

Patient Experience		Performance			FY18 Goals	Benchmark
		FY17	Current Period			
Would Recommend Hospital (% of units, practices, services improving)		62% (42/68)	59% (45/76)		*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 Dec-17	0.88	0.80	0.75 Vizient 1st decile
	Sepsis Mortality Index (O/E index)	1.11	1.35 Dec-17	1.16	1.08	0.96 Vizient 1st decile
	30-day All-Cause Readmissions (per monthly discharges)	11.4%	11.79% Nov-17	11.76%	< 11%	8.06% 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 Jan-18	578	*FY18 IAP Goal Threshold: eliminate 50 events Target: eliminate 75 events Outstanding: eliminate 100	* Detailed Harm Report on Back Page
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 Mar-17	March 2018 survey		6	NA External Comparison
	UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)	17 Mar-17	March 2018 survey		25	NA External Comparison
Financial Strength		Performance			FY18 Goals	
		FY17	Month	FY18TD	Month	YTD
Net Income UCSF Health West and East Bay		\$163.6M	\$31.5M Jan-18	\$159.1M	(\$525K) Jan-18	\$33.3M
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 Jan-18	\$23,597	*FY18 IAP Goal Threshold: \$25,368 Target: \$25,241 Outstanding: \$25,115 Jan-18	*FY18 IAP Goal Threshold: \$24,718 Target: \$24,594 Outstanding: \$24,471
Strategic Growth		Performance			FY18 Goals	Benchmark
		FY17	Month	FY18TD		
Ambulatory Visits *Faculty Practices		1,412,110	130,919 Jan-18	855,554	121,169/854,898 *FYTD18 goal	6% increase compared to FY17
Ambulatory Access (% of practices meeting unit goal)		55%	49% Jan-18	54%	80%	*Strategic Access: >75% seen in 14d *All Practices: ↑ 4% from FY17
Inpatient Discharges		36,004	3,085 Jan-18	21,282	3,003/20,642 FYTD18 goal	4% increase compared to FY17
Length of Stay (O/E index)		1.08	1.06 Dec-17	1.07	<1.00	0.93 Vizient 1st decile
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)		46	36 Dec-17	42	0	-34 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
	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
	Inpatient	1/1	↑	51
	Outpatient	0/1	↓	16
Physician Communication	Inpatient Adult	11/17	↑	76
	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
	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%
<b>AMBULATORY QUALITY ROLL-UP</b>	* 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 <i>C. difficile</i>	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		
BCH-SF	Reportable Privacy Events	18	1	7		
	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		
Ambulatory	Workplace Injuries to Staff	30	4	19		
	Reportable Privacy Events	5	0	1		
	Falls with Serious Injury	4	0	3		
	Serious Safety Events	3	0	0		
	Communicable Disease Exposures	19	0	4		
Unattributed	Workplace Injuries to Staff	127	4	80		
	<b>Total Events</b>	<b>1070</b>	<b>79</b>	<b>578</b>		