

Patient Experience		Performance		FY18 Goals	Benchmark	
		FY17	Current Period			
Would Recommend Hospital (% of units, practices, services improving)		62% (42/68)	61% (46/76)		Pending	*Detailed Experience Report on Back Page
Physician Communication (% of units, practices, services improving)		63% (44/70)	68% (51/75)			
Quality & Safety		Performance		FY18 Goals	Benchmark	
		FY17	Month			FY18TD
Clinical Outcomes	Inpatient Mortality (O/E index)	0.83	0.94	0.90	0.80	0.75
			May-18			Vizient 1st decile
	Sepsis Mortality Index (O/E index)	1.11	1.41	1.16	1.08	0.96
			May-18			Vizient 1st decile
	30-day All-Cause Readmissions (per monthly discharges)	11.4%	9.66%	11.39%	< 11%	8.06%
			Apr-18			Vizient 1st decile
Ambulatory Quality (% of metrics meeting benchmark)	5/9	NA	*8/9	9/9	NCQA/HRSA 1st decile * Detailed Report on Back Page	
Zero Harm	Harm Events (actual # of harm events)	89 (monthly) 1,070 (FY17)	84	1,000	Pending	* Detailed Harm Report on Back Page
			Jun-18			
Our People		Performance		FY18 Goals	Benchmark	
		FY17	FY18			
Staff	Gallup Engagement Survey (grand mean)	3.87	3.88		4.07	4.13
						50th %ile Gallup Healthcare
Provider	UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100)	-4	1		6	22
		Mar-17	Mar-18			Bain Survey, Front Lines of Healthcare, 2017
	UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)	13	21		21	NA
		Mar-17	Mar-18			External Comparison
Financial Strength		Performance		FY18 Goals		
		FY17	Month	FY18TD	Month	YTD
Net Income UCSF Health West and East Bay		\$163.6M	Pending			
Net Income with actuarial adjustment for retirement benefits		(\$27.6M)				
Operating Cost per Case (Adjusted for outpatient activity and acuity)		\$23,336	Pending			
Strategic Growth		Performance		FY18 Goals	Benchmark	
		FY17	Month			FY18TD
Ambulatory Visits *Faculty Practices		1,412,110	125,998	1,492,918	132,887/1,508,990 *FYTD18 goal	5% increase compared to FY17
			Jun-18			
Ambulatory Access (% of practices meeting unit goal)		55%	45%	53%	80%	*Strategic Access: >75% seen in 14d *All Practices: ↑ 4% from FY17
			Jun-18			
Inpatient Discharges		36,004	Pending			
Length of Stay (O/E index)		1.08	1.14	1.09	<1.00	0.93
			May-18			Vizient 1st decile
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)		46	80	51	0	-34
			May-18			Vizient 1st decile
Learning Health System		Performance		FY18 Goals	Benchmark	
		FY17	Current Period			
% of True North Boards wih LHS Pillar populated		NA	54% (68/126)		80%	NA

Achieving Our True North Goals

Patient Experience			# of Improved / Total Groups	FY18TD vs. FY17 (Top Box/Mean Score)	FY18TD National Rank (%ile)
Would Recommend	Inpatient Adult		6/14	↓	93
	Inpatient Peds	Peds Unit	1/3	↓	82
		ICN	1/1	↑	61
	Outpatient		31/44	↑	38
	ED/SACC		3/3	↑	49
	Outpatient Periop		1/4	↓	57
	Diagnostic & Treatment Svcs**		2/5	↑	50
	Behavioral Health	Inpatient	1/1	↑	51
		Outpatient	0/1	↓	19
Physician Communication	Inpatient Adult		11/17	↑	76
	Inpatient Peds	Peds Services	1/2	↓	48
		Neonatology	1/1	↑	82
	Outpatient		32/44	↑	35
	ED/SACC		2/3	↑	74
	Outpatient Periop		3/4	↑	37
	Diagnostic & Treatment Svcs**		1/2	↑	UCSF custom questions - no benchmark available
	Behavioral Health	Inpatient	0/1	↑	43
		Outpatient	0/1	↓	12

** Diagnostic & Treatment Svcs represents performance for Cardiology Labs, Infusion, Radiology, Radiation Oncology & Rehabilitation for "Would Recommend" & Cardiology Labs, Radiation Oncology for "Provider Communication".

Ambulatory Quality Metrics	FY17 Baseline	FY18TD	1st Decile National Benchmark
Diabetes Care: HbA1c Poor Control (>9.0%)	* 22.39%	*20.79%	29.36%
Controlling Blood Pressure	* 72.90%	*74.68%	70.41%
Tobacco Assessment and Counseling	92.40%	*96.79%	96.19%
Breast Cancer Screening	* 80.14%	*78.42%	71.44%
Cervical Cancer Screening	* 75.25%	*72.20%	69.83%
Colorectal Cancer Screening	* 75.92%	*76.14%	65.71%
Depression Screening & Follow-Up	0.60%	*55.47%	84.54%
Sexual Orientation & Gender Identity Data Completeness	0.00%	0.39%	10.00%
Influenza Vaccination (6 months and older)	38.30%	*52.90%	46.00%
AMBULATORY QUALITY ROLL-UP	* 5/9	*8/9	*reflects Primary Care Services FY18 target rate

Specific Harm Metrics		FY17 Baseline (# of harm events)	# of Harm Events			Rate	
			Jun-18	FY18TD	Trend	FY18TD	FY17
Adult Hospital	CLABSI (excl. CLAMBI)	42	7	61		1.03	0.73
	CAUTI	88	3	67		1.72	2.29
	PVAP (VAE)	4	0	4		0.41	0.52
	SSI	122	9 (Mar 2018)	123		0.84%	0.88%
	Hospital-Onset C. difficile	181	9	157		9.03	10.43
	HAPU	30	1	19			
	Falls with Serious Injury	10	0	12			
	Serious Safety Events	25	4	25			
	Workplace Injuries to Staff	163	12	122			
	Reportable Privacy Events	18	0	13			
BCH-SF	CLABSI (excl. CLAMBI)	30	5	37		1.62	1.31
	CAUTI	1	0	2		0.68	0.35
	VAP	3	0	2		0.34	0.53
	SSI	3	1 (Mar 2018)	7		0.55%	0.24%
	Codes Outside ICU	7	0	13			
	HAPU	2	0	2			
	Falls with Serious Injury	0	0	4			
	Serious Safety Events	4	0	5			
	Workplace Injuries to Staff	30	1	26			
	Reportable Privacy Events	5	0	2			
Ambulatory	Falls with Serious Injury	4	1	5			
	Serious Safety Events	3	0	1			
	Communicable Disease Exposures	19	0	6			
	Workplace Injuries to Staff	93	10	109			
	Reportable Privacy Events	56	5	47			
Unattributed	Workplace Injuries to Staff	127	16	129			
	Total Events	1070	84	1000			