

Patient Experience		Performance		FY18 Goals	Benchmark	
		FY17	Current Period			
Would Recommend Hospital (% of units, practices, services improving)		62% (42/68)	58% (44/76)		*FY18 IAP Goal Threshold: 55% Target: 59% Outstanding: > 62%	*Detailed Experience Report on Back Page
Physician Communication (% of units, practices, services improving)		63% (44/70)	65% (49/75)			
Quality & Safety		Performance			FY18 Goals	Benchmark
		FY17	Month	FY18TD		
Clinical Outcomes	Inpatient Mortality (O/E index)	0.83	1.07	0.91	0.80	0.75
			Feb-18			Vizient 1st decile
	Sepsis Mortality Index (O/E index)	1.11	1.07	1.18	1.08	0.96
			Feb-18			Vizient 1st decile
	30-day All-Cause Readmissions (per monthly discharges)	11.4%	11.81%	11.90%	< 11%	8.06%
			Jan-18			Vizient 1st decile
	Ambulatory Quality (% of metrics meeting benchmark)	5/9	NA	*7/9	9/9	NCQA/HRSA 1st decile * Detailed Report on Back Page
	Zero Harm	Harm Events (actual # of harm events)	89 (monthly) 1,070 (FY17)	88	740	*FY18 IAP Goal Threshold: eliminate 50 events Target: eliminate 75 events Outstanding: eliminate 100
Mar-18						
Our People		Performance		FY18 Goals	Benchmark	
		FY17	FY18			
Staff	Gallup Engagement Survey (grand mean)	3.87	April 2018 survey		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	\$43.2M	\$245.9M	\$14.5M	\$56.3M
			Mar-18		Mar-18	
Net Income with actuarial adjustment for retirement benefits		(\$27.6M)	\$33.5M	\$159.0M	\$4.0M	(\$38.2M)
Operating Cost per Case (Adjusted for outpatient activity and acuity)		\$23,336	\$23,004	\$23,611	*FY18 IAP Goal Threshold: \$24,621 Target: \$24,498 Outstanding: \$24,376	*FY18 IAP Goal Threshold: \$24,780 Target: \$24,656 Outstanding: \$24,533
			Mar-18		Mar-18	
Strategic Growth		Performance			FY18 Goals	Benchmark
		FY17	Month	FY18TD		
Ambulatory Visits *Faculty Practices		1,412,110	134,793	1,107,348	139,885/1,119,949 *FYTD18 goal	6% increase compared to FY17
			Mar-18			
Ambulatory Access (% of practices meeting unit goal)		55%	55%	55%	80%	*Strategic Access: >75% seen in 14d *All Practices: ↑ 4% from FY17
			Mar-18			
Inpatient Discharges		36,004	3,211	27,232	3,098/26,540 FYTD18 goal	3.4% increase compared to FY17
			Mar-18			
Length of Stay (O/E index)		1.08	1.11	1.08	<1.00	0.93
			Feb-18			Vizient 1st decile
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)		46	63	45	0	-34
			Feb-18			Vizient 1st decile
Learning Health System		Performance			FY18 Goals	Benchmark
		FY17	Current Period			
% of True North Boards Populated		NA	57% (58/101)		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	2/3	↓	75
		ICN	1/1	↑	69
	Outpatient		30/44	↑	40
	ED/SACC		1/3	↑	49
	Outpatient Periop		1/4	↓	57
	Diagnostic & Treatment Svcs**		2/5	↑	50
	Behavioral Health	Inpatient	1/1	↑	48
		Outpatient	0/1	↓	21
Physician Communication	Inpatient Adult		10/17	↑	76
	Inpatient Peds	Peds Services	1/2	↓	45
		Neonatology	1/1	↑	79
	Outpatient		31/44	↑	36
	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	↓	35
		Outpatient	0/1	↓	7

** 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%	* 20.81%	29.36%
Controlling Blood Pressure	* 72.90%	* 74.01%	70.41%
Tobacco Assessment and Counseling	92.40%	* 96.47%	96.19%
Breast Cancer Screening	* 80.14%	* 78.67%	71.44%
Cervical Cancer Screening	* 75.25%	* 77.05%	69.83%
Colorectal Cancer Screening	* 75.92%	* 76.63%	65.71%
Depression Screening & Follow-Up	0.60%	14.94%	84.54%
Sexual Orientation & Gender Identity Data Completeness	0.00%	0.25%	10.00%
Influenza Vaccination (6 months and older)	38.30%	* 52.90%	46.00%
			*reflects Primary Care Services FY18 target rate
AMBULATORY QUALITY ROLL-UP	* 5/9	*7/9	

Specific Harm Metrics		FY17 Baseline (# of harm events)	# of Harm Events			Rate		
			Mar-18	FY18TD	Trend	FY18TD		FY17
Adult Hospital	CLABSI (excl. CLAMBI)	42	9	42		0.96	↑	0.73
	CAUTI	88	4	36		1.22	↓	2.29
	PVAP (VAE)	4	0	4		0.52	↔	0.52
	SSI	122	11 (Dec 2017)	92		0.85%	↔	0.88%
	Hospital-Onset C. difficile	181	11	124		9.44	↔	10.43
	HAPU	30	2	16				
	Falls with Serious Injury	10	1	10				
	Serious Safety Events	25	2	20				
	Workplace Injuries to Staff	163	13	89				
	Reportable Privacy Events	18	1	8				
BCH-SF	CLABSI (excl. CLAMBI)	30	3	31		1.82	↑	1.31
	CAUTI	1	0	1		0.44	↑	0.35
	VAP	3	1	1		0.23	↓	0.53
	SSI	3	1 (Dec 2017)	5		0.52%	↑	0.24%
	Codes Outside ICU	7	1	14				
	HAPU	2	0	2				
	Falls with Serious Injury	0	0	3				
	Serious Safety Events	4	0	4				
	Workplace Injuries to Staff	30	2	23				
	Reportable Privacy Events	5	0	1				
Ambulatory	Falls with Serious Injury	4	0	3				
	Serious Safety Events	3	0	0				
	Communicable Disease Exposures	19	0	5				
	Workplace Injuries to Staff	93	9	78				
	Reportable Privacy Events	56	9	34				
Unattributed	Workplace Injuries to Staff	127	8	94				
	Total Events	1070	88	740				