





Division/Section Metrics						
ZSFG	Reduce ambulance diversion	Reduce incidence of preventable complications	Increase patient satisfaction ratings for courteous and respectful communication	Leaders adopting leader standard work	Meet monthly expenditure targets	Develop standard work for capturing patient/client race, ethnicity, language, sexual orientation and gender identity
	Reduce hospital admissions	Safe discharge home for joint replacement patients	Increase patient satisfaction ratings for food taste	Total leaders trained in A3 thinking		
LHH	Reduce incidence of pressure ulcers	Reduce resident falls resulting in major injuries	Increase resident satisfaction ratings	Improve overall job satisfaction ratings among staff	Decrease overtime utilization	Develop standard work for capturing homeless data
	Increase staff flu vaccination	Reduce preventable staff injuries	Increase average monthly patient referrals to Acute Rehabilitation			Decrease disparities in resident satisfaction with LHH services among limited English speaking residents
PC	Increase delivery of tobacco cessation counseling	Reduce hospital readmissions (SFHN PC patients)	Improve timely access to primary care services	Improve overall staff engagement ratings	Improve quality of clinical documentation	Improve blood pressure control among patients with hypertension, including a specific focus on African American hypertensive patients
			Improve patient satisfaction ratings			
JHS	Improve care transitions for discharged HIV patients	Improve medication safety  Improve hospital and ED discharge follow-up	Improve access to nurse triage services	Reduce workplace stress	Appropriate medical staff allocation to get the patient the right care at the right place and right time.	Develop standard work for capturing data about LGBT patients
BHS	Increase successful transitions from Intensive Case Mgmt to OP care	Increase completion of quarterly Illness & Injury Prevention Program requirements	Reduce no-shows within first 3 months of treatment	Improve staff perceived support for their professional development	Reduce number of high cost beneficiaries	Increase percentage of clinicians who have completed Transgender 101 training
MCAH	Increase prenatal support for pregnant women in San Francisco	Reduce preventable employee injuries	Increase food security for San Francisco children	Increase staff ratings of respect in the workplace	Increase ability to know and access Medi-Cal status	Reduce disparities in preventative oral health service delivery among children of color

↑ / ↓ Desired direction of improvement

On Target / Off Target / Data not available\*

QUALITY								
Section	Measure		Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Reduce ambulance diversion		58.0% ↓	53.7%				40.0%
ZSFG	Reduce hospital readmissions	★ RRP	15.24% ↓	14.84%				15.04%
LHH	Reduce incidence of pressure ulcers	★	2.4% ↓	3.5%				1.5%
LHH	Increase staff flu vaccination		92.5% ↑	80.0%				95.0%
PC	Increase delivery of tobacco cessation counseling by behavioral health staff		86.5% ↑	86.5%				88.5%
JHS	Improve care transitions for discharged HIV patients		34.0% ↑	37.6%				80.0%
BHS	Increase successful transitions from Intensive Case Management to outpatient care		19.0% ↑	6.8%				24.7%
MCAH	Improve linkages to prenatal care for pregnant women		44.0% ↑	44.0%				48.0%

SAFETY								
Section	Measure		Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Reduce incidence of preventable complications	★ HAC VBP	14/mo ↓	10/mo				< 10/mo
ZSFG	Increase safe discharge home for joint replacement patients		45.0% ↑	64.0%				60.0%
LHH	Reduce resident falls resulting in major injuries	★	1.4% ↓	1.4%				1.3%
LHH	Reduce preventable staff injuries		11.0 ↓	Data Pending				10.5
PC	Reduce hospital readmissions (SFHN PC patients)	PRIME	14.48% ↓	14.55%				14.32%
JHS	Improve medication safety		1.2 ↓	1.2				0.60
JHS	Improve hospital and ED discharge follow-up		60.0% ↑	94%				85.0%
BHS	Improve completion of quarterly Illness & Injury Prevention Program requirements		TBD ↑	In development				TBD
MCAH	Reduce preventable employee injuries		79.0% ↑	Data Pending	80%			100.0%

CARE EXPERIENCE								
Section	Measure		Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Increase patient satisfaction ratings for respectful and courteous communication	★	62.7% ↑	64.2%				70.0%
ZSFG	Increase patient satisfaction ratings for food taste		26.1% ↑	28.9%				30.0%
LHH	Increase resident satisfaction ratings		98.0% ↑	Data Pending				99.0%
LHH	Increase average monthly patient referrals to Acute Rehabilitation		3.0 ↑	2.3				6
PC	Improve patient satisfaction ratings		68.7% ↑	67.7%				73.0%
PC	Improve timely access to primary care services		34 days ↓	29 days				14 days
JHS	Improve access to nurse triage services		77.0% ↑	97%				85.0%
BHS	Reduce no-shows within first 3 months of treatment		6.5% ↓	5.3%				5.9%
MCAH	Increase client response rates for satisfaction surveys		73.0% ↑	77.5%				78.0%

↑ / ↓ Desired direction of improvement

On Target / Off Target / Data not available

WORKFORCE							
Section	Measure	Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Increase number of leaders adopting leader standard work	0.0% ↑	42.0%				100.0%
ZSFG	Increase number of leaders trained in A3 thinking	77.0% ↑	93.0%				100.0%
LHH	Improve overall job satisfaction ratings among staff	77.0% ↑	In development				TBD
PC	Improve overall staff engagement ratings	72.0% ↑	In development				73.0%
JHS	Decrease workplace stress	3.45 ↑	3.45				4.00
BHS	Improve staff perceived support for their professional development	TBD ↑	In development				TBD
MCAH	Increase staff ratings of respect in the workplace	58.0% ↑	In development				63.0%

FINANCIAL STEWARDSHIP							
Section	Measure	Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Meet monthly expenditure targets	0.8% ↓	-0.9%				0.0%
LHH	Decrease overtime utilization	2.6%	Data Pending				2.0%
PC	Increase timeliness and accuracy of documentation to increase total revenue	389 ↓	389				125
JHS	Improve clinician productivity	TBD	In development				TBD
BHS	Reduce number of high cost beneficiaries	TBD ↓	In development				TBD
MCAH	Increase ability to know and access Medi-Cal status	62% ↑	62%				72.0%

EQUITY							
Section	Measure	Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Develop standard work for capturing patient/client race, ethnicity, language, sexual orientation and gender identity	PRIME	n/a	In development			Yes
LHH	Develop standard work for capturing homeless data		n/a	In development			Complete
LHH	Decrease disparities in resident satisfaction with LHH services among limited English speaking residents		TBD ↑	Data pending			TBD
PC	Develop standard work for capturing patient gender identity	PRIME	n/a	In development			Yes
PC	Improve blood pressure control among patients with hypertension, including a specific focus on African American hypertensive patients		BAA: 62% Total: 70% ↑	Data pending Data pending			BAA: 68% Total: 71%
JHS	Develop standard work for capturing patient gender identity		n/a	In development			Yes
BHS	Increase percentage of clinicians who have completed Transgender 101 training		0% ↑	Data pending			100%
MCAH	Reduce disparities in preventative oral health service delivery among children of color		76.5% ↑	Data pending			77.5%

**\*LEGEND\***

Metric is **On Target** to meet the goal by June 30, 2018

Metric is **Not on Target** to meet the goal by June 30, 2018

No data is available due to one of the following reasons:

- Data pending: Reporting is delayed due to lag in data collection
- In development: Data collection methods and/or metric definitions are still being developed
- On hold: Metric is under review, data collection is on hold
- Collected annually: Reported on an annual basis will be reported in a later quarter

- ★ Included in CMS Star Rating
- HAC** Included in CMS Hospital-Acquired Conditions Reduction Program
- PRIME** Included in PRIME
- RRP** Included in CMS Readmissions Reduction Program
- VBP** Included in CMS Value-Based Purchasing Program

