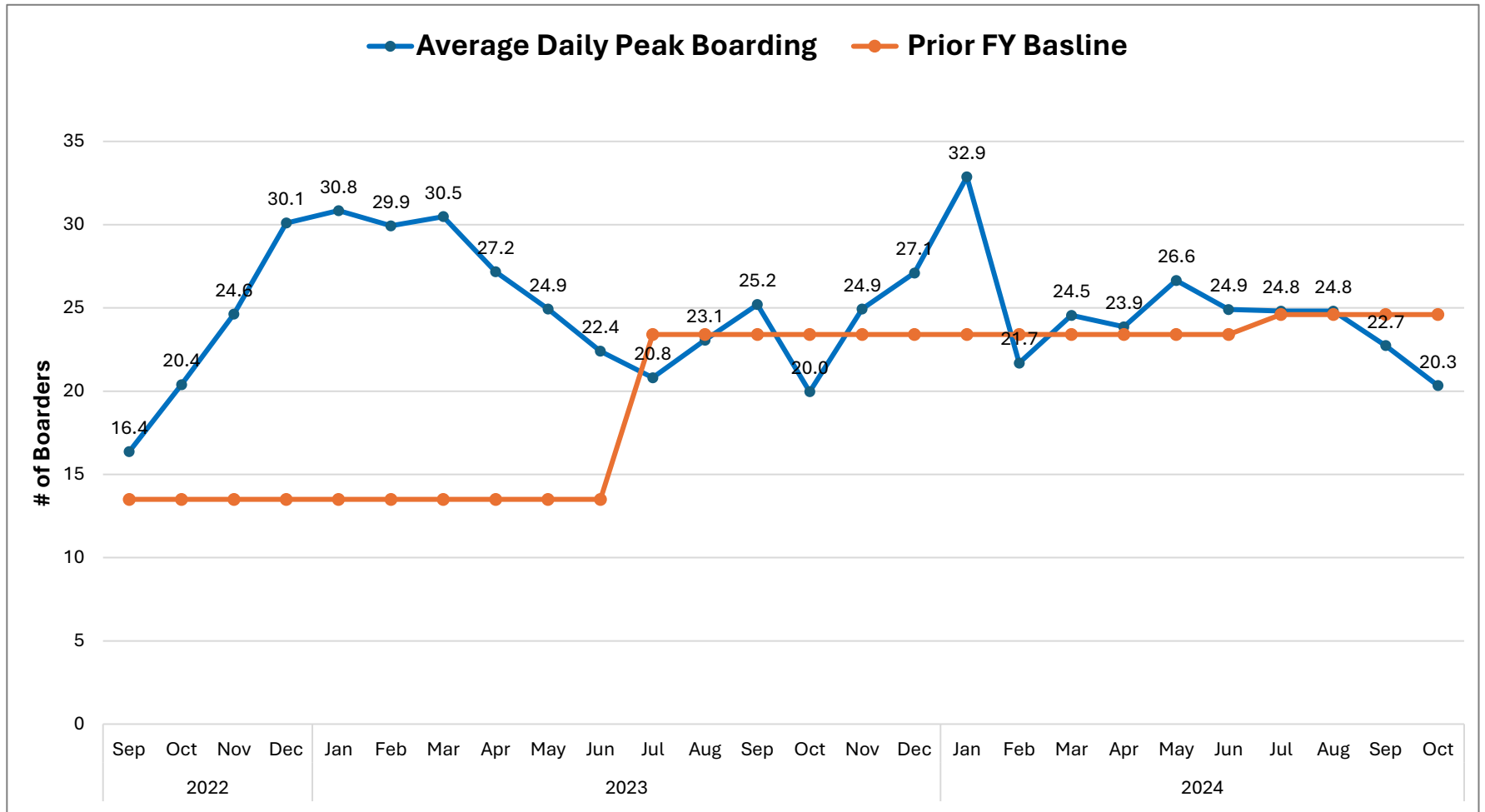
Inpatient Avg Daily Admissions & Discharges (Maternal & Child Health)



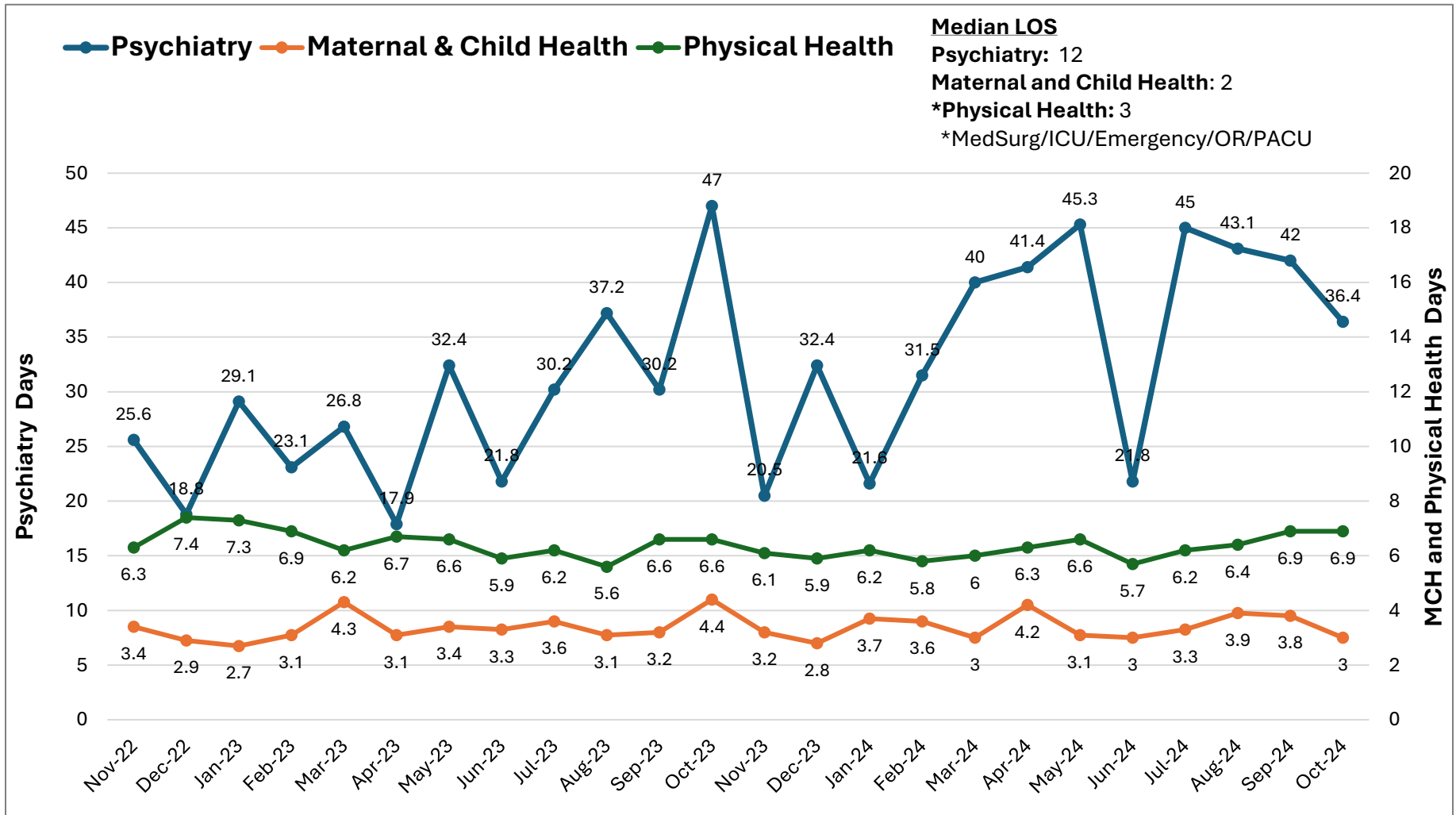
Inpatient Avg Daily Admissions & Discharges (Psychiatry)



Throughput – Avg Daily Peak Medical ED Boarding



Throughput – Inpatient Avg Length of Stay (in Days)



Throughput – Lower Level of Care

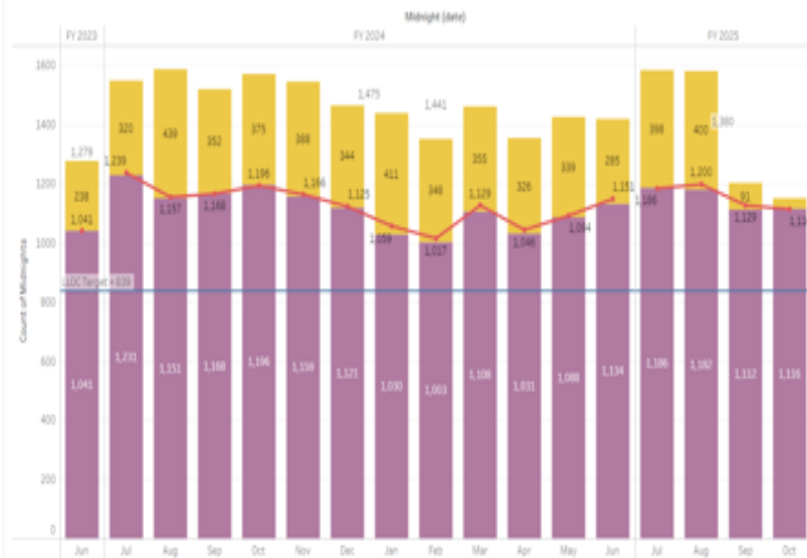
Bed Type (group)

- Behavioral-LLOC
- DENIED/CUSTODIAL

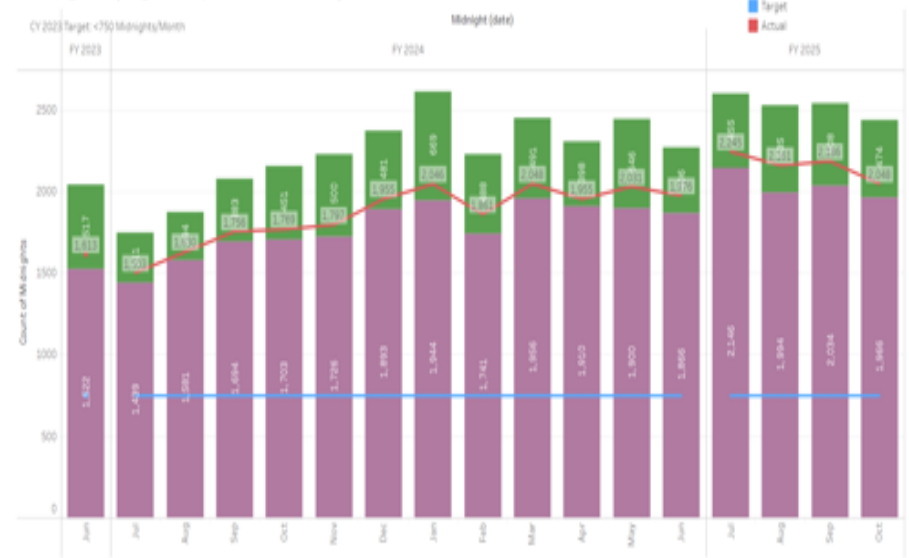
Bed Type (group)

- SNF
- DENIED/CUSTODIAL

Psych LLOC (Bldg 5, PES/7B/7C plus H52, excludes 7L)

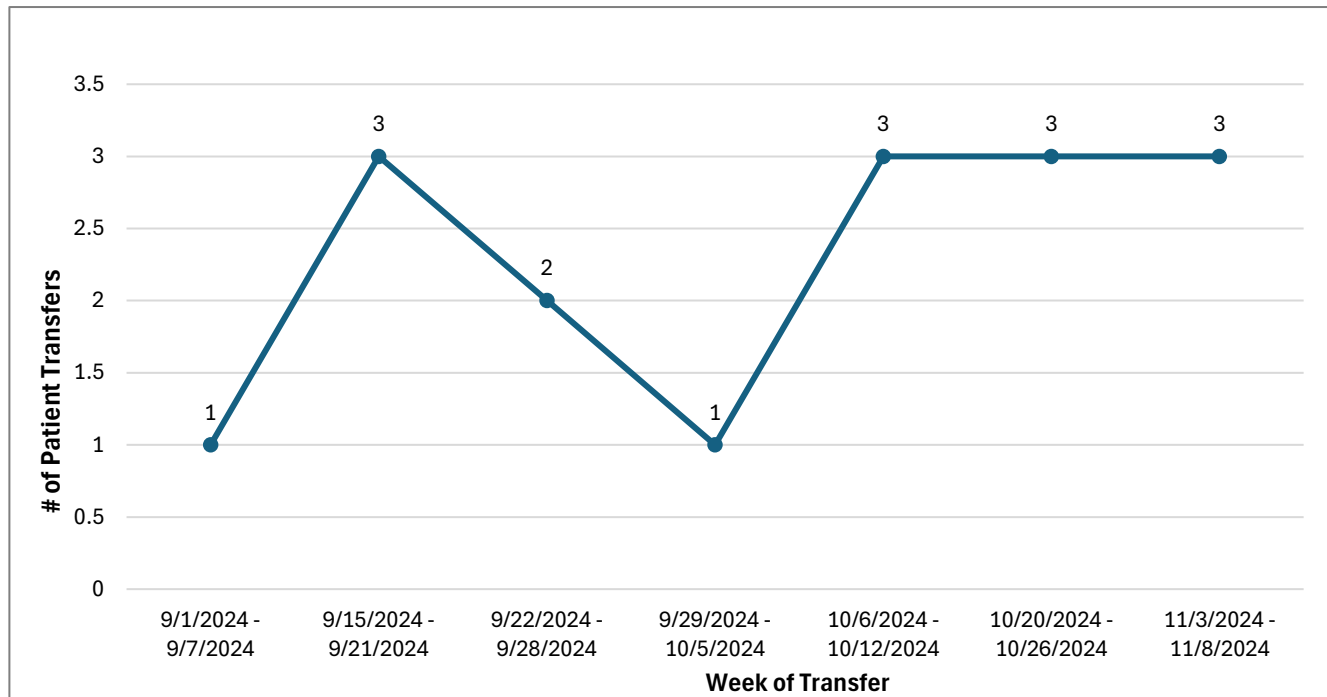


MedSurg LLOC (Bldg 25 except 2nd Floor and HS2)



Weekly ZSFG to LHH Transfers

Week	Count of Patients
9/1/2024 - 9/7/2024	1
9/15/2024 - 9/21/2024	3
9/22/2024 - 9/28/2024	2
9/29/2024 - 10/5/2024	1
10/6/2024 - 10/12/2024	3
10/20/2024 - 10/26/2024	3
11/3/2024 - 11/8/2024	3
Grand Total	16



Increasing Demand for MedSurg Over Time

