

Patient Experience		Performance		FY18 Goals	Benchmark	
		FY17	Current Period			
Would Recommend Hospital (% of units, practices, services improving)		62% (42/68)	59% (45/76)		*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	0.88	0.80	0.75
			Dec-17			Vizient 1st decile
	Sepsis Mortality Index (O/E index)	1.11	1.35	1.16	1.08	0.96
			Dec-17			Vizient 1st decile
	30-day All-Cause Readmissions (per monthly discharges)	11.4%	11.79%	11.76%	< 11%	8.06%
			Nov-17			Vizient 1st decile
Ambulatory Quality (% of metrics meeting benchmark)	5/9	NA	*6/9	9/9	NCQA/HRSA 1st decile * Detailed Report on Back Page	
Zero Harm	Harm Events (actual # of harm events)	89 (monthly) 1,070 (FY17)	79	578	*FY18 IAP Goal Threshold: eliminate 50 events Target: eliminate 75 events Outstanding: eliminate 100	* Detailed Harm Report on Back Page
			Jan-18			
Our People		Performance		FY18 Goals	Benchmark	
		FY17	FY18			
Staff	Gallup Engagement Survey (grand mean)	3.87	2018 survey		4.07	4.13
						50th %ile Gallup Healthcare
Provider	UCSF Place to Work: MDs (Net Promoter Score: -100 to 100)	-4	March 2018 survey		6	NA
		Mar-17				External Comparison
	UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)	17	March 2018 survey		25	NA
		Mar-17				External Comparison
Financial Strength		Performance		FY18 Goals		
		FY17	Month	FY18TD	Month	YTD
Net Income UCSF Health West and East Bay		\$163.6M	\$31.5M	\$159.1M	(\$525K)	\$33.3M
			Jan-18		Jan-18	
Net Income with actuarial adjustment for retirement benefits		(\$27.6M)	\$21.9M	\$91.6M	(\$11.0M)	(\$40.3M)
Operating Cost per Case (Adjusted for outpatient activity and acuity)		\$23,336	\$24,862	\$23,597	*FY18 IAP Goal Threshold: \$25,368 Target: \$25,241 Outstanding: \$25,115	*FY18 IAP Goal Threshold: \$24,718 Target: \$24,594 Outstanding: \$24,471
			Jan-18		Jan-18	
Strategic Growth		Performance		FY18 Goals	Benchmark	
		FY17	Month			FY18TD
Ambulatory Visits *Faculty Practices		1,412,110	130,919	855,554	121,169/854,898 *FYTD18 goal	6% increase compared to FY17
			Jan-18			
Ambulatory Access (% of practices meeting unit goal)		55%	49%	54%	80%	*Strategic Access: >75% seen in 14d *All Practices: ↑ 4% from FY17
			Jan-18			
Inpatient Discharges		36,004	3,085	21,282	3,003/20,642 FYTD18 goal	4% increase compared to FY17
			Jan-18			
Length of Stay (O/E index)		1.08	1.06	1.07	<1.00	0.93
			Dec-17		Vizient 1st decile	
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)		46	36	42	0	-34
			Dec-17		Vizient 1st decile	
Learning Health System		Performance		FY18 Goals	Benchmark	
		FY17	Month			FY18TD
% of True North Boards Populated		NA	TBD	TBD	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		9/14	↑	94
	Inpatient Peds	Peds Unit	2/3	↓	76
		ICN	1/1	↑	70
	Outpatient		28/44	↑	40
	ED/SACC		1/3	↑	44
	Outpatient Periop		0/4	↓	54
	Diagnostic & Treatment Svcs**		3/5	↑	50
	Behavioral Health	Inpatient	1/1	↑	51
		Outpatient	0/1	↓	16
Physician Communication	Inpatient Adult		11/17	↑	76
	Inpatient Peds	Peds Services	1/2	↓	45
		Neonatology	1/1	↑	67
	Outpatient		31/44	↑	36
	ED/SACC		1/3	↑	72
	Outpatient Periop		3/4	↑	38
	Diagnostic & Treatment Svcs**		1/2	↑	UCSF custom questions - no benchmark available
	Behavioral Health	Inpatient	0/1	↓	38
		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%	* 20.76%	29.36%
Controlling Blood Pressure	* 72.90%	* 73.87%	70.41%
Tobacco Assessment and Counseling	92.40%	96.01%	96.19%
Breast Cancer Screening	* 80.14%	* 79.14%	71.44%
Cervical Cancer Screening	* 75.25%	* 76.92%	69.83%
Colorectal Cancer Screening	* 75.92%	* 76.83%	65.71%
Depression Screening & Follow-Up	0.60%	10.91%	84.54%
Sexual Orientation & Gender Identity Data Completeness	0.00%	0.12%	10.00%
Influenza Vaccination (6 months and older)	38.30%	* 46.5%	46.00%
			*reflects Primary Care Services FY18 target rate
AMBULATORY QUALITY ROLL-UP	* 5/9	*6/9	

Specific Harm Metrics		FY17 Baseline (# of harm events)	# of Harm Events			Rate		
			Jan-18	FY18TD	Trend	FY18TD		FY17
Adult Hospital	CLABSI (excl. CLAMBI)	42	3	33		0.95	↑	0.73
	CAUTI	88	3	31		1.36	↓	2.29
	PVAP (VAE)	4	0	2		0.34	↓	0.52
	SSI	122	13 (Oct 2017)	68		0.84%	↔	0.88%
	Hospital-Onset C. difficile	181	1	103		10.22	↔	10.43
	HAPU	30	1	13				
	Falls with Serious Injury	10	3	9				
	Serious Safety Events	25	3	17				
	Workplace Injuries to Staff	163	7	64				
	Reportable Privacy Events	18	1	7				
BCH-SF	CLABSI (excl. CLAMBI)	30	6	28		2.07	↑	1.31
	CAUTI	1	0	1		0.57	↑	0.35
	VAP	3	0	0		0.00	↓	0.53
	SSI	3	0 (Oct 2017)	3		0.40%	↑	0.24%
	Codes Outside ICU	7	3	11				
	HAPU	2	2	2				
	Falls with Serious Injury	0	0	3				
	Serious Safety Events	4	0	4				
	Workplace Injuries to Staff	30	4	19				
	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	4				
	Workplace Injuries to Staff	93	4	52				
	Reportable Privacy Events	56	0	20				
Unattributed	Workplace Injuries to Staff	127	4	80				
	Total Events	1070	79	578				