

JCC CEO Data Report September 2026

Part 1: True North Scorecard Key Performance Indicators

Part 2: Flow Data

Part 1: True North Scorecard

1. Departments Driving Equity
2. Achieving Safe & Equitable Patient Care
 - Sepsis Bundle Compliance (SEP-1)
 - Medication for Opioid Use Disorder (MOUD)
3. Optimizing Patient Connectivity: Synergizing Access and Flow Across the ZSFG Campus
 - Operational Physical Health Length of Stay
 - % Acute Psychiatric Discharges
 - Mental Health Rehabilitation Center Inpatient Bed Occupancy
 - Physical Health Boarding
4. Achieving Safe & Equitable Staff Experience
 - Work Place Safety: Total Recordable Incident Rate
 - Work Place Safety: Events by Harm Level
5. Revving up Revenue to Improve our Care
 - ZSFG HB AR Days
 - ZSFG HB Gross Collection Billing Ratio
 - ZSFG HB Primary Denied Rate

The data on the ZSFG JCC Dashboard has been validated by the [KPO](#) and the [Quality Data Center](#) and endorsed by business owner(s): ZSFG Executive Leadership Team and developer: ZSFG QDC/KPO

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Equity: Departments Driving Equity

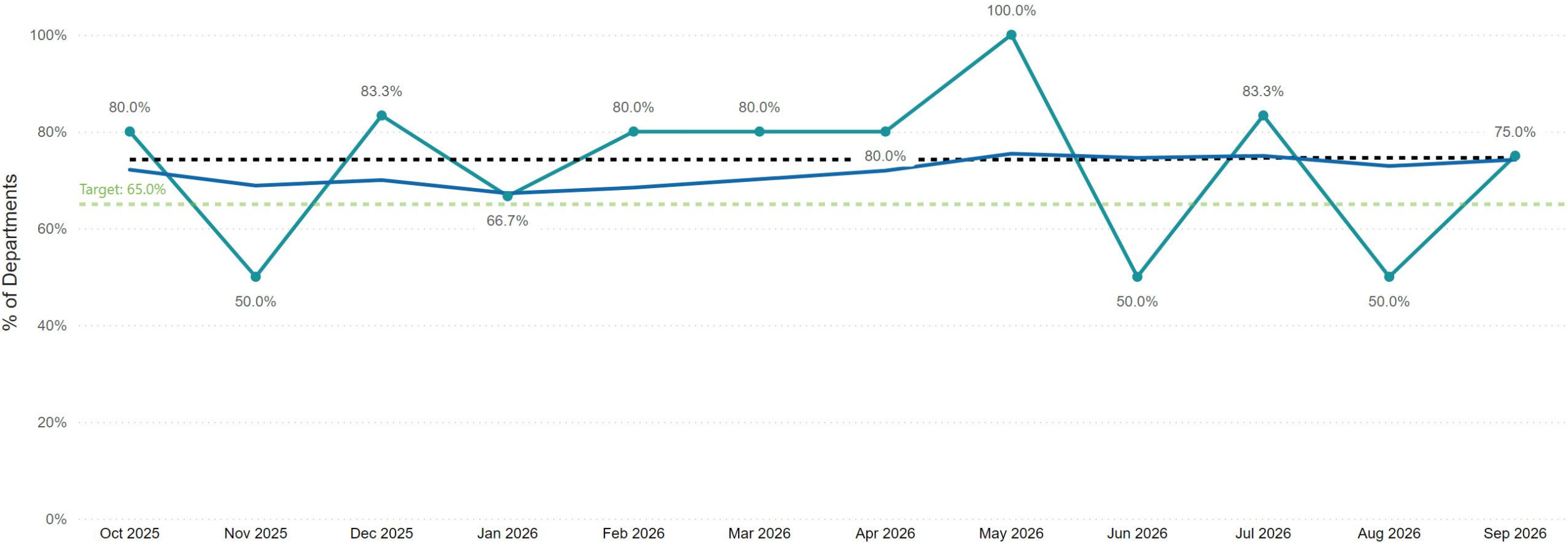
Owner: Susan Ehrlich



Rolling 12 Month	74.2%
Target	65%
Previous FY Baseline	74.6%



● % of Departments - - - Previous FY Baseline — Rolling 12 Months



Safety: Sepsis Bundle Compliance (SEP-1)

(due to manual abstraction, data is delayed)

Owners: Adrian Smith, Mary Mercer



Rolling 12 Month	37.4%
Target	59%
Previous FY Baseline	36.5%

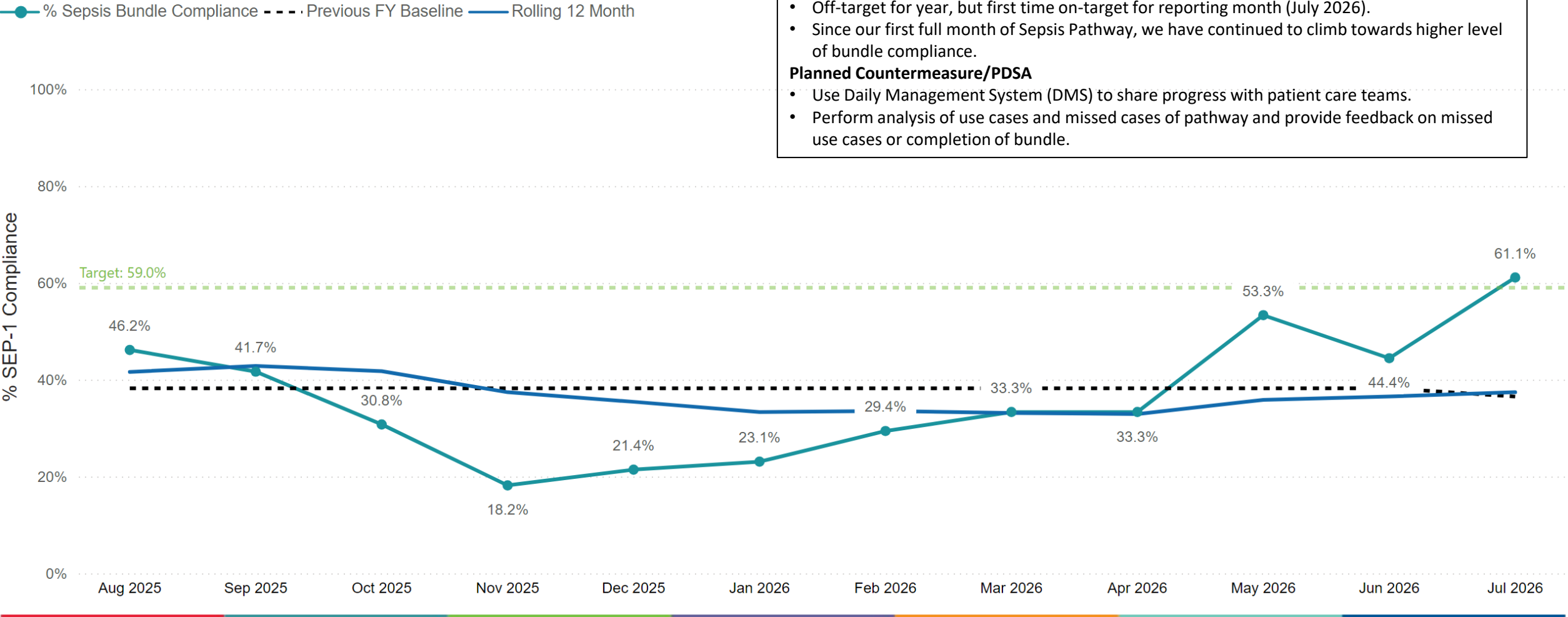


Reasons Off-Target

- Off-target for year, but first time on-target for reporting month (July 2026).
- Since our first full month of Sepsis Pathway, we have continued to climb towards higher level of bundle compliance.

Planned Countermeasure/PDSA

- Use Daily Management System (DMS) to share progress with patient care teams.
- Perform analysis of use cases and missed cases of pathway and provide feedback on missed use cases or completion of bundle.



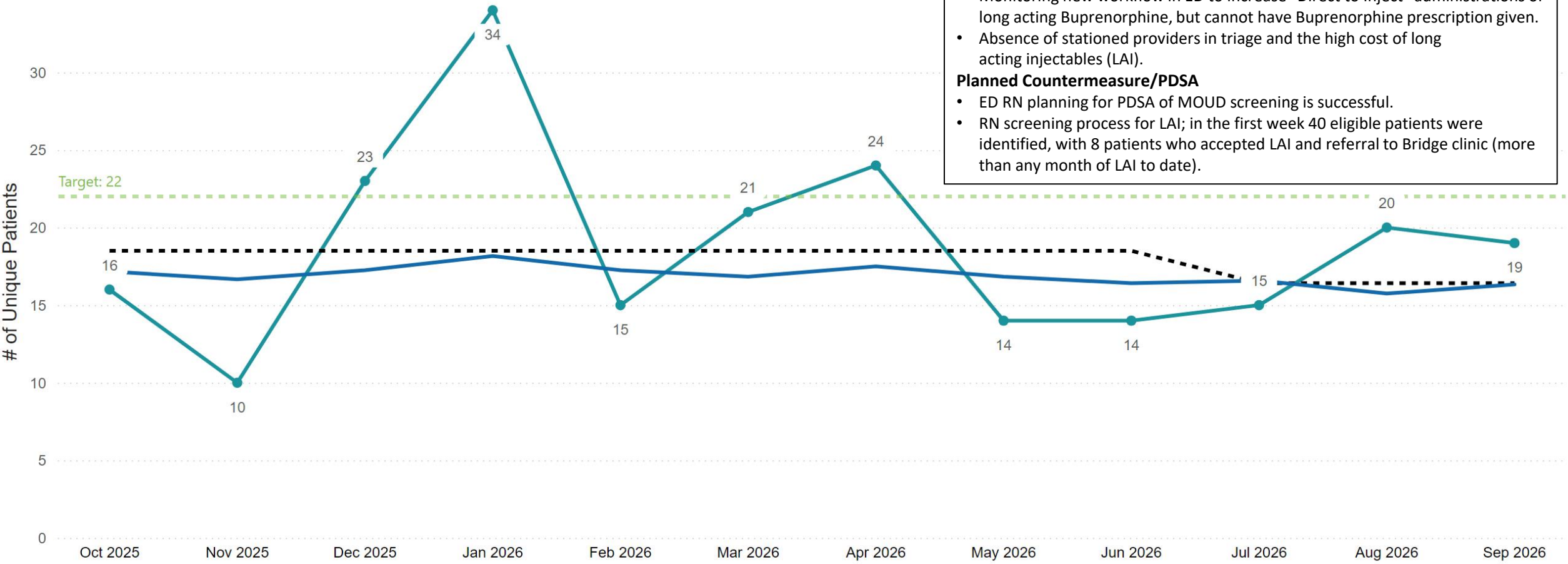
Safety: Medication for Opioid Use Disorder (MOUD)

Owners: Adrian Smith, Mary Mercer



Rolling 12 Month	16.33
Target	22
Previous FY Baseline	16.42

● # of Unique Patient Discharges - - - Previous FY Baseline — Rolling 12 Month



Reasons Off-Target

- Continuing to navigate conflicting plans regarding buprenorphine injection use, along with low ED and inpatient initiation driven by patient mix and limited length of stay.
- Monitoring new workflow in ED to increase "Direct to Inject" administrations of long acting Buprenorphine, but cannot have Buprenorphine prescription given.
- Absence of stationed providers in triage and the high cost of long acting injectables (LAI).

Planned Countermeasure/PDSA

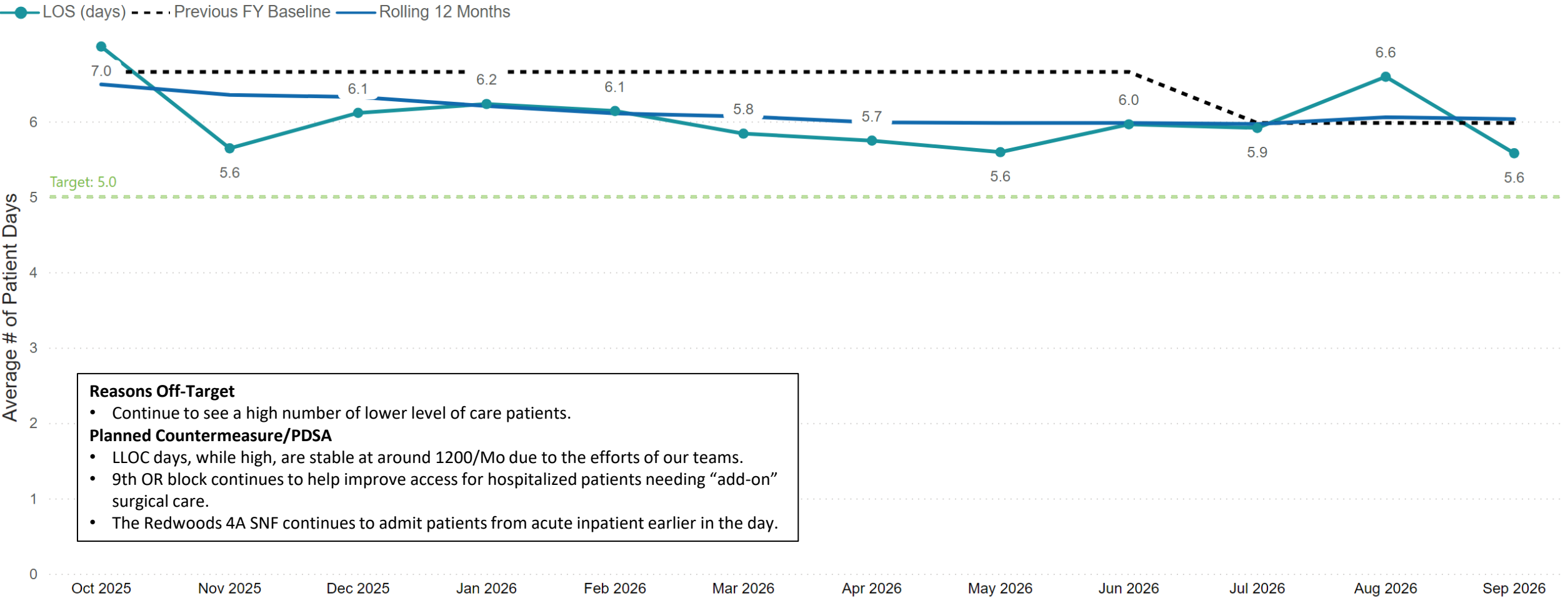
- ED RN planning for PDSA of MOUD screening is successful.
- RN screening process for LAI; in the first week 40 eligible patients were identified, with 8 patients who accepted LAI and referral to Bridge clinic (more than any month of LAI to date).

Quality: Adult Hospitalized - Operational Physical Health LOS (Inpatient & Observation)

Rolling 12 Month	6.03
LOS Target	5.0
Previous FY Baseline	5.98



Owners: Gabe Ortiz, Gillian Otway



Reasons Off-Target

- Continue to see a high number of lower level of care patients.

Planned Countermeasure/PDSA

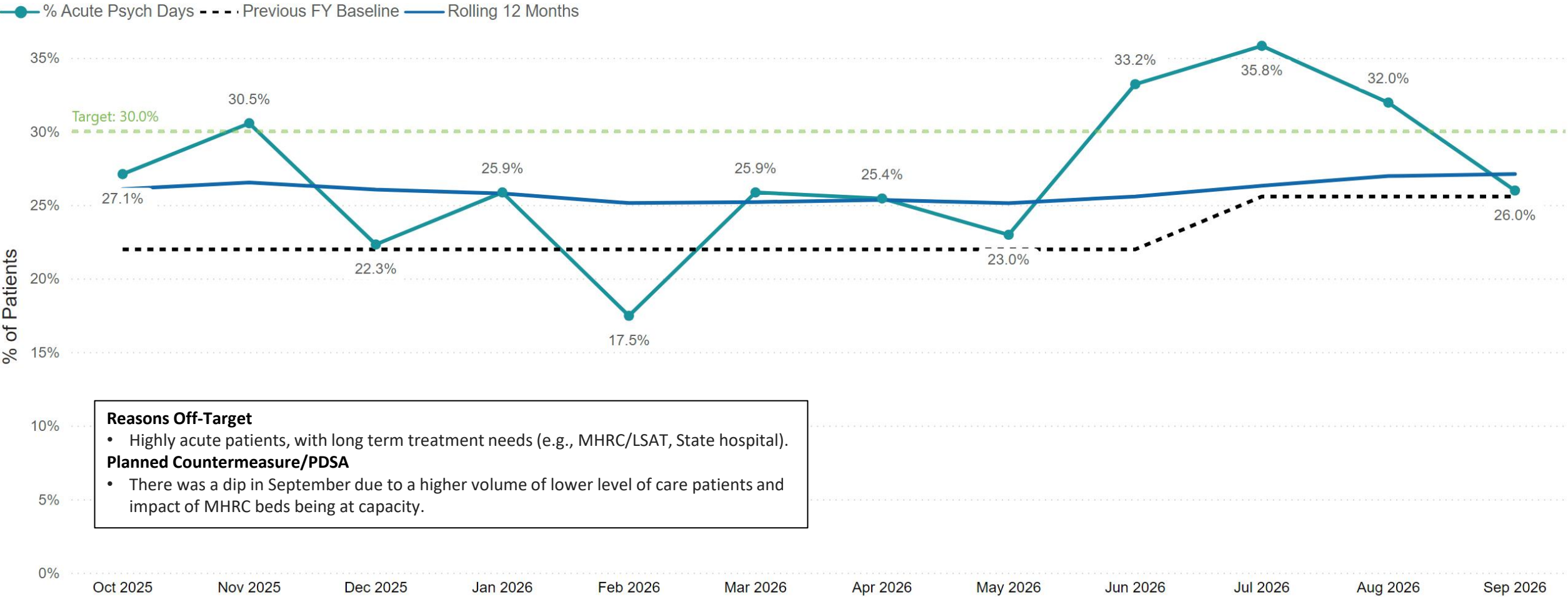
- LLOC days, while high, are stable at around 1200/Mo due to the efforts of our teams.
- 9th OR block continues to help improve access for hospitalized patients needing “add-on” surgical care.
- The Redwoods 4A SNF continues to admit patients from acute inpatient earlier in the day.

Quality: Psychiatric - % Acute Patients Days

Owner: Angelica Almeida



Rolling 12 Month	27.1%
Target	30.0%
Previous FY Baseline	25.6%



Reasons Off-Target

- Highly acute patients, with long term treatment needs (e.g., MHRC/LSAT, State hospital).

Planned Countermeasure/PDSA

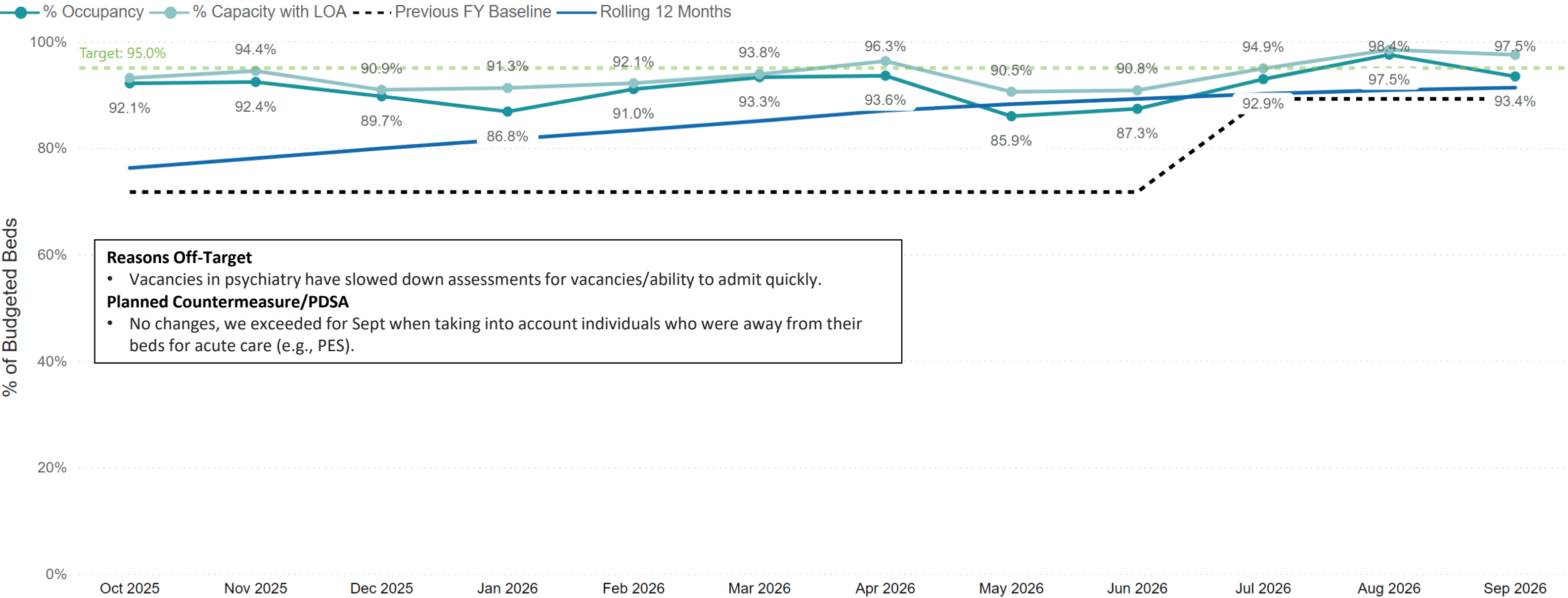
- There was a dip in September due to a higher volume of lower level of care patients and impact of MHRC beds being at capacity.

Quality: Psychiatric - MHRC Inpatient Bed Occupancy (Mental Health Rehabilitation Center)

Owners: Angelica Almeida



Rolling 12 Month	91.3%
Target	95.0%
Previous FY Baseline	89.2%



Reasons Off-Target

- Vacancies in psychiatry have slowed down assessments for vacancies/ability to admit quickly.

Planned Countermeasure/PDSA

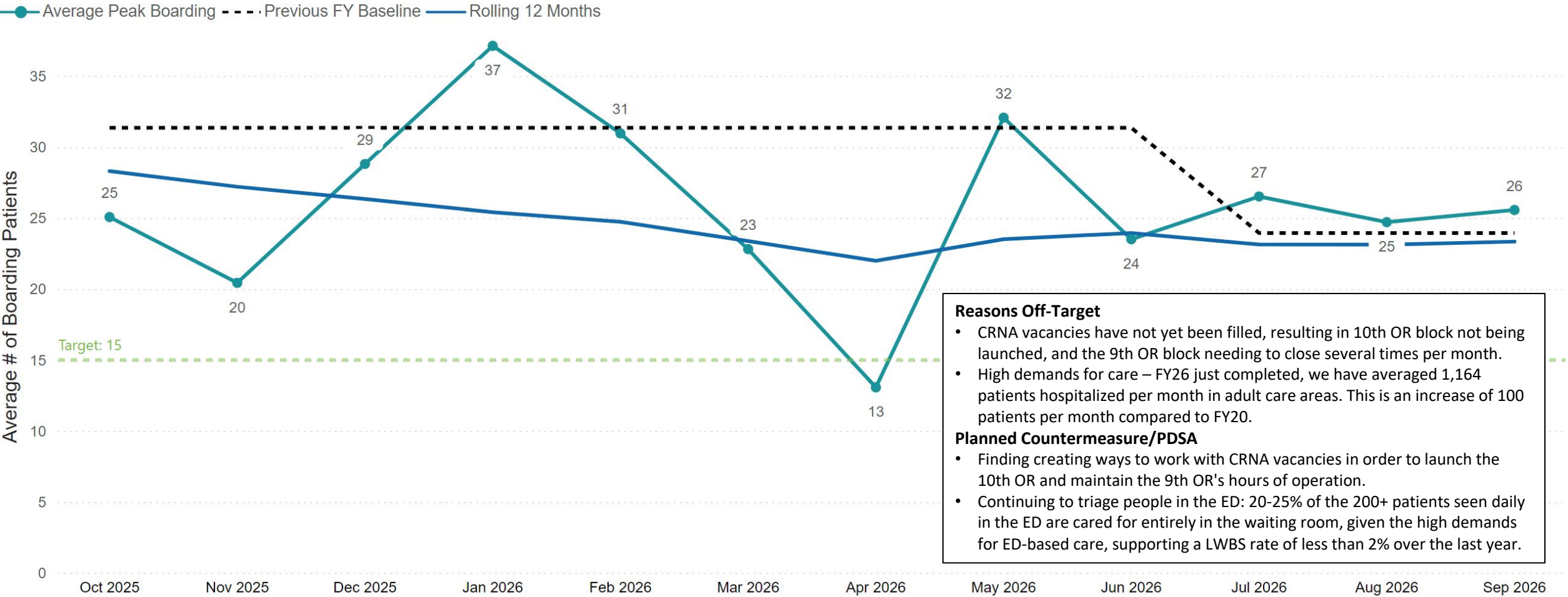
- No changes, we exceeded for Sept when taking into account individuals who were away from their beds for acute care (e.g., PES).

Quality: Boarding - Physical Health (ED, PACU, ICU)

Owners: Gabe Ortiz, Gillian Otway



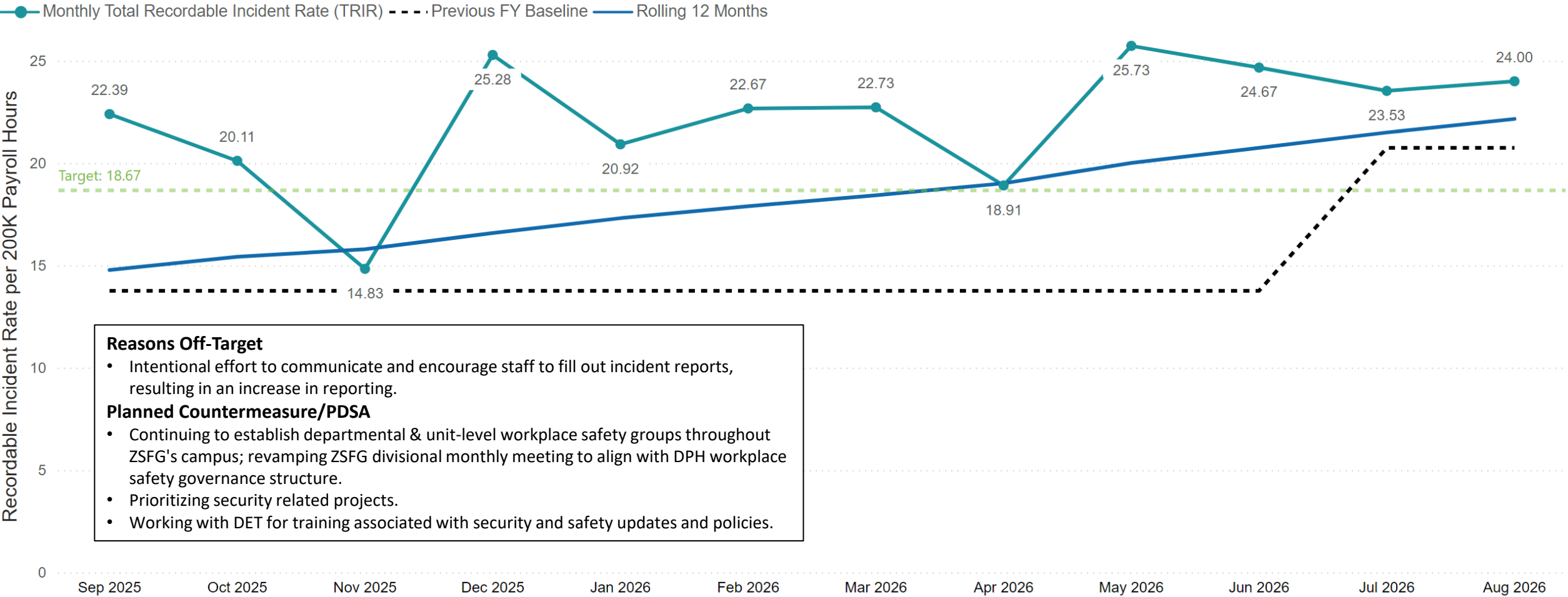
Rolling 12 Month	23.3
Boarding Target	15
Previous FY Baseline	23.9



People: Total Recordable Incident Rate (Hospital Wide)

Owners: Sabrina Robinson, Angelica Journagin

Rolling 12 Month	22.16
Target	18.67
Previous FY Baseline	20.74



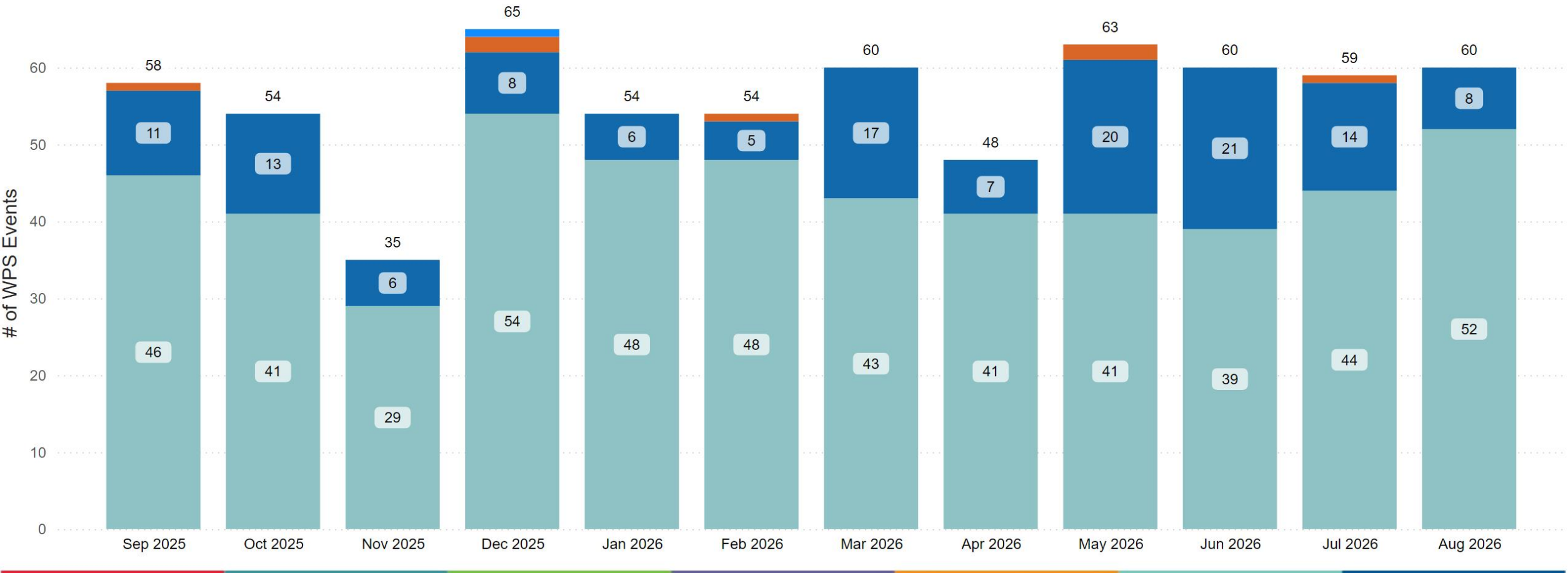
Reasons Off-Target

- Intentional effort to communicate and encourage staff to fill out incident reports, resulting in an increase in reporting.
- Planned Countermeasure/PDSA**
 - Continuing to establish departmental & unit-level workplace safety groups throughout ZSFG's campus; revamping ZSFG divisional monthly meeting to align with DPH workplace safety governance structure.
 - Prioritizing security related projects.
 - Working with DET for training associated with security and safety updates and policies.

People: Workplace Safety Events by Harm Level

Owners: Sabrina Robinson, Angelica Journagin

WPV Harm Level 1 Low 2 Mod 3 High 3 High Death

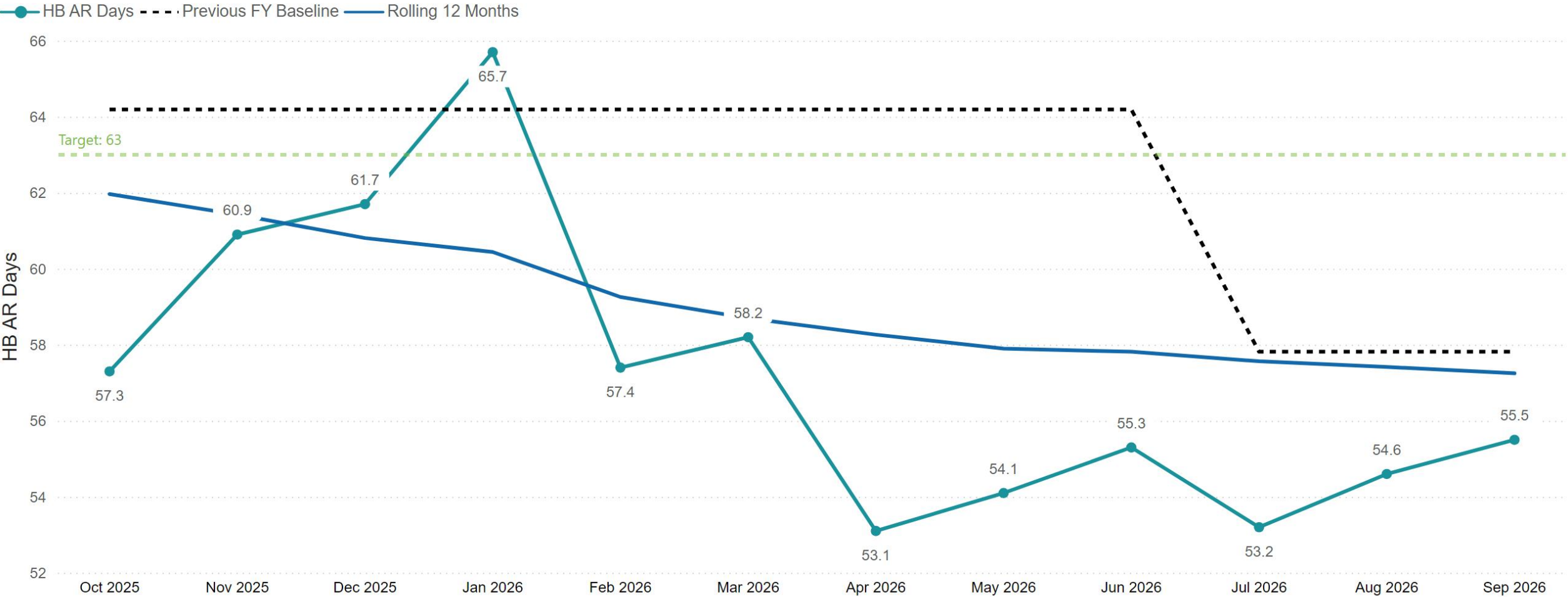


Financial Stewardship: Account Receivable Days

Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	57.3
Target	63
Previous FY Baseline	57.8



Financial Stewardship: Gross Collection Ratio

(due to collection timeline, 6 month lag)

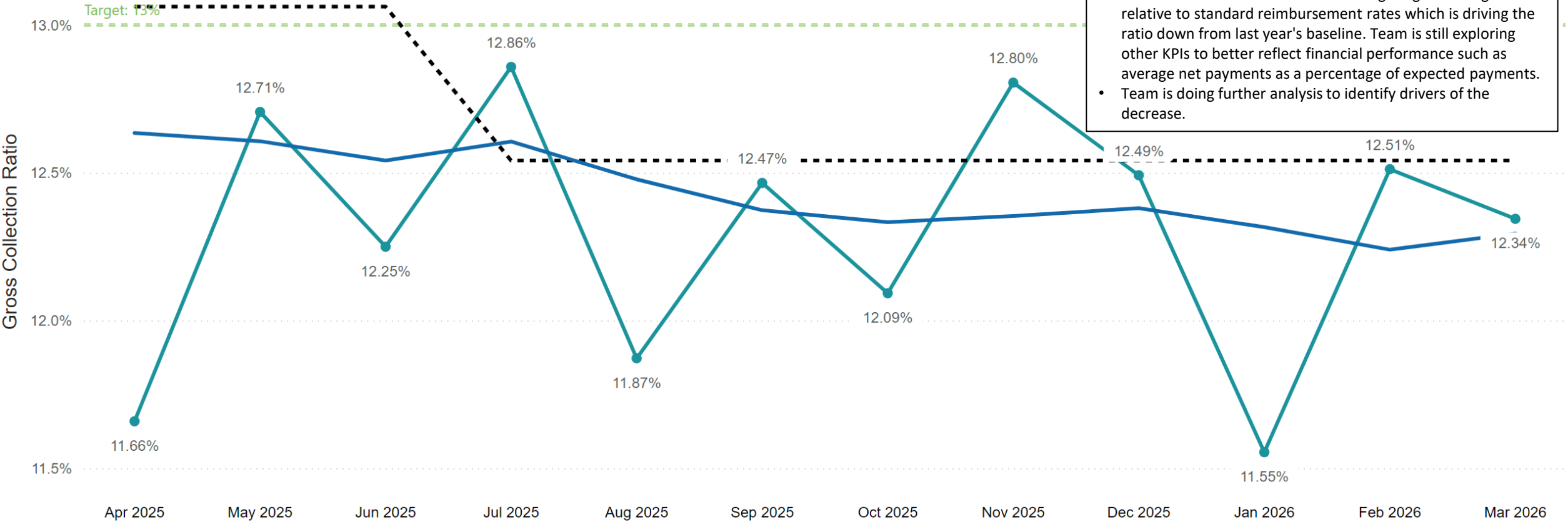
Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	12.29%
Target	13.0%
Previous FY Baseline	12.54%



● HG Gross Collection Ratio - - - Previous FY Baseline — Rolling 12 Months



Reasons Off-Target

- Increase in observation cases may be contributing to the decline in the ratio.
- Commercial and Medi-Cal Managed Care Plan payments decreased compared to 2024.

Planned Countermeasure/PDSA

- Observation cases continue to have higher gross charges relative to standard reimbursement rates which is driving the ratio down from last year's baseline. Team is still exploring other KPIs to better reflect financial performance such as average net payments as a percentage of expected payments.
- Team is doing further analysis to identify drivers of the decrease.

Financial Stewardship: Denied Rate - Hospital Billing

Owners: Eric Wu, Hemal Kanzaria

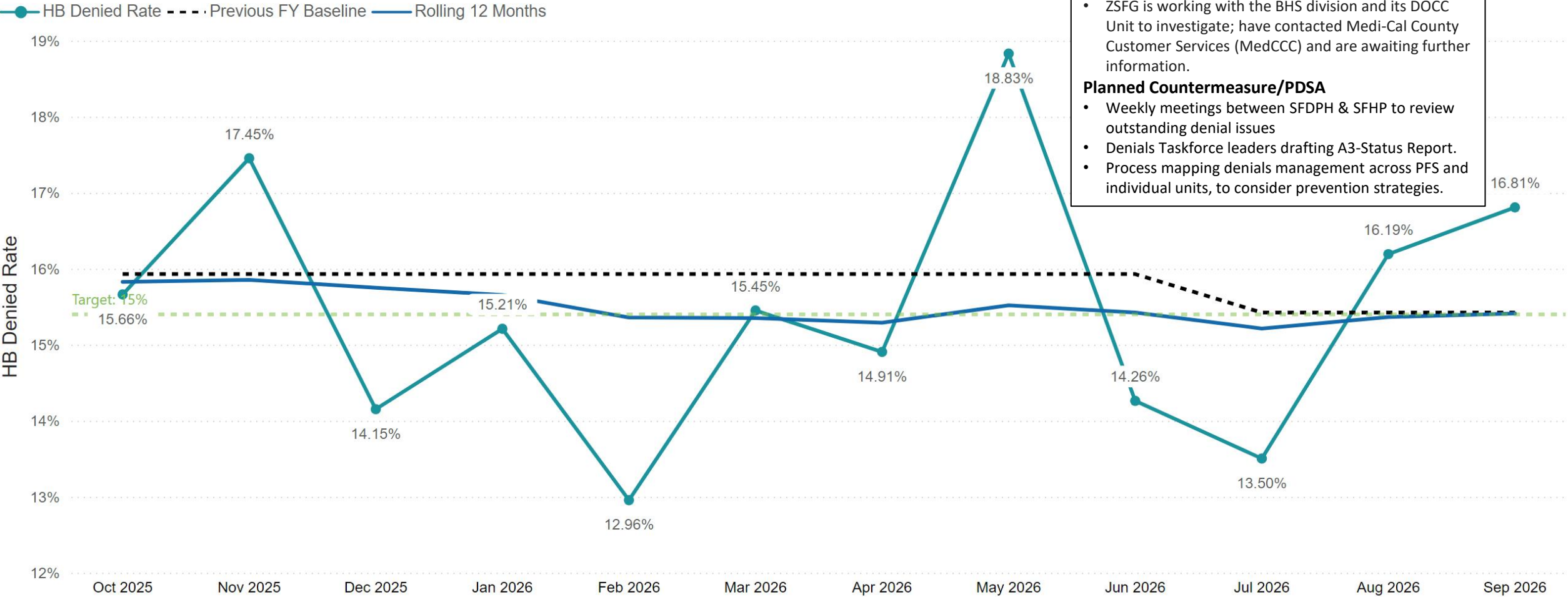
Rolling 12 Month	15.41%
Target	15.4%
Previous FY Baseline	15.42%

Reasons Off-Target

- Denials increase in Inpatient Psych Medi-Cal claims due to a credentialing issue with providers NPI.
- ZSFG is working with the BHS division and its DOCC Unit to investigate; have contacted Medi-Cal County Customer Services (MedCCC) and are awaiting further information.

Planned Countermeasure/PDSA

- Weekly meetings between SFDPH & SFHP to review outstanding denial issues
- Denials Taskforce leaders drafting A3-Status Report.
- Process mapping denials management across PFS and individual units, to consider prevention strategies.



Data Definitions



Where This Data Comes From:

Each data point is extracted from various data sources which are cataloged within each metric. Each metric is also validated by data owners and subject matter experts to confirm the data presented is consistent with the underlying data and workflow. Each metric will have a Subject Matter Expert who endorses the metric which is independent of the dashboard developer.

Departments Driving Equity is the % of Departments with an active equity driver or initiative that relates to addressing an identified disparity on the department's completed PIPS report and presented each month.

Sepsis Bundle Compliance (SEP-1) is the rate of compliance with the severe sepsis/septic shock management bundle as defined by the Centers for Medicare & Medicaid Services (CMS) also knows as SEP-1. This is based on random sampling.

Medication for Opioid Use Disorder (MOUD) is the number of unique patients who received a discharge prescription of Buprenorphine in Inpatient, ED and PES.

Operational Inpatient Length of Stay is the number of total patient days at discharge divided by the number of discharges in a calendar month for patients discharged from all Physical Health locations including Medical Surgical Units, ICU, Emergency and OR for both Inpatient and Observation Level of Care with the start time beginning at the first event of inpatient or observation orders.

% Acute Psychiatric Days is the unique CSN/Midnights where Level of Care is Acute or Behavioral Acute divided by total number of unique CSN/Midnights for 7B, 7C and H52

Physical Health Boarding is the number of peak patients waiting for a bed in the ED, PACU and ICU where their wait time exceeds 120 minutes after Bed Control receives a pending bed assignment and ends when Bed Control pending action record is deleted or completed

MHRC Inpatient Bed Occupancy is the average midnight occupancy at MHRC (Mental Health Rehabilitation Center) divided by budgeted beds. Secondary line for % capacity reflects average midnight occupancy with inclusion of Leave of Absence Bed Holds

WPS: Total Recordable Incident Rate is the total number of Closed WPS (Work Place Safety) events x 200,000 divided by number of hours worked by all employees at all ZSFG Locations.

WPS: Events by Harm Level is the total number of Closed WPS (Work Place Safety) events by Harm Level at all ZSFG locations.

ZSFG HB AR Days is the total ending amount of active accounts receivable (AR) divided by the average daily revenue, expressed as a number of days, for a given interval and summary level, as of the dashboard build time for ZSFG Hospital Billing.

ZSFG HB Gross Collection Billing Ratio is the ratio of payments collected (less any refunds) to gross charges for accounts discharged on a specific date which have reached zero active AR balance, reported with 6 month lag.

ZSFG HB Primary Denied Rate is calculated as the number of payments resulting in denials from primary payers divided by the total number of payments from primary payers.

Part 2: Flow Data

1. Input (Emergency Volume)

- ED, ED Diversion, PES

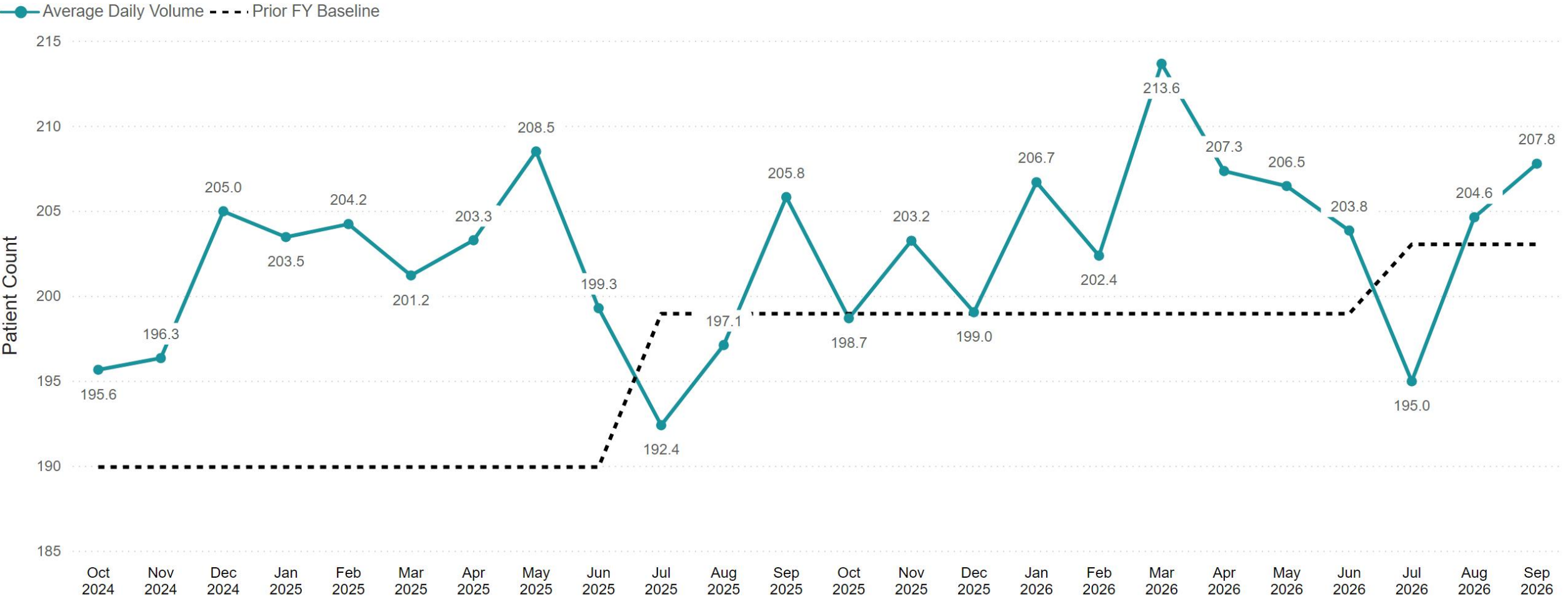
2. Throughput

- Operational Inpatient/Observation Bed Occupancy/Capacity - Physical Health
- Regulatory Length of Stay - Physical Health, Psychiatry, Maternal Child
- Operational Length of Stay - Physical Health, Physical Health and Observation, Observation
- LLOC - Physical Health and Psychiatry

3. ZSFG to LHH Transfers

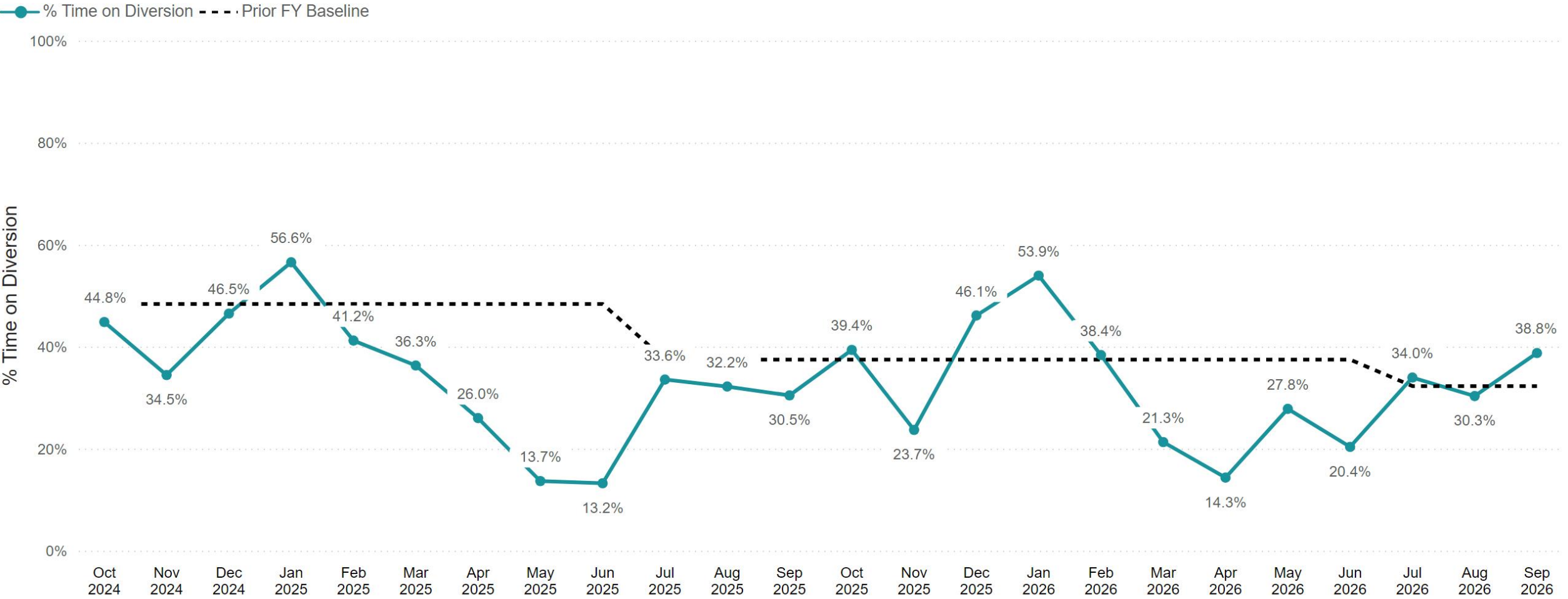
Input - Medical ED Avg Daily Volume

Owners: Gabe Ortiz, Gillian Otway



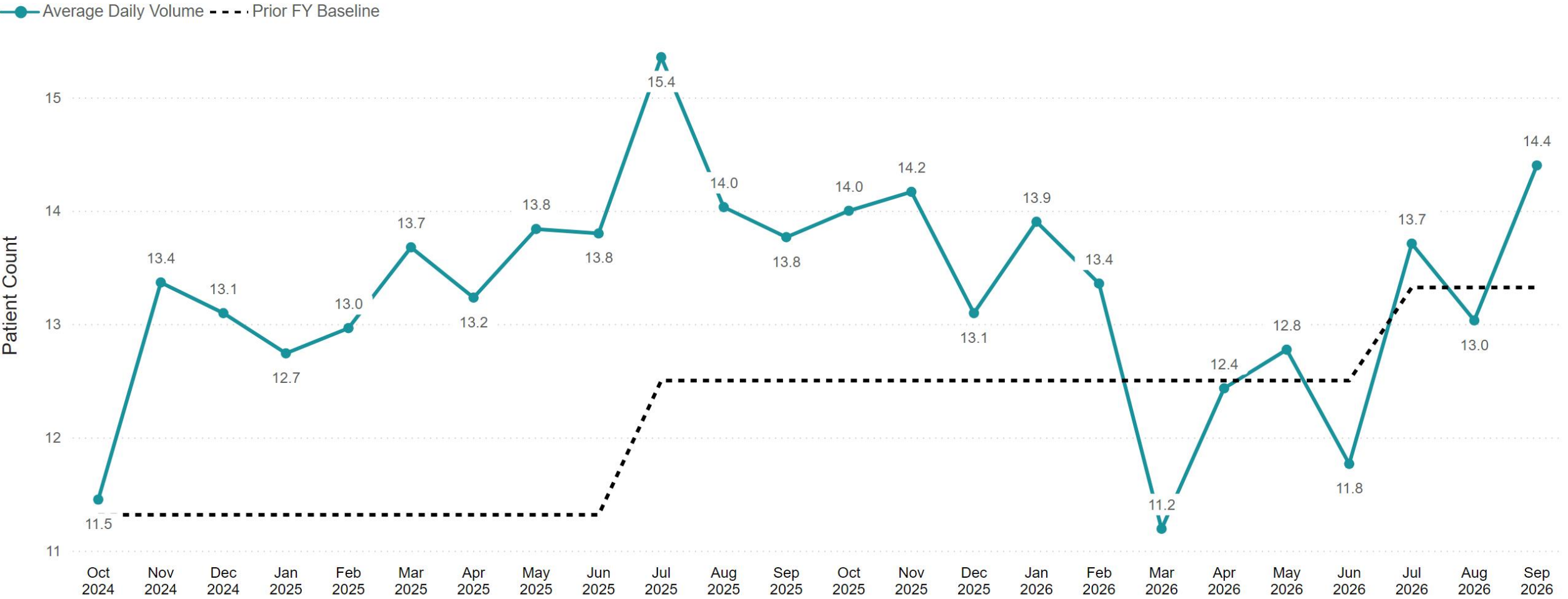
Input - Percent of Time on ED Diversion

Owners: Gabe Ortiz, Gillian Otway



Input - Psychiatric ED Avg Daily Volume

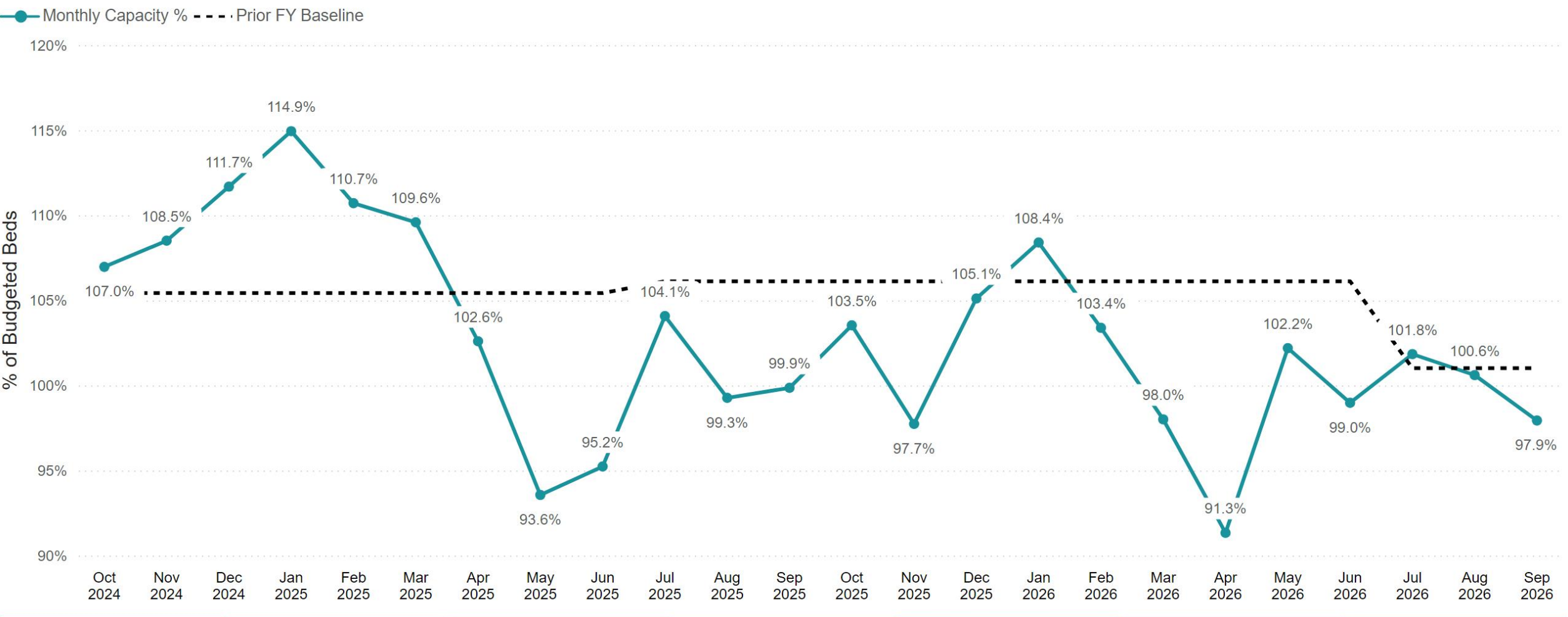
Owner: Angelica Almeida



Throughput - Operational Physical Health Inpatient/Observation Bed Occupancy/Capacity



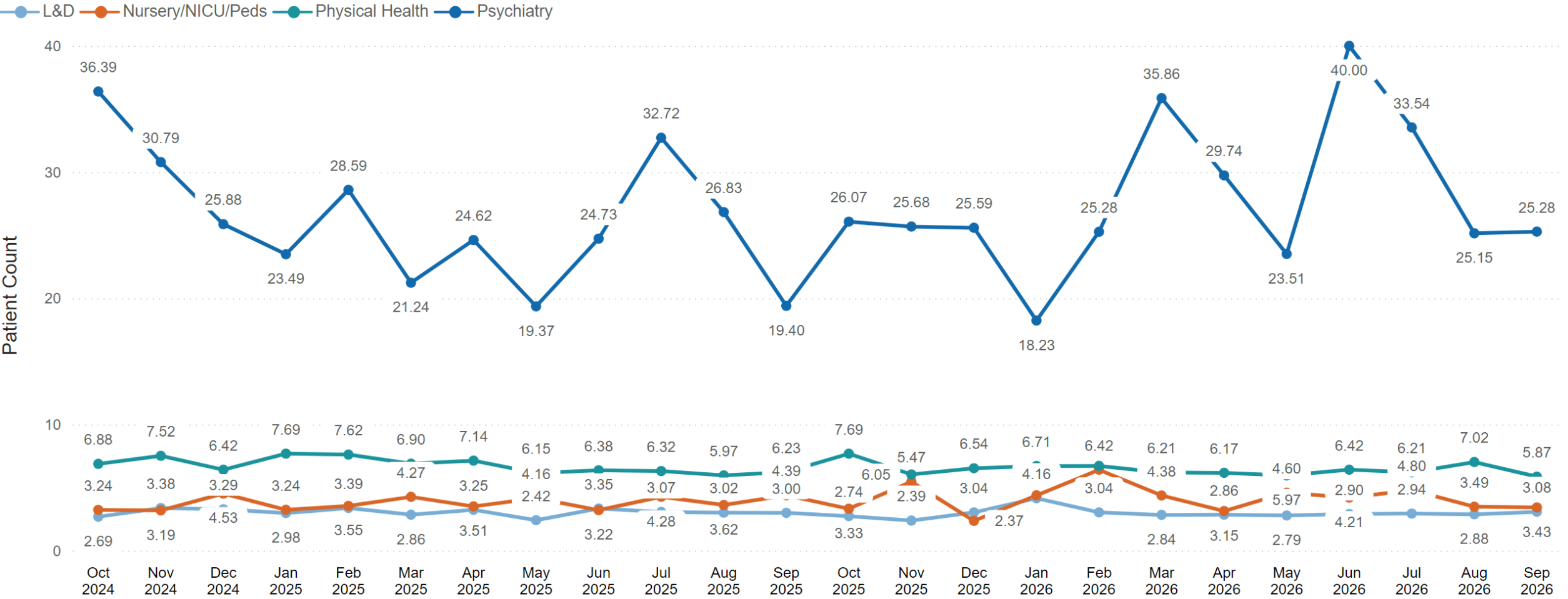
Owners: Gabe Ortiz, Gillian Otway



Throughput - Regulatory Inpatient Avg Length of Stay (in Days)

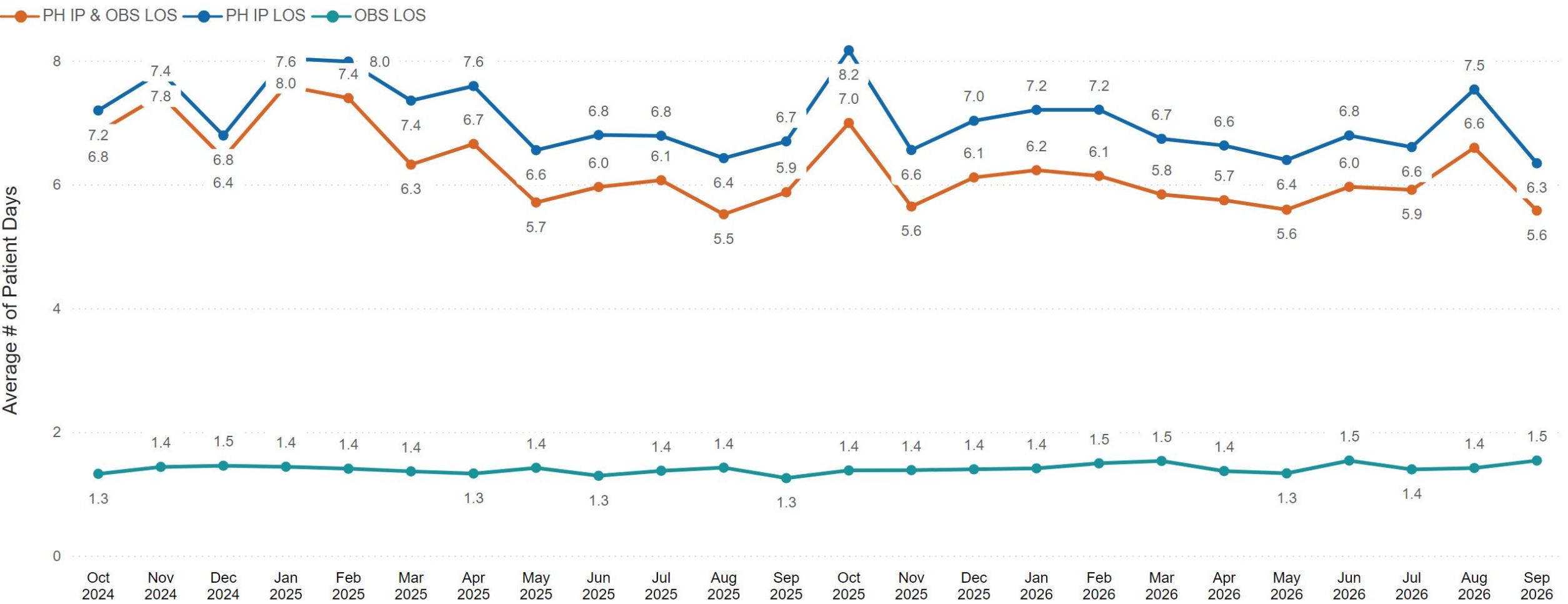
Owners: Gabe Ortiz, Gillian Otway, Angelica Almeida

Median LOS		Days
L&D		3
Nursery/NICU/Peds		2
Physical Health		3
Psychiatry		11



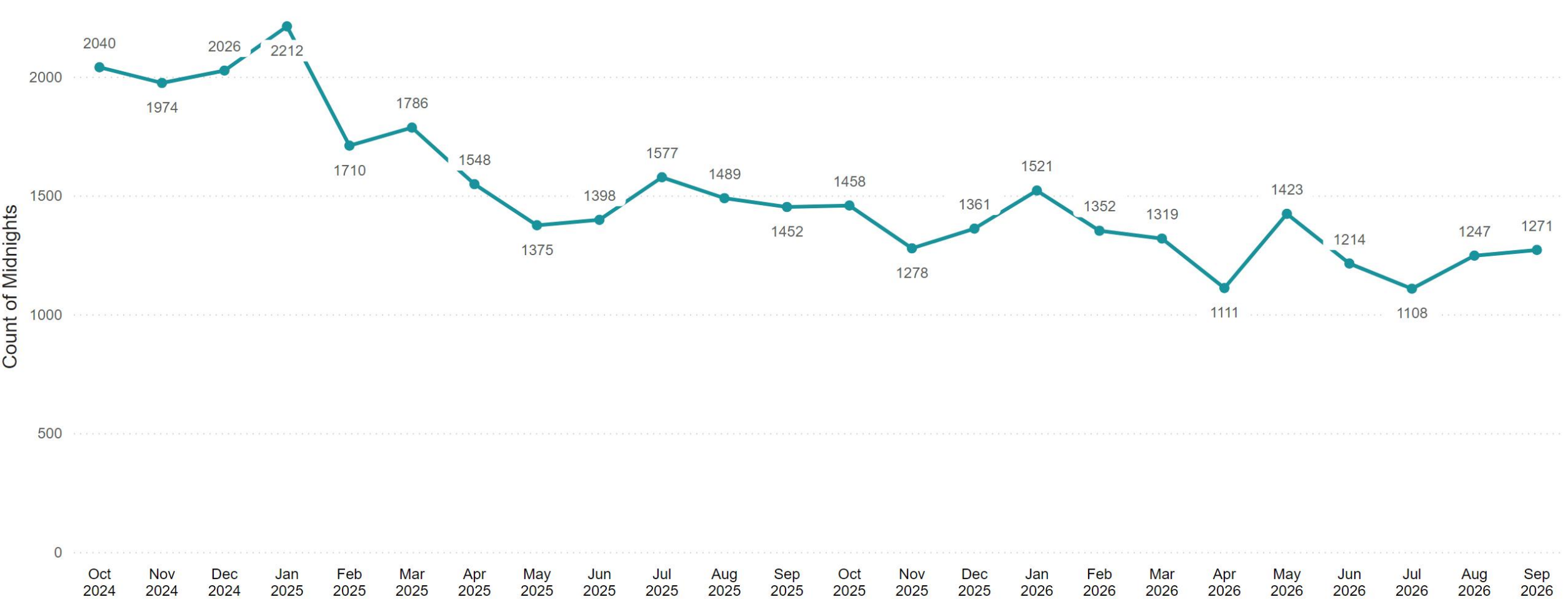
Throughput - Operational Physical Health Hospitalized Patient Length of Stay (in Days) Stratified by Observation Status

Owners: Gabe Ortiz, Gillian Otway



Throughput - MedSurg Lower Level of Care (Bldg 25, except 2nd Floor and H52)

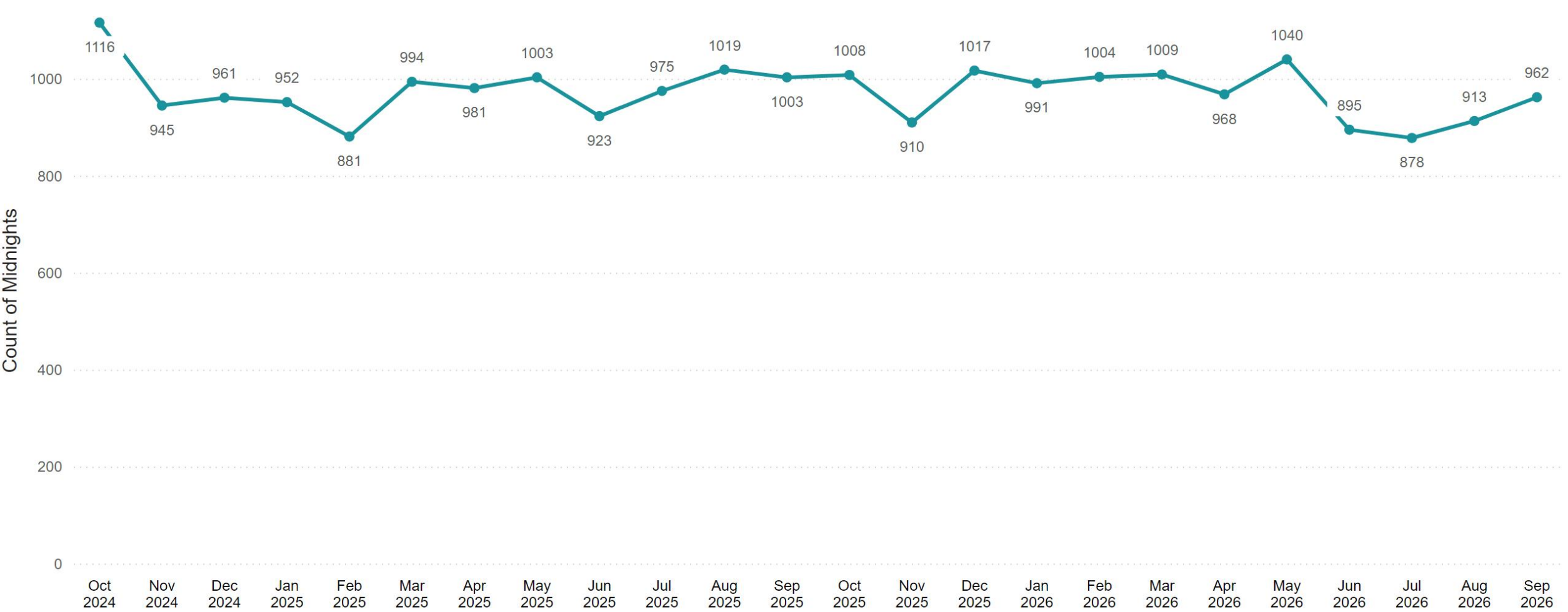
Owners: Gabe Ortiz, Gillian Otway



Throughput - Psychiatric Lower Level of Care (Bldg 5, PES/7B/7C plus H52, excludes 7L)



Owner: Angelica Almeida



ZSFG to LHH Transfers

Owners: Gabe Ortiz, Gillian Otway



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Medical ED Average Daily Volume is the total number of ED registered encounters divided by the number of days in the calendar month.

Percentage of Time on ED Diversion is percentage of time the ED is on Diversion or Trauma Override (via Reddinet) due to patient load exceeding capacity, measured midnight to midnight.

Psychiatric ED Average Daily Volume is the total number of PES registered encounters divided by the number of days in the calendar month.

Operational Physical Health Inpatient/Observation Bed Occupancy/Capacity is the average midnight occupancy in Physical Health (MedSurg, ICU, Emergency, OR, PACU) divided by budgeted beds.

Regulatory Inpatient Average Length of Stay (in Days) is total patient days at discharge divided by the number of discharges in a calendar month. Regulatory inpatient LOS adheres to CMS definitions and includes only inpatient stays starting at admission order time. Data covers Physical Health (MedSurg, ICU, Emergency, OR, PACU), Maternal & Child Health, and Psychiatry.

Operational Physical Health Hospitalized Patient Length of Stay (in Days) is the total patient days at discharge divided by the number of discharges in a calendar month for all physical health locations (MedSurg units, ICU, Emergency, OR) for both inpatient and observation care, starting from the first inpatient or observation order.

Lower Level of Care is the unique CSN/Midnights where level of care is SNF, custodial, denied or behavioral LLOC divided by total number of unique CSN/Midnights for MedSurg and Psychiatry.

ZSFG to LHH Transfers is the number of ZSFG discharges admitted to Laguna Honda Hospital by LHH admission month.

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