

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 Feb-18	0.91	0.80	0.75 Vizient 1st decile			
	Sepsis Mortality Index (O/E index)	1.11	1.07 Feb-18	1.18		0.96 Vizient 1st decile			
Zero Harm	30-day All-Cause Readmissions (per monthly discharges)	11.4%	11.81% Jan-18	11.90%	< 11%	8.06% 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			
Staff	Harm Events (actual # of harm events)	89 (monthly) 1,070 (FY17)	88 Mar-18	740	*FY18 IAP Goal Threshold: eliminate 50 events Target: eliminate 75 events Outstanding: eliminate 100	* Detailed Harm Report on Back Page			
	Our People	Performance							
Provider	Gallup Engagement Survey (grand mean)	3.87	April 2018 survey		4.07	4.13 50th %ile Gallup Healthcare			
	UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100)	-4	1	6		22 Bain Survey, Front Lines of Healthcare, 2017			
Provider	UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)	Mar-17	Mar-18			NA External Comparison			
	13		21						
Provider	Mar-17		Mar-18						
	Financial Strength		Performance		FY18 Goals				
Provider	FY17	Month	FY18TD	Month	YTD				
	Net Income UCSF Health West and East Bay	\$163.6M	\$43.2M	\$14.5M	\$56.3M				
Provider			Mar-18						
Provider	Net Income with actuarial adjustment for retirement benefits	(\$27.6M)	\$33.5M	\$159.0M	\$4.0M	(\$38.2M)			
Provider	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			
Provider			Mar-18						
Strategic Growth	Performance			FY18 Goals	Benchmark				
	FY17	Month	FY18TD						
Strategic Growth	Ambulatory Visits *Faculty Practices	1,412,110	134,793 Mar-18	1,107,348	139,885/1,119,949 *FYTD18 goal	6% increase compared to FY17			
	Ambulatory Access (% of practices meeting unit goal)	55%	55% Mar-18	55%					
Strategic Growth	Inpatient Discharges	36,004	3,211 Mar-18	27,232	3,098/26,540 FYTD18 goal	3.4% increase compared to FY17			
	Length of Stay (O/E index)	1.08	1.11 Feb-18	1.08					
Strategic Growth	Average Daily Bed Opportunity (# of beds created if LOS = 1.0)	46	63 Feb-18	45	0	-34 Vizient 1st decile			
	Performance								
Learning Health System	FY17	Current Period		FY18 Goals	Benchmark				
	% of True North Boards Populated	NA	57% (58/101)		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
	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
	Inpatient	1/1	⬆️	48
	Outpatient	0/1	⬇️	21
Physician Communication	Inpatient Adult	10/17	⬆️	76
	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
	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%
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 <i>C. difficile</i>	181	11		9.44	10.43
	HAPU	30	2			
	Falls with Serious Injury	10	1			
	Serious Safety Events	25	2			
	Workplace Injuries to Staff	163	13			
BCH-SF	Reportable Privacy Events	18	1	8		
	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			
	HAPU	2	0			
	Falls with Serious Injury	0	0			
	Serious Safety Events	4	0			
Ambulatory	Workplace Injuries to Staff	30	2	23		
	Reportable Privacy Events	5	0	1		
	Falls with Serious Injury	4	0	3		
	Serious Safety Events	3	0	0		
	Communicable Disease Exposures	19	0	5		
Unattributed	Workplace Injuries to Staff	93	9	78		
	Reportable Privacy Events	56	9	34		
Total Events		1070	88	740		