



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	Baseline		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD*	On-Off-Target	Target FY18/19 (unless otherwise noted)
EQUITY																			
Race, Ethnicity and Language (REAL) Data Completeness PRIME	Boyo	% unique patients seen at ZSFG	54%	↑	66.4%	67.5%	66.7%										66.8%	■	60% ^A
Disparities Assessment	Boyo	% Departments Reporting to PIPS	26%	↑	33.3%	66.7%	33.3%										44.4%	■	35%
SAFETY																			
Patient Harm Events VBP HAC	Williams, Dentoni	# of falls with injury, CAUTI, Colon SSI, & HAPI	9.4	↓	6	7											6.5	■	10 (FY 17/18)
Readiness for EHR Implementation By Phase	Dentoni, May	% implementation by phase	Anticipated May 2018	↑	N/A	N/A	N/A										N/A		Anticipated May 2018
QUALITY																			
Readmissions RRP PRIME	May Marks	% of PRIME population	14.46%	↓	13.90%	13.96%	14.30%										14.30%	■	14.32% ^B (FY 17/18) PRIME
Time on Diversion	May Marks	% time on diversion	52.8%	↓	59.1%	48.7%	57.3%										55.0%	■	40.0%
CARE EXPERIENCE																			
iCARE Adoption/Adherence	Johnson	# departments with 100% components within composite	0	↑	0	0	0										0	■	6 ^C (CY 18)
DEVELOPING OUR PEOPLE																			
Daily Management System (DMS) Implementation	Marks, Nguyen	# departments at 80% components	0	↑	0	0	0										0	■	6 ^C (CY 18)
PDP A3 Targets	Marks, Nguyen	% exp exec leaders w/ 1 identified PDP A3 target	29%	↑	29.6%	56.6%	83.6%										83.6%	■	85% (CY 18)
Staff Preparedness for EHR Implementation	Dentoni, May	% staff preparedness	Anticipated May 2018	↑	N/A	N/A	N/A										N/A		Anticipated May 2018
FINANCIAL STEWARDSHIP																			
Capital Project Delays	Boyo, Damiano	# days slippage/month	127	↓	385	514	293										397	■	60
Salary Variance	Boffi	\$ in Millions Variance	-\$3.049	↓	-\$4.052	-\$4.520	-\$5.573										-\$5.573	■	\$0.000
TRUE NORTH OUTCOME METRICS																			
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% HF discharges with 30-day readmission	33%	↓	30.0%	33.3%											31.7%		Pending ^D
CMS Star Rating	Ehrlich	# stars	1-star	↑	1 star												1 Star	■	2-star
Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	78.3%	↑	80.4%	83.3%											81.7%	■	80% (FY1718)
Likelihood to Recommend Provider's Office to Friends & Family	Ehrlich	% positive responses	65.4%	↑	68.4%	69.3%											68.6%	■	67% (FY1718)
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	% positive responses	Pending ^E	↑	Pending ^E														Pending ^E

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

Additional Information:

A = **REAL Data Completeness** metric includes the PRIME target for FY 18/19. The baseline, monthly, and YTD data presented here represents REAL data completeness for unique patients seen at ZSFG (including PRIME and non-PRIME patients).

B = **Readmissions** metric target is expected to change in July 2018 (per PRIME).

C = **iCARE Adoption/Adherence** and **DMS Implementation** metrics are on target with projected targets per the implementation schedule.

D = **Black/African American Heart Failure Readmissions** outcome metric FY18/19 target is pending further discussion with DPH/SFHN, clinical experts and readmissions task force to ensure alignment and an appropriate target.

E = **Likelihood to Recommend ZSFG as a Workplace** metric is pending survey deployment, in coordination with DPH and SFHN

