





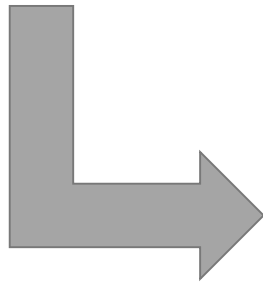








Executive Key Performance Indicators

		Equity  Boyo	Safety  Dentoni & Williams	Quality  Marks & May	Care Experience  Johnson	Developing our People  Marks & Nguyen	Financial Stewardship  Boffi		
Strategic A3s	The ZSFG Way Marks & Nguyen	By 6/30/19, Increase Departmental PIPS reporting with at least one metric stratified by REAL to 35%	By 6/30/2019, Reduce total number of patient harm events to less than 10/month.	By 6/30/2019, Reduce hospital readmission from 14.46% to 14.32% (Prime)	By 6/30/2019, Reduce ambulance diversion from 52.8% to 40%	By 6/30/2019, Increase % ICARE adoption and adherence through daily status sheets, staff celebrations and driver or watch metric to 16 department	By 6/30/2019, Increase the number of ZSFG departments that have implemented DMS to 14	By 6/30/2019, Increase % of ZSFG expanded executive leaders with one identified PDP A3 target to 85%	By 6/30/2019, Decrease salary variance to 0
	Building Our Future Boyo & Damiano							By 6/30/2019, Reduce # of days slippage for completion of capital projects to 60/month	
	Implementing an Electronic Health Record Dentoni & May	By 6/30/19, Increase % of unique patients seen at ZSFG with REAL (40%) and SOGI (10%) data completion	By 6/30/2019, Achieve % of EHR implementation defined by phase - Groundwork, Direction, Adoption, Testing, Training, Go-Live					By 6/30/2019, Achieve % staff satisfaction and readiness for EHR by phase - Groundwork, Direction, Adoption, Testing, Training, Go-Live	
Outcome Metrics	Reduce BAA heart failure readmissions	Star Rating							
					"Would Recommend Hospital" (HCAHPS)			Limit Percent Spend of General Fund to Total Budget	
					"Would Recommend Provider's Office" (CG-CAHPS)	"Likelihood to Recommend ZSFG to Friends and Family as a Place to Work"			







Operational A3s



Equity 	Safety 	Quality 	Care Experience 	Developing our People 	Financial Stewardship 
<i>Advancing Equity</i>	<i>Improving Value and Patient Outcomes</i>	<i>Ensuring Flow and Access</i>	<i>Optimizing a Care Experience Model</i>	<i>Daily Management System</i>	<i>Financial Stewardship</i>

ALIGNMENT

Unit-Level Key Performance Indicators: Drive (D) or Watch (W)

Ex: Periop	Equity 	Safety 	Quality 	Care Experience 	Developing our People 	Financial Stewardship 
The ZSFG Way	<i>1 Metric Stratified</i>	<i>SSI (e.g skin cleansing)</i>	<i>Add-On Wait Times</i>	<i>ICARE Key Behavior</i>	<i>1 Department</i>	<i>Dept. Salary Variance</i>
Building Our Future		<i>100%/phase</i>				
Implementing an Electronic Health Record					<i>100%</i>	