ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

True North Scorecard FY 19/20
2/19/2020
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.

↑/↓ Desired direction of improvement
On-Target
Off-Target

True North Pillar Measure	Executive Owner	Measure Unit	FY Baseline	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FYTD*	On- Off-Target	Target FY19/20 (unless otherwise noted)
EQUITY																		
Race, **E**thnicity **a**nd **L**anguage (REAL) Data Completeness PRIME	Boyo	% unique patients seen at ZSFG	69% ↑	70.4%	86.6%	86.9%	87.0%	88.0%	88.3%	88.5%						85.1%		75%[A]
Sexual **O**rientation and **G**ender **I**dentity (SOGI) Data Completeness	Boyo	% unique patients seen at ZSFG	20.7% ↑	35.9%	24.4%	24.9%	24.5%	24.5%	24.2%	23.6%						26.0%		30%
Disparities Assessment	Boyo	% Departments Reporting to PIPS	56% CY 18 ↑	66.7%	100.0%	50.0%	100.0%	66.7%	100.0%	40.0%						72.4%		70%
SAFETY																		
QIP Measure Reporting QIP	Williams, Safier	CY 2019: % of Metrics with data on Target	90% ↑	90.0%	90.0%	90.0%	90.0%	90.0%	100.0%	8.3%						8.3%		QIP CY 2020: 100%
Colon SSI ★	Williams, Safier	# of Colon SSI	0 ↓													0		
PSI 90 ★	Williams, Safier	PSI Score	0 ↑													0		
QUALITY																		
Readmissions ★ BRP PRIME	Marks	% of PRIME population	16.72% ↓	16.81%	15.29%	14.79%	14.82%	15.38%								15.38%		16.5% PRIME
Time on Diversion	Marks	% time on diversion	46.9% ↓	35.2%	58.4%	54.7%	57.4%	48.6%	64.3%	66.6%						55.0%		40.0%
CARE EXPERIENCE																		
Care Transitions Composite Score PRIME	Johnson	% of positive responses	52% ↑	51.5%	50.4%	49.6%	50.2%	45.1%								49.4%		52%
Specialty Care CG CAHPS Courteous and Helpful Office Staff Composite Score	Johnson	% of positive responses	65% ↑	86.2%	85.7%	85.7%	86.3%	87.8%								86.3%		70%
DEVELOPING OUR PEOPLE																		
Daily **M**anagement **S**ystem (DMS) Implementation	Marks, Bilinski	# departments at 100% components	4 ↑	4	4	4	4	4	4	4						4		7[D]
PDP A3 Targets	Marks, Nguyen	% exp exec leaders on target with PDP A3 targets	95% ↑	94.8%	94.8%	94.8%	94.8%	95.0%	95.0%	95.0%						95.0%		85%
FINANCIAL STEWARDSHIP																		
Capital Projects Building 5	Boyo	# slippage days in construction per construction month	10.3 ↓	7	0	0	20	0	44							44		10[F]
UCSF RAB	Damiano	# of Requirements Met	0 ↑	0	0	0	0	1	1							1		1
Salary Variance	Boffi	$ in Millions Variance	-$9.221 ↓	$0.429	-$1.162	-$1.477	-$1.719	-$2.655	-$2.689	-$2.779						-$2.779		-$3.700
Improve CMI ★	Day		0													0		
TRUE NORTH OUTCOME METRICS																		
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% B/AA HF discharges with 30-day readmission	30.4%[G] ↓	17.6%	Pending											17.6%[G]		34.3%
CMS Star Rating ★	Ehrlich	# stars	1-star ↑	1-star												1-star		2-star
Likelihood to Recommend Hospital to Friends & Family ★	Ehrlich	% positive responses	75.7% ↑	61.7%	77.4%	83.3%	68.1%	73.3%	77.5%	80.0%						74.5%		80%
Likelihood to Recommend Provider's Office to Friends & Family ★	Ehrlich	% positive responses	68.3% ↑	82.2%	84.1%	78.8%	82.4%	86.3%	87.0%	79.6%						82.9%		67%
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	% positive responses	Pending ↑	3.66														
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	$ in Millions	$104.97M ↓	$150.82M			$110.95M									$110.95M[H]		$168.18M

★ = Included in CMS Star Ratings HAC = Included in CMS Hospital-Acquired Conditions Reduction Program BRP = Included in CMS Readmissions Reduction Program PRIME = Included in PRIME QIP =Included in QIP

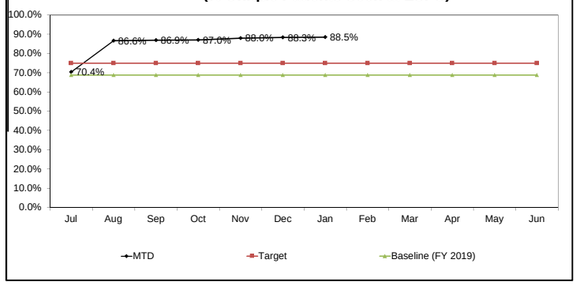
Footnotes:
A = **REAL Data Completeness** metric includes the PRIME target for FY 18/19. The baseline, monthly, and YTD data presented here represents REAL data completeness for unique patients seen at ZSFG (including PRIME and non-PRIME patients).
D = **DMS Implementation** metric is on target with projected targets per the implementation schedule.
F = **Capital Project**s metric target is 10 construction slippage days per month per active project
G = **Black/African Amercian Heart Failure Readmissions** outcome metric is in coordination with DPH/SFHN, clinical experts and readmissions task force
H= **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

ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

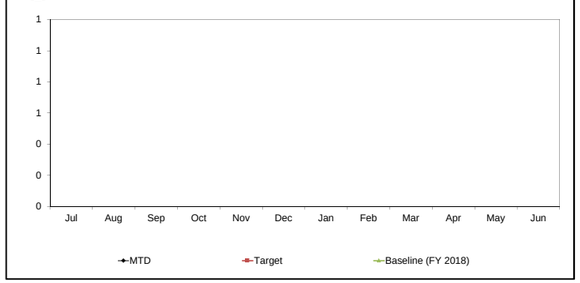
Purpose Statement: To track our performance in achieving True North, using focused driver metrics aligned with organization-wide strategies.

True North Scorecard FY 19/20
2/19/2020
Owner: ZSFG Executive Team
Unit/Dept: ZSFG-Wide

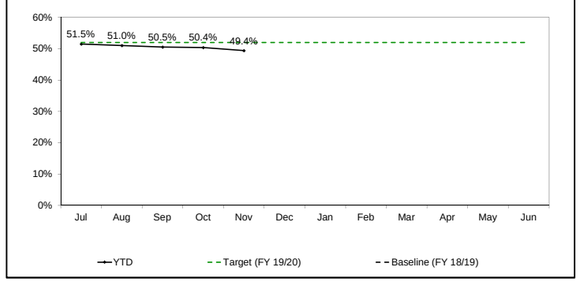
EQUITY
Complete REAL Data Collection
(% Unique Patients Seen at ZSFG)



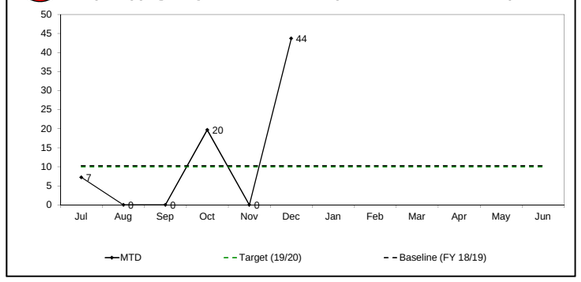
SAFETY
Colon SSI



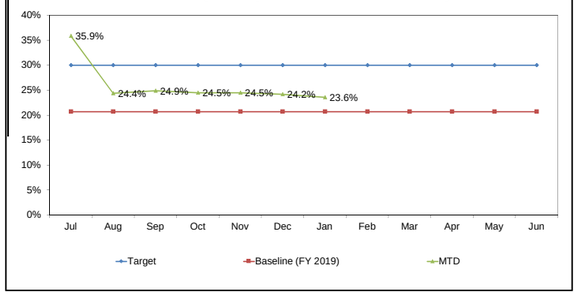
CARE EXPERIENCE
Care Transition Composite Score



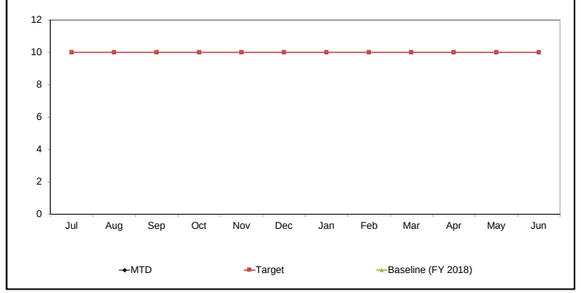
FINANCIAL STEWARDSHIP
Capital Projects
(# Slippage days in Construction per Construction Month)



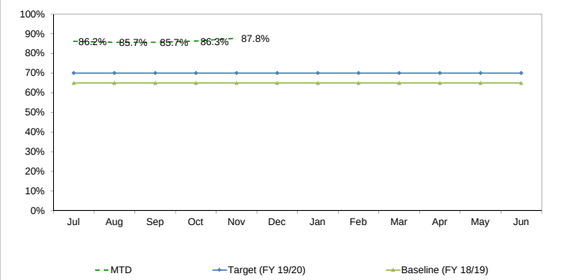
EQUITY
Complete SOGI Data Collection
(% Unique Patients Seen at ZSFG)



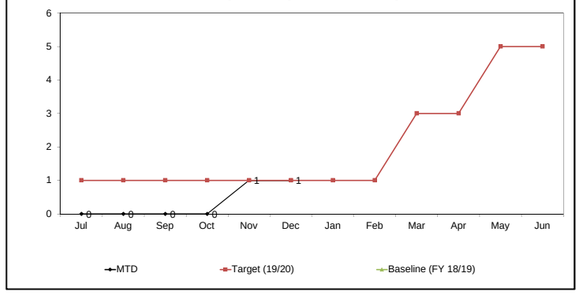
SAFETY
PSI 90



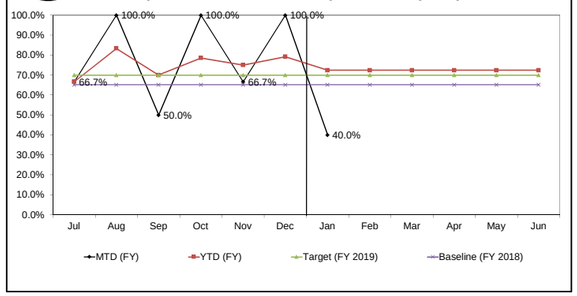
CARE EXPERIENCE
CG CAHPS Composite Score



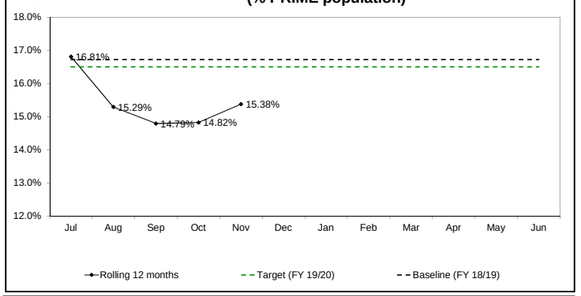
FINANCIAL STEWARDSHIP
UCSF RAB
(# of Requirements Met)



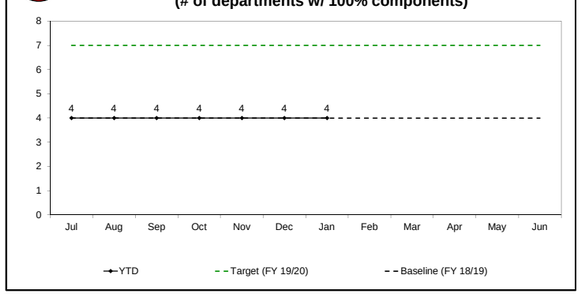
EQUITY
PIPS Reporting Departments Looking at Disparities
(% Clinical Services & Department Reports)



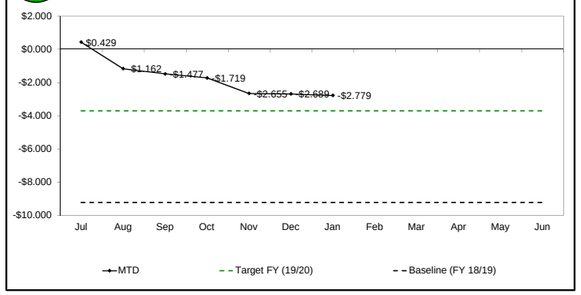
QUALITY
30 Day Readmissions
(% PRIME population)



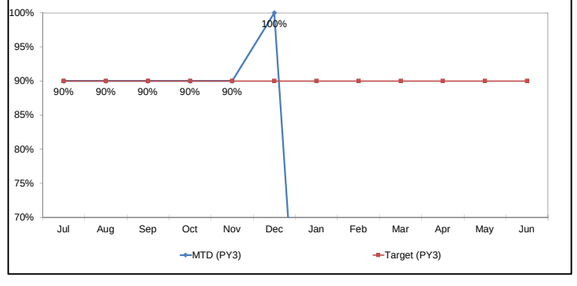
DEVELOPING OUR PEOPLE
DMS Implementation
(# of departments w/ 100% components)



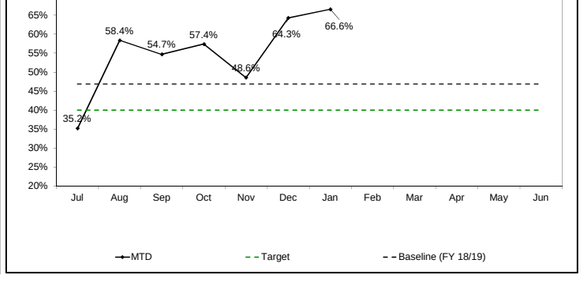
FINANCIAL STEWARDSHIP
Salary Variance
($ in Millions Variance)



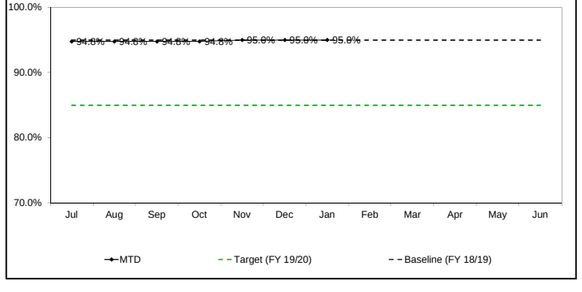
SAFETY
QIP Measure Reporting
CY 2018 (# of QIP Measures Finalized)
CY 2019 (% of Metrics with data on Target)



QUALITY
Time ED is on Diversion
(% Time on Diversion)



DEVELOPING OUR PEOPLE
PDP A3
(% exp exec leaders w/ 1 identified PDP A3 target)



FINANCIAL STEWARDSHIP
Improve CMI