

All data is UCSF Health West Bay unless noted otherwise

Patient Experience		Performance		Benchmark & Trend	FY19 Goals	
		FY18	Current Period			
Would Recommend Hospital (% of units, practices, services improving)		59% (45/76)	43% (15/35)		*IAP Goal: Threshold: 54% Target: 57% Outstanding: >60%	
Physician Communication (% of units, practices, services improving)		67% (50/75)	36% (15/42)		*IAP Goal: Threshold: 64% Target: 67% Outstanding: >69%	
Quality & Safety		Performance		Benchmark & Trend	FY19 Goals	
		FY18	Month			
Clinical Outcomes	Inpatient Mortality (O/E index)	0.90 (n = 719)	0.92 (n = 57) Aug-18	0.88 (n = 116) 	0.84	
	Sepsis Mortality Index (O/E index)	1.16 (n = 368)	1.46 (n = 32) Aug-18	1.32 (n = 63) 	1.12	
	30-day All-Cause Readmissions (per monthly discharges)	11.39% (n = 4,296)	10.57% (n = 341) Jul-18	10.57% (n = 341) 	< 11%	
	Ambulatory Quality: Advanced Care Planning	28.92%	31.74%		PRIME goal: >90% performance already met UCSF goal: more meaningful standard adopted	36.03%
	Healthcare Equity: HTN Control in Black/African Americans	64.19%	69.24%		Total Population: 75%; White: 77%	68.32%
Zero Harm	Harm Events (actual # of harm events)	111 (monthly) 1,333 (FY18)	108 Sep-18	346 	*IAP Goal: Reduce 50/75/100	
Our People		Gallup Staff Engagement Survey (Grand Mean)		UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100)	UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)	
Performance		3.88 May-18		1 Mar-18	21 Mar-18	
Benchmark & 3-year Trend						
FY19 Goals		pending		9	23	
Financial Strength		Performance		FY19 Goals		
		FY18	Month	Month	YTD	
Net Income UCSF Health West and East Bay		\$293M	(\$1.8M) Sep-18	\$6.0M Sep-18	\$22.1M	
Net Income with actuarial adjustment for retirement benefits		\$175M	(\$20.0M) Sep-18	(\$12.3M) Sep-18	(\$31.4M)	
Operating Cost per Case (Adjusted for outpatient activity and acuity)		\$24,211	\$26,299 Sep-18	\$25,119 Sep-18	*IAP Goal Threshold: \$24,006 Target: \$23,886 Outstanding: \$23,767	
					*IAP Goal Threshold: \$23,884 Target: \$23,764 Outstanding: \$23,645	
Strategic Growth		Performance		Benchmark & Trend	FY19 Goals	
		FY18	Month			
Ambulatory Visits		1,492,918	148,338 Sep-18	476,814 	8.8% increase wRVU (compared to September FY18)	5% increase
Ambulatory Access (% of practices meeting unit goal)		53%	48% Sep-18	45% 	Strategic Access Practices: >75% seen in 14d All Practices: 4% increase from FY18	65%
Inpatient Discharges		36,615	2,792 Sep-18	8,998 	3.1% decrease compared to FY18	3,122/9,524 (monthly/YTD)
Length of Stay (O/E index)		1.08	1.04 Aug-18	1.06 		<1.00
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)		49	24 Aug-18	33 Vizient 1st decile	-48	0
Learning Health System		Performance		Benchmark	FY19 Goals	
		FY18	Current Period			
% of TN Boards with LHS Pillar populated		54% (68/126)	pending	NA	TBD	

Patient Experience		IAP Performance (# of Improved/Total Groups)		Performance (Top Box/Mean Score)		National Rank (%ile)
		FY19TD		FY19TD vs. FY18	Quarterly Trend	FY19TD
Would Recommend	Inpatient Adult	4/5		↑		94
	Inpatient Peds	Peds Unit	3/3	↑		98
		ICN	0/1	↓		60
		Birth Center	0/1	↓		62
	Outpatient	4/12		↓		35
	Emergency Services	0/2		↓		40
	Outpatient Periop	1/4		↓		52
	Diagnostic & Treatment Svcs**	1/5		↓		40
Behavioral Health	Inpatient	1/1		↑		70
	Outpatient	1/1		↑		24
Physician Communication	Inpatient Adult	6/16		↓		71
	Inpatient Peds	Peds Services	1/2	↑		64
		Neonatology	0/1	↓		70
		OB Services	0/1	↓		4
	Outpatient	5/12		↓		33
	Emergency Services	0/2		↓		57
	Outpatient Periop	1/4		↔		41
	Diagnostic & Treatment Svcs**	0/2		↓		UCSF custom questions - no benchmark available
	Behavioral Health	Inpatient	1/1		↑	
Outpatient		1/1		↑		19

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

Specific Harm Metrics	FY18 Baseline (# of harm events)	# of Harm Events		Trend	Rate		
		Sep-18	FY19TD		FY18	FY19TD	
Adult Hospital	CLABSI (excl. CLAMBI)	61	6	15		1.03	0.93
	CAUTI	67	8	24		1.72	2.44
	PVAP (VAE)	4	0	2		0.41	0.78
	SSI	104	9 (June 2018)	29		0.72%	0.65%
	Hospital-Onset C. difficile	157	9	29		9.05	6.39
	HAPI	178	16	59			
	Falls with Injury	76	5	23			
	Serious Safety Events	26	1	4			
	Workplace Injuries to Staff	122	13	42			
	Reportable Privacy Events	13	2	5			
	Adverse Drug Events (in High Risk Meds)	56	1	5			
BCH-SF	CLABSI (excl. CLAMBI)	37	2	4		1.62	0.74
	CAUTI	2	0	0		0.68	0.00
	VAP	2	0	0		0.34	0.00
	SSI	6	0 (June 2018)	0		0.50%	0.28%
	Codes Outside ICU	13	0	0			
	HAPI	24	1	4			
	Falls with Injury	30	0	0			
	Serious Safety Events	5	1	3			
	Workplace Injuries to Staff	26	1	7			
	Reportable Privacy Events	2	0	0			
Adverse Drug Events (in High Risk Meds)	5	0	1				
Ambulatory	Falls with Injury	17	3	10			
	Serious Safety Events	1	0	1			
	Communicable Disease Exposures	6	0	1			
	Workplace Injuries to Staff	109	10	23			
	Reportable Privacy Events	47	5	15			
	Adverse Drug Events (in High Risk Meds)	7	1	1			
Unattributed	Workplace Injuries to Staff	129	14	39			
	Adverse Drug Events (in High Risk Meds)	1	0	0			
Total Events		1333	108	346			

True North Pillars and Metrics		Definition & Source	
Patient Experience: Deliver an Outstanding Patient Experience			
Would Recommend Hospital	% of units, practices, services improving	Current year compared to previous year performance <u>Source:</u> Press Ganey & Patient Experience Dashboard	
Physician Communication			
Quality and Safety: Achieve Zero Harm and Improve Clinical Outcomes			
Clinical Outcomes	Inpatient Mortality	O/E index	All inpatient adult & BCHSF cases that had a discharge status of "expired". O/E: observed divided by expected mortality rate using Vizient risk adjustment model. Denominator excludes: nonviable neonates, hospice, and normal newborns. <u>Source:</u> Vizient Clinical Database (AMC 90% benchmark noted on trend line)
	Sepsis Mortality Index	O/E index	All adult & BCHSF cases. O/E: observed divided by expected sepsis mortality rate using Vizient risk adjustment model. <u>Source:</u> Vizient Clinical Database (AMC 90% benchmark noted on trend line)
	30-day all-cause Readmissions	per monthly discharges	All adult and BCHSF readmissions excluding readmissions for chemotherapy, radiation therapy, rehabilitation, dialysis, delivery/birth, mental diseases/alcohol & drug use. <u>Source:</u> Vizient Clinical Database (AMC 90% benchmark noted on trend line)
	Ambulatory Quality: Advanced Care Planning	% of patients with an ACP documented in APeX	Denominator: primary care patients >65 seen in the past 12 months. Numerator: patients who have an advance care plan or surrogate decision-maker documented in the medical record. <u>Source:</u> Office of Population Health
	Healthcare Equity: HTN Control in Black/African Americans	% of Black/AA's with BP meeting goals	Denominator: primary care patients 18-85 years old who had at least one visit with a diagnosis of HTN during 1st six months of measurement year. Numerator: % of patients with recent BP controlled (targets based on age and presence of DM). <u>Source:</u> Office of Population Health
Harm Events	CLABSI (excluding CLAMBI)	per 1,000 device days	Patients that meets the 2015 National Healthcare Safety Network (NHSN) criteria for laboratory confirmed bloodstream infection, who have a central line in place or removed within 1 calendar day of event and have been admitted > 3 days where date of admission is Day 1. Excludes the subset of patients who also meet the mucosal barrier injury criteria. <u>Source:</u> HEIC Data Management Unit
	CAUTI	per 1,000 device days	Patients who meet 2015 NHSN criteria for urinary tract infection who have an indwelling urinary catheter in place or removed within 1 calendar day of event and have been admitted > 3 days where date of admission is Day 1. <u>Source:</u> HEIC Data Management Unit
	PVAP (VAE) - Adults	per 1,000 device days	Patients who meet NHSN criteria for possible ventilator-associated event. <u>Source:</u> HEIC Data Management Unit
	VAP - Peds	per 1,000 device days	Patients who meet NHSN criteria for ventilator-associated pneumonia after being admitted > 3 days where date of admission is Day 1. <u>Source:</u> HEIC Data Management Unit
	Hospital-onset <i>Clostridium difficile</i> Infection	per 10,000 patient days	Patients with a reportable <i>Clostridium difficile</i> test result that is categorized by NHSN as a Hospital Onset, incident case. <u>Source:</u> HEIC Data Management Unit
	SSI	# of infections	Patients who meet NHSN criteria for deep or organ space surgical site infection (SSI). Baseline data reflects SSIs identified following surgeries performed between April 1, 2015-March 31, 2016 in the following NHSN defined categories of surgery: AAA, APPY, BILL, BRST, CARD, CBGB, CBGC, CHOL, COLO, CRAN, CSEC, FUSN, FX, GAST, HPRO, HTP, HYST, KPRO, KTP, LAM, LTP, NEPH, OVRV, PACE, REC, RFUSN, SB, SPLE, THOR, VHYS, VSHN, and XLAP. <u>Source:</u> HEIC Data Management Unit
	HAPI	# of reportable HAPIs	Patients with reportable HAPUs stage 3, 4, unstageable, and deep tissue injuries (aligned with Magnet definitions). <u>Source:</u> Nursing Performance Improvement
	Falls with Injury	# of patient falls	Patient falls with minimal, moderate or severe injury (injury severity ranking is within the IR system and separate from the harm ranking). <u>Source:</u> Nursing Performance Improvement [aligned with Magnet definitions]
	Serious Safety Events	# of events	Events rated through our IR system as moderate, severe harm, or unexpected death. This excludes what is captured separately in the ADE category below. <u>Source:</u> Patient Safety Department
	Codes outside the ICU	# of activations	Code White team activations in BCH-SF, excluding ambulatory care clinics, critical care units, the emergency department, and the operating rooms. <u>Source:</u> BCH QI Group
	Workplace Injuries to Staff	# of employee injuries	Include "lost time" and "medical only" injuries. First Aid injuries are not included. <u>Source:</u> Occupational Health & Environmental Safety
	Reportable Privacy Breaches	# of reportable privacy breaches	Any reportable lawful or unauthorized access to a patient's medical information (in both hospital and ambulatory settings). <u>Source:</u> Privacy Office
	Communicable Disease Exposures	# of encounters or events	An encounter or event that leads to potential transmission of a communicable disease to patients or healthcare workers. Each encounter or event is considered one exposure, regardless of number of individuals involved. <u>Source:</u> HEIC Data Management Unit
	Adverse Drug Events (in High Risk Meds)	# of events	Medication/fluid error events in the IR system that involve Antineoplastics, Anticoagulants, Opioid Analgesics, and/or Insulin which are ranked with a severity of Mild Harm, Moderate Harm, Severe Harm, or Unexpected Death. <u>Source:</u> Medication Safety Specialist
	Harm Site Attribution	Adult Hospital	Includes all departments and services physically located in the Parnassus, Mt Zion, and Mission Bay adult hospitals and the off site location of China Basin diagnostic services. Also, all patients, inpatient and outpatient, and staff physically located in the adult hospitals at the time of the event including those BCH patients boarded in the MB adult hospital.
Benioff Children's Hospital-SF		Includes all patients, inpatient and outpatient, and staff physically located in Benioff Children's Hospital at the time of the event, also included are all departments and services physically located in Benioff Children's Hospital. For those departments that serve both Benioff Children's Hospital and the Adult Hospital the attribution will be based on the patient's original unit/location.	
Ambulatory		Includes all patients and staff physically located in an ambulatory clinic at the time of the event.	
Unattributed		Operational areas not captured in the above 3 categories.	
Our People: Create an Optimal Work Experience			
Gallup Staff Engagement Survey	Grand Mean	Gallup Grand Mean is the roll-up of the 12 question survey; each question is a 1-5 scale with 5 reflecting highest levels of engagement. <u>Source:</u> HR/Learning & Development Office	
Physicians and AHPs Engagement Survey	Net Promoter Score (NPS)	NPS= %Promoters - %Detractors. Scores range from -100 to 100. Promoters = those that respond 9 or 10. Detractors = those that respond 0-6. NPM is calculated as the mean score on the 0-10 scale for all providers. <u>Source:</u> Provider Experience Office	
Financial Strength: Lower Our Costs			
Net Income	\$	Net Income = Revenues minus Expenses. Includes data from UCSF Health East and West Bay. <u>Source:</u> Finance Team Monthly Deck.	
Net Income with actuarial adjustment for retirement benefits	\$	Net Income with adjustments for retirement benefits. Includes data from UCSF Health East and West Bay. <u>Source:</u> Finance Team Monthly Deck.	
Operating Cost per Case	\$	OCC is adjusted for outpatient activity and acuity. <u>Source:</u> Finance Team Monthly Deck.	
Strategic Growth: Expand Our Reach and Optimize Access			
Ambulatory Visits	# of visits	Scheduled visits with an appointment status of "arrived", "completed" and "scheduled". wRVUs also included to reflect work outside of "visits". <u>Source:</u> FlashDash & Faculty Practice Monthly Deck	
Ambulatory Access	% of practices meeting unit goal	Strategic Access Practices: >75% seen in 14d; All Practices: 4% increase from FY18 <u>Source:</u> Faculty Practice Access Team	
Inpatient Discharges	# of discharges	<u>Source:</u> Finance Team Monthly Deck	
Length of Stay	O/E index	All inpatient adult & BCHSF cases. O/E: observed average length of stay over expected average length of stay. Exclusions: nonviable neonates, hospice, normal newborns, and bad data. <u>Source:</u> Vizient Clinical Database (AMC 90% benchmark noted on trend line)	
Average Daily Bed Opportunity	(# of beds created if LOS = 1.0)	All inpatient adult & BCHSF cases. Average daily bed opportunity = the number of beds that would be available for new patients if the observed ALOS was equivalent to the Vizient ALOS benchmark. <u>Source:</u> Vizient Clinical Database	
Learning Health System: Advance, Apply, and Disseminate Knowledge			
% of TN Boards with LHS Pillar populated		<u>Source:</u> Monthly tracking of LHS pillar on TNBs across the organization; focus on projects that support the advancement, application, and dissemination of knowledge.	