

JCC CEO Data Report August 2025

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
 - Falls with Moderate or Major Injury
 - Medication for Opioid Use Disorder (MOUD)
3. Optimizing Patient Connectivity: Synergizing Access and Flow Across the ZSFG Campus
 - Adult Hospitalized – Inpatient Length of Stay (LOS)
 - Psychiatry – % Acute Patients
 - Boarding – Psychiatric Emergency Services Patients (PES)
 - Boarding – Medical Patients (ED, PACU, ICU)
4. Achieving Safe & Equitable Staff Experience
 - Physical Assaults with Injury
5. Revving up Revenue to Improve our Care
 - Accounts Receivable Days
 - % Realized Revenue
 - Denial Rate – Hospital Billing

2025 Scorecard:

True North:

Owner:

Goal Statement:

Departments Driving Equity

Equity

Ehrlich

Maintain % of departments with an active equity driver $\geq 65\%$, through Dec 2025.



Rolling 12-Month

71.2%

2025 Target:

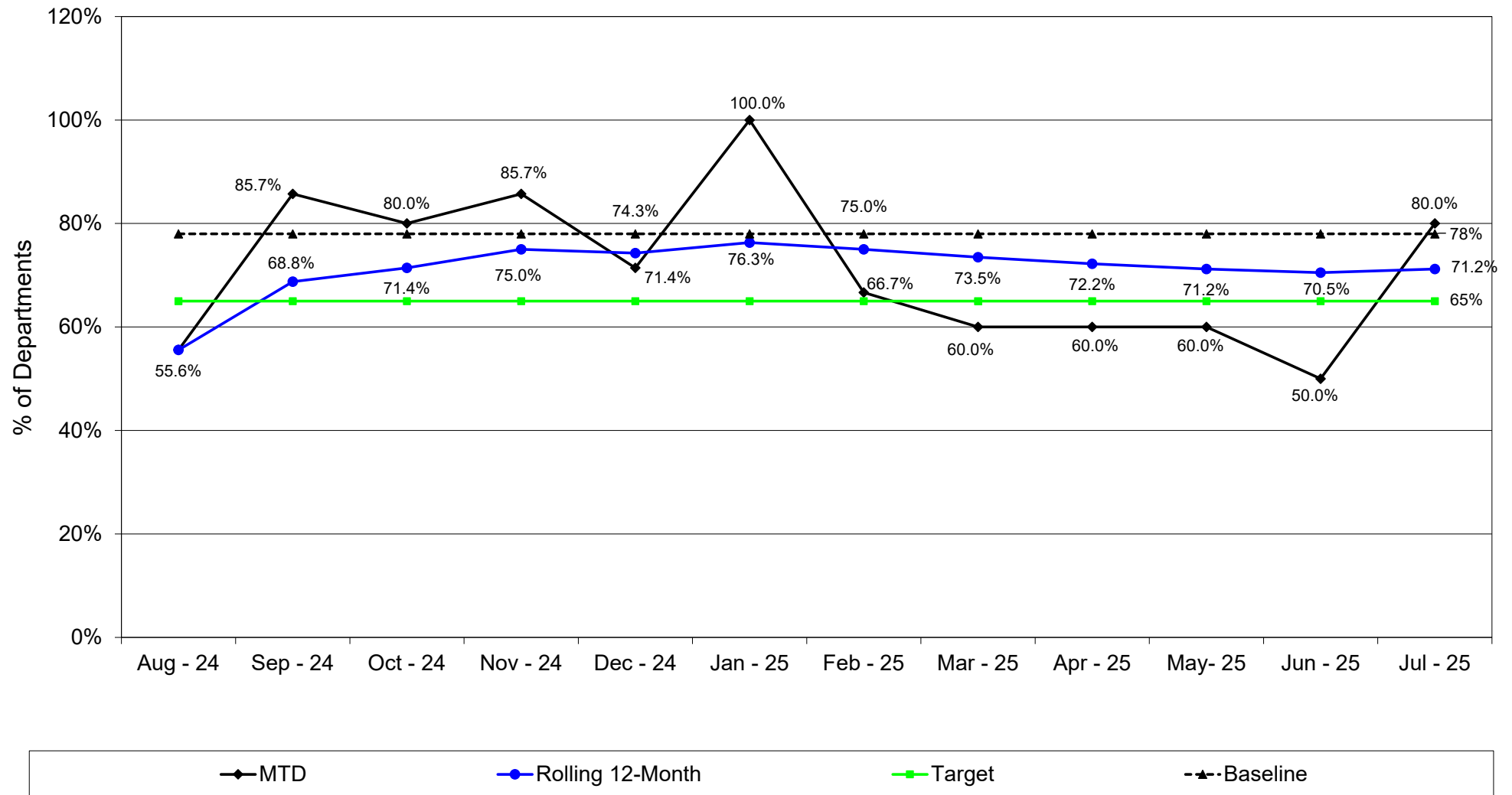
65%

2024 Baseline:

78%

% Change From Last Year:

-8.70%



2025 Scorecard:

True North:

Owner:

Goal Statement:

Sepsis Bundle Compliance (SEP-1)

Safety

Smith, Mercer

Increase % of Sepsis Bundle Compliance (SEP-1) \geq 59%, by Dec 2025.



Rolling 12-Month

2025 Target:

38%

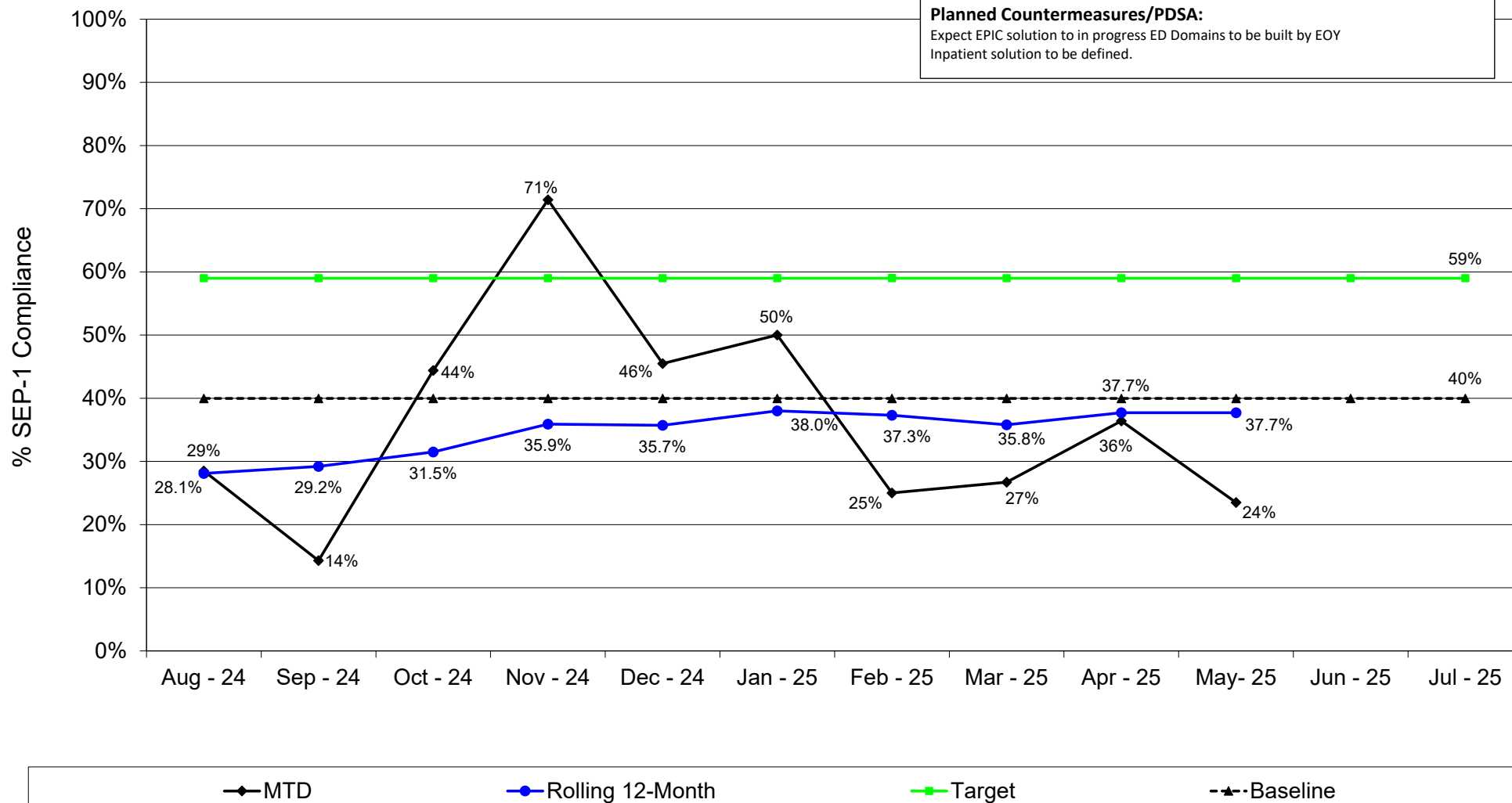
59%

2024 Baseline:

40%

% Change From Last Year:

-6%



2025 Scorecard:

True North:

Owner:

Goal Statement:

Falls with Moderate or Major Injury

Safety

Smith, Mercer

Reduce rate of patient falls with moderate or major injury per 1,000 midnight census
≤ 0.07, across Med Surg, 4A, ED, and Inpatient Psych, by Dec 2025.

Rolling 12-Month

2025 Target:

0.10

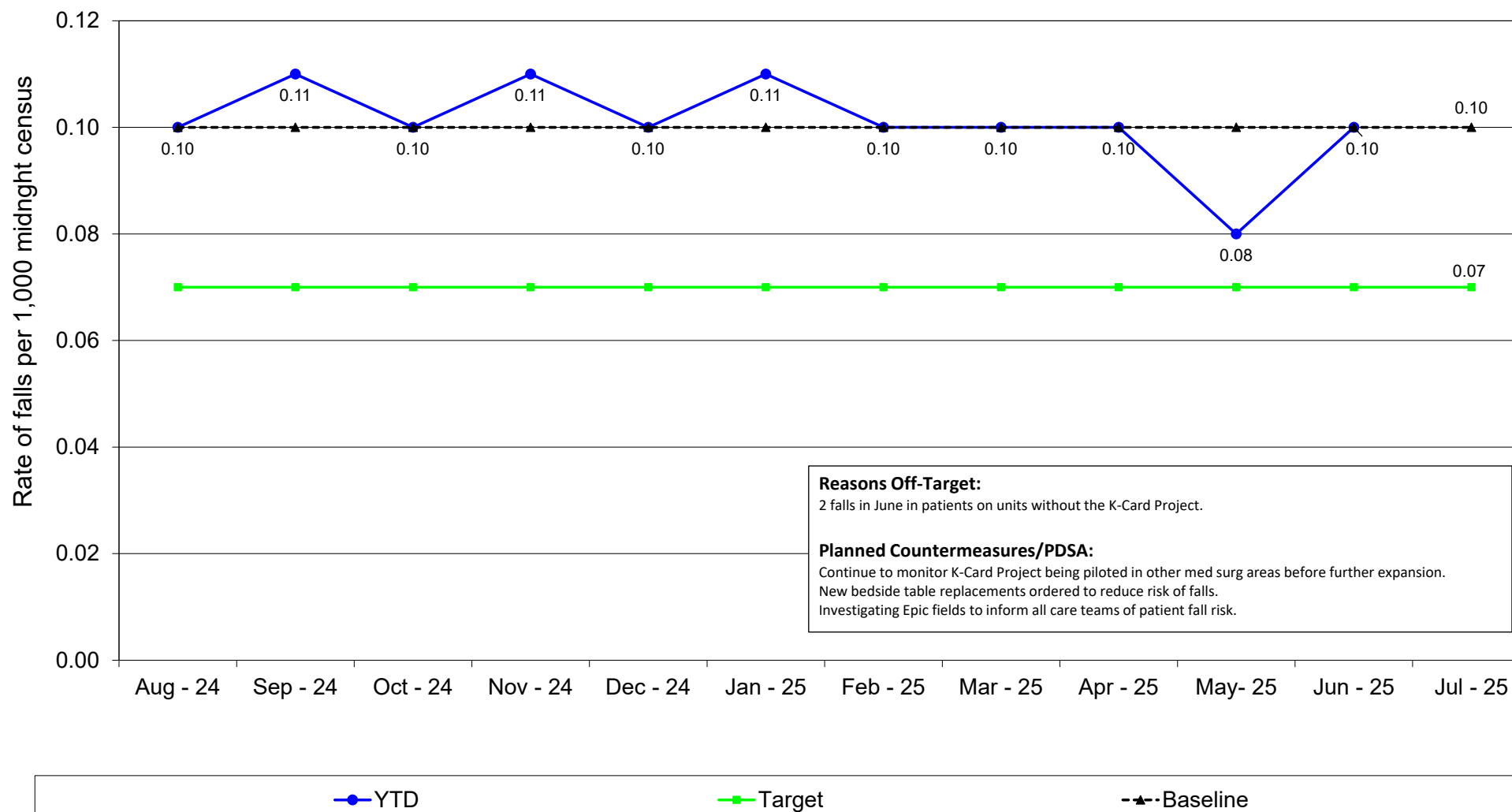
0.07

2024 Baseline:

0.10

% Change From Last Year:

0.00%



2025 Scorecard:

True North:

Owner:

Goal Statement:

Medication for Opioid Use Disorder (MOUD)

Safety

Smith, Mercer

*Increase # of unique patients who received a D/C prescription for
Buprenorphine from 20, to 22, by Dec 2025.*

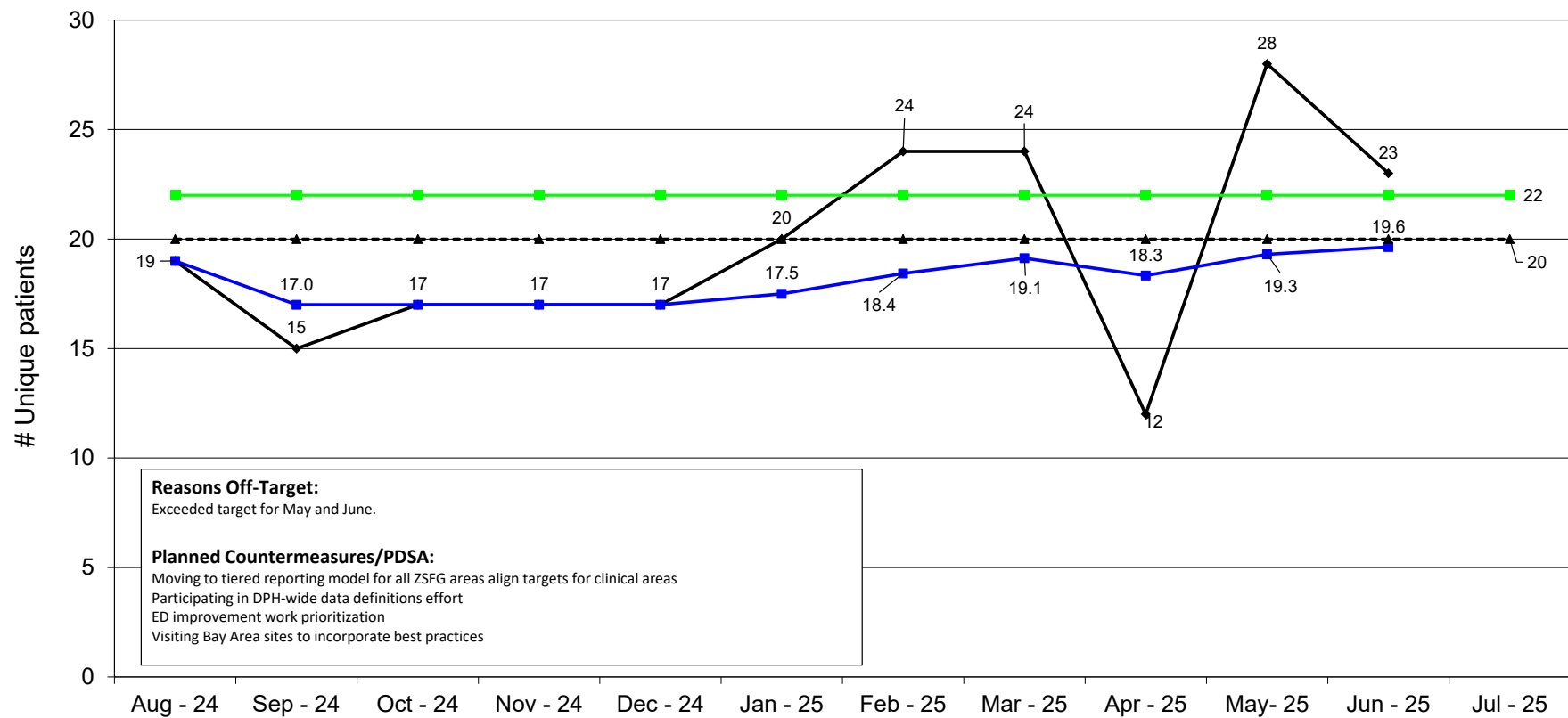


Rolling 12-Month

2025 Target:

2024 Baseline:

% Change From Last Year:

19.6**22****20****-1.82%**

—◆— MTD

—■— Rolling 12-Month

—■— Target

-▲- Baseline

Adult Hospitalized - Inpatient Length of Stay (Physical health & Observation)

2025 Scorecard:

True North:

Owner:

Goal Statement:

Reduce avg. # of patient days from admission order to discharge for adult inpatient/observation stays, from an avg of 5.8 days to less than 5 days, by Dec 2025.

Quality
Ortiz, Otway

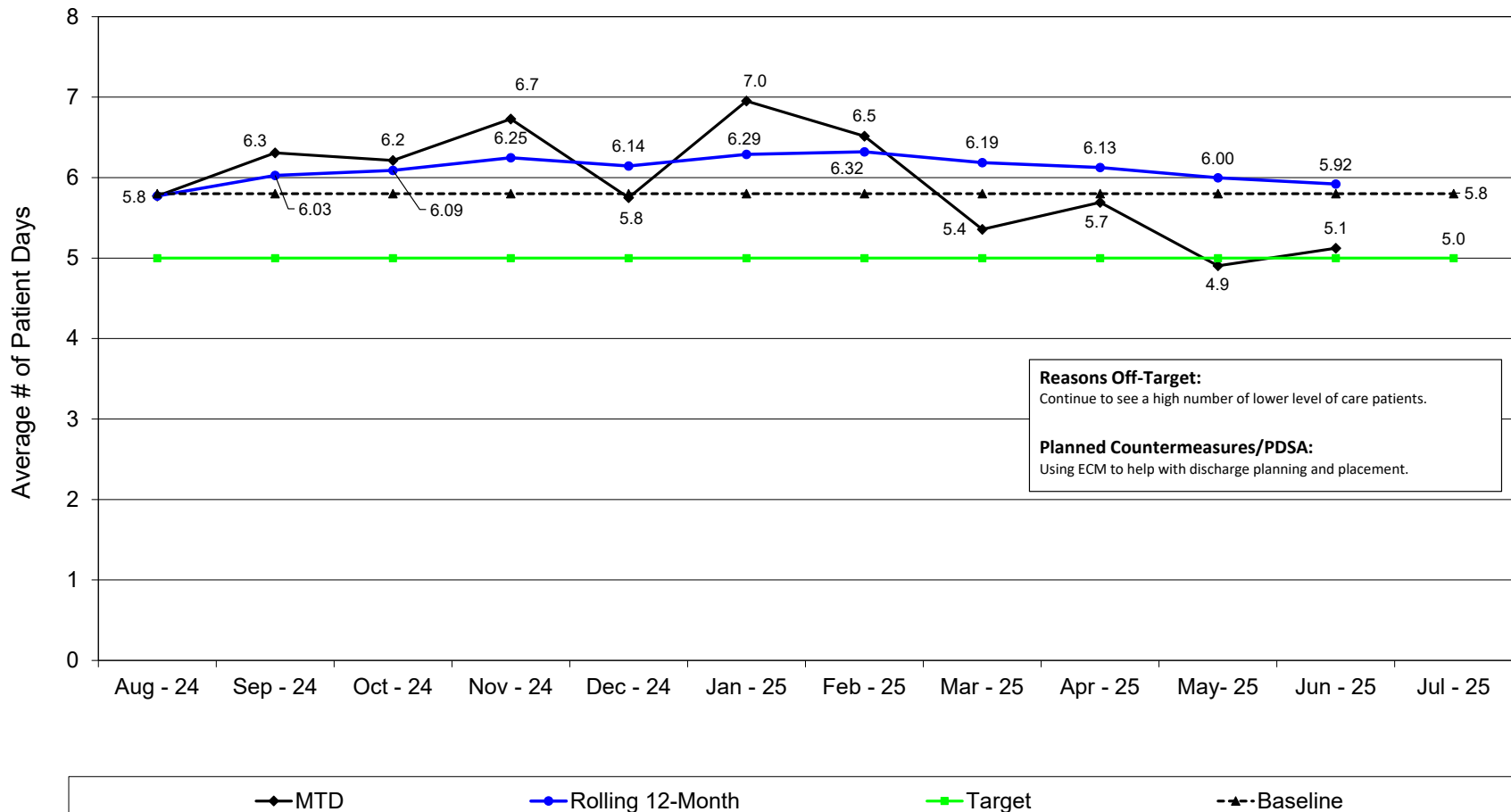


Rolling 12-Month

2025 Target: **5.0**

2024 Baseline: **5.8**

% Change From Last Year: **2.05%**



2025 Scorecard:

True North:

Owner:

Goal Statement:

Psych - % Acute Patients

Quality

Almeida

Increase % of inpatient psychiatric acute patients (% of total patient days) from 16.5% to greater than 19.8%, by Dec 2025.



Rolling 12-Month

23.1%

2025 Target:

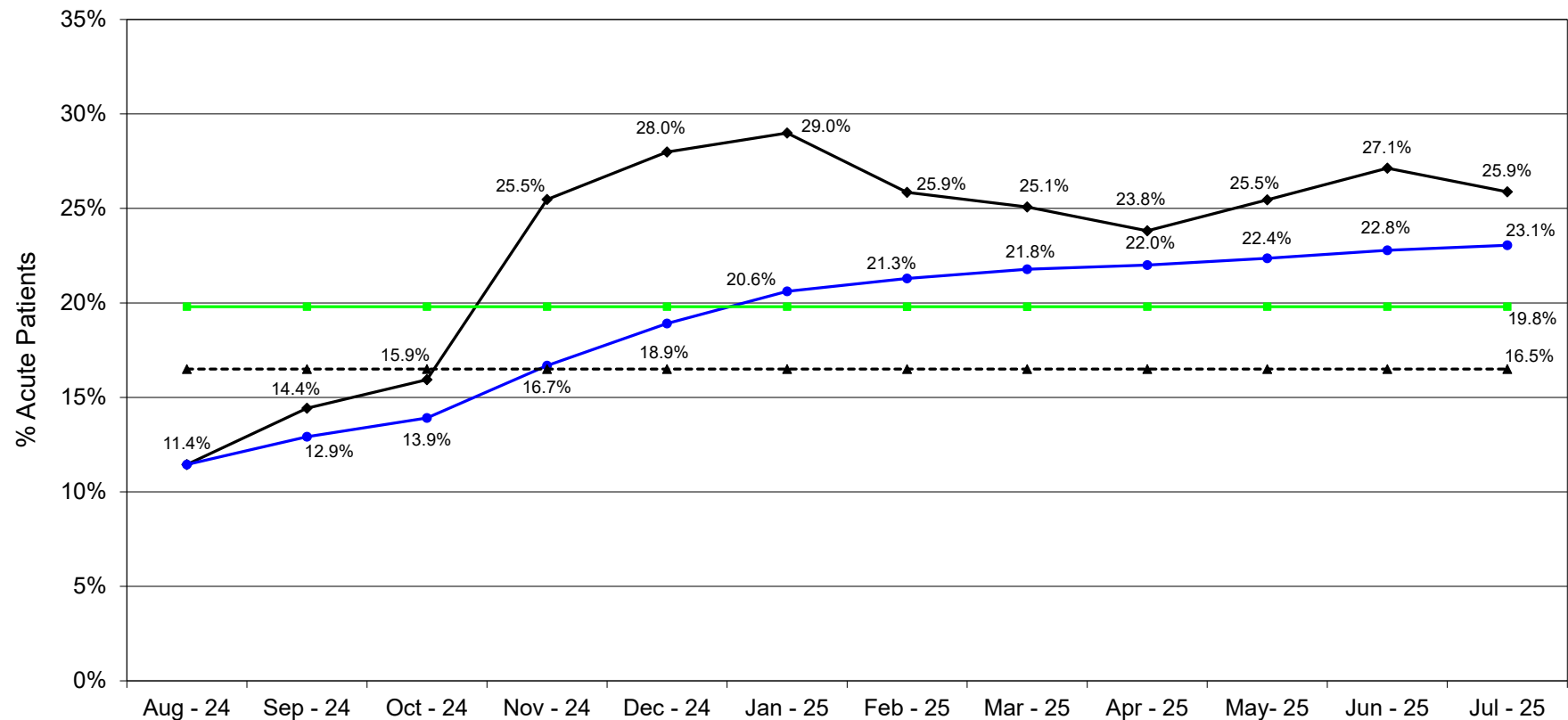
19.8%

2024 Baseline:

16.5%

% Change From Last Year:

39.70%



—◆— MTD

—●— Rolling 12-Month

—■— Target

—▲— Baseline

2025 Scorecard:

True North:

Owner:

Goal Statement:

Boarding - PES Patients (PES)

Quality

Almeida

Reduce LOS of PES patients waiting for an inpatient psychiatric bed by 20%,
from baseline of 72.2 hours to 57.8 hours, by Dec 2025.



Rolling 12-Month

2025 Target:

2024 Baseline:

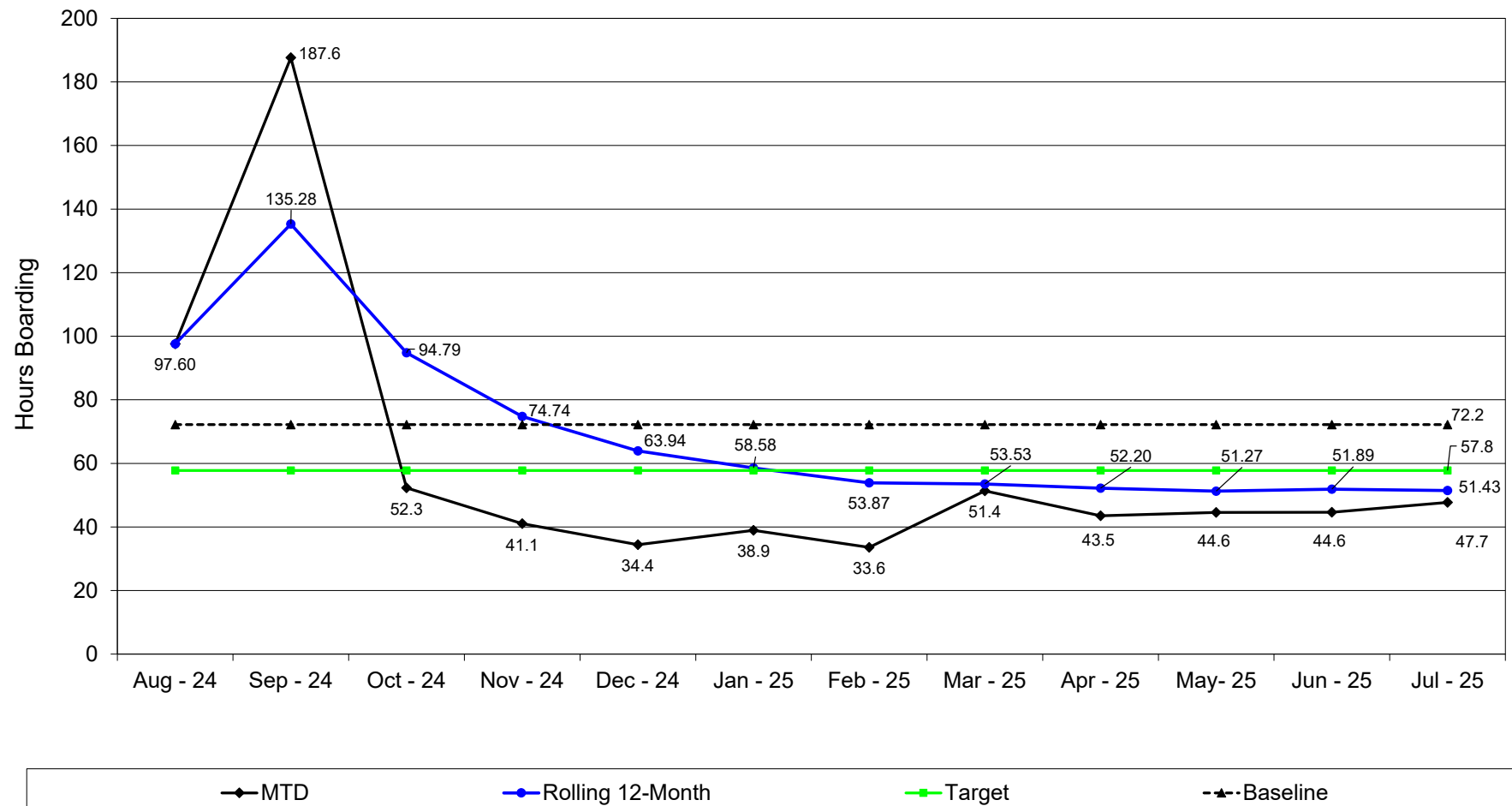
% Change From Last Year:

51.4

57.8

72.2

-28.77%



2025 Scorecard:

True North:

Owner:

Goal Statement:

Boarding - Physical Health (ED, PACU, ICU)

Quality

Ortiz, Otway

Reduce the average peak number of boarding patients in ED, PACU, and ICU
from 39, to fewer than 15, by Dec 2025.

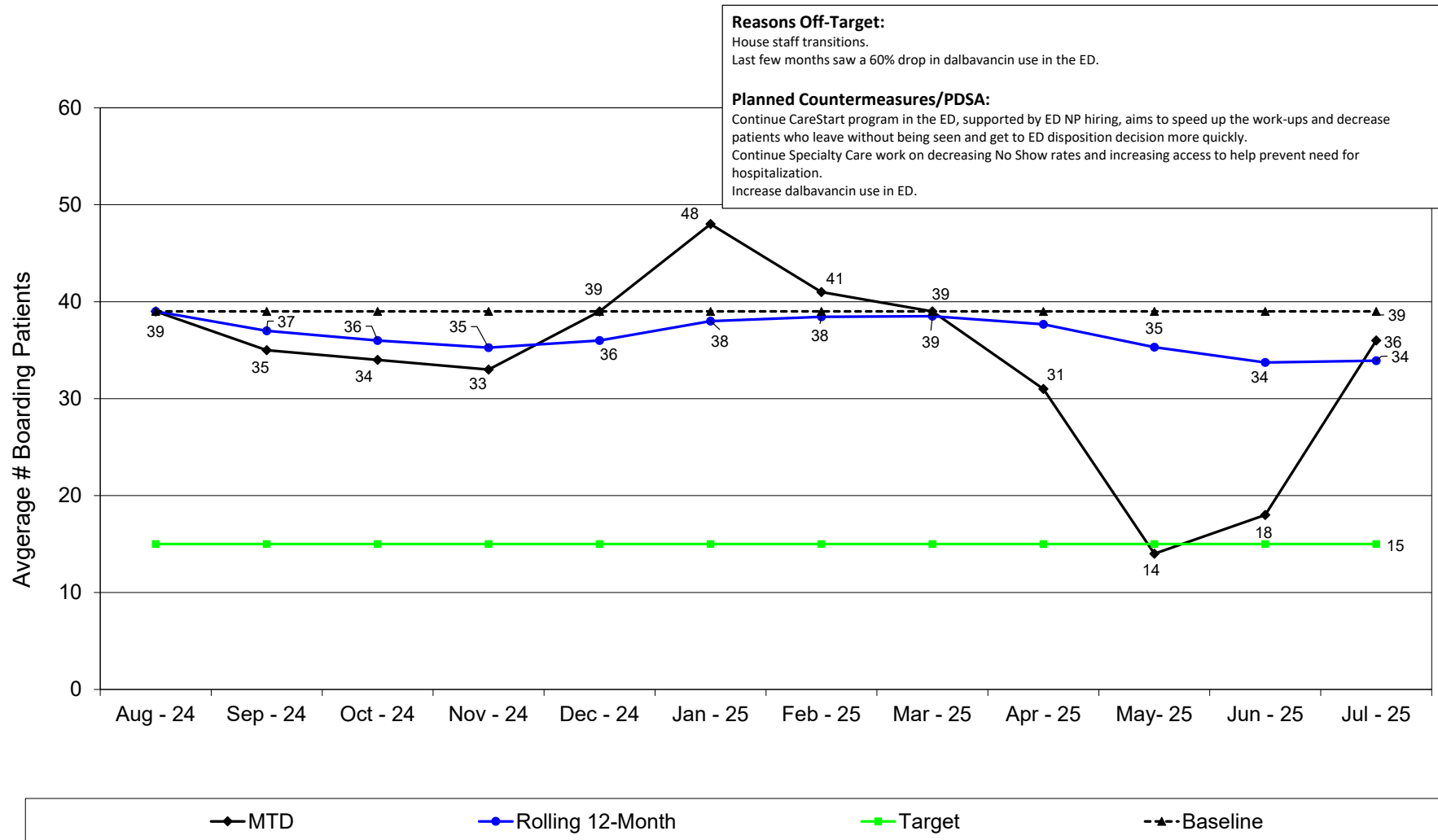


Rolling 12-Month

2025 Target:

2024 Baseline:

% Change From Last Year:

34**15****39****-13.03%**

2025 Scorecard:

True North:

Owner:

Goal Statement:

Physical Assaults with Injury

Developing Our People

Robinson

Reduce the # of physical assaults with injury to ZSFG staff from a rate of 6.75 per month to less than 4.0 per month for the combined high risk areas, by Dec 2025.
(PSYCH, ED, BHC, UCC, M/S)



Rolling 12-Month

6.5

2025 Target:

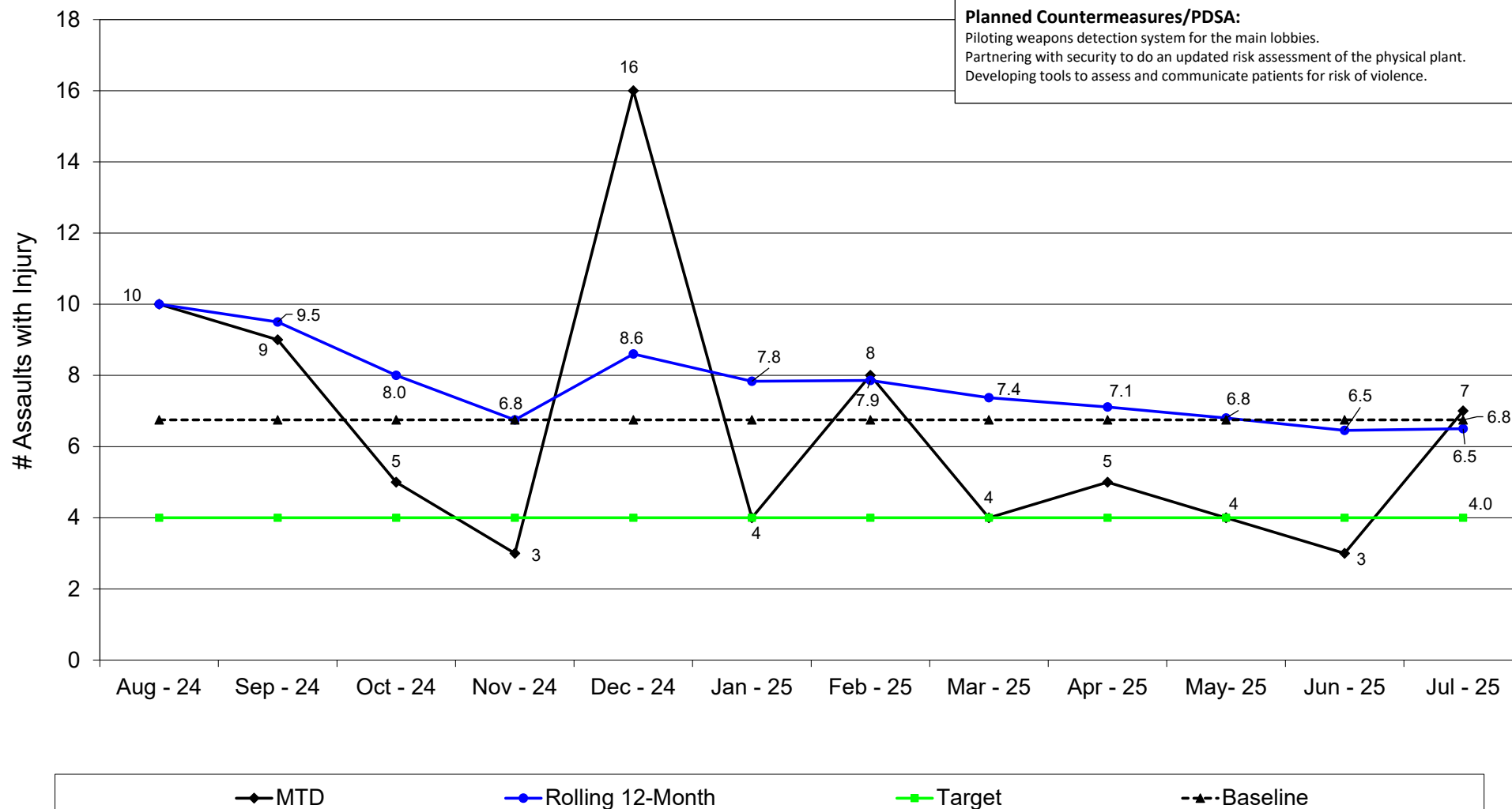
4.0

2024 Baseline:

6.8

% Change From Last Year:

-3.70%



2025 Scorecard:

True North:

Owner:

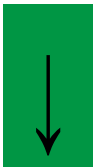
Goal Statement:

Accounts Receivable Days

Financial Stewardship

Wu, Kanzaria

Reduce average # of days it takes to collect payments owed from patients and insurance companies from 61 days to 59 days, by Dec 2025.



Rolling 12-Month

58.1

2025 Target:

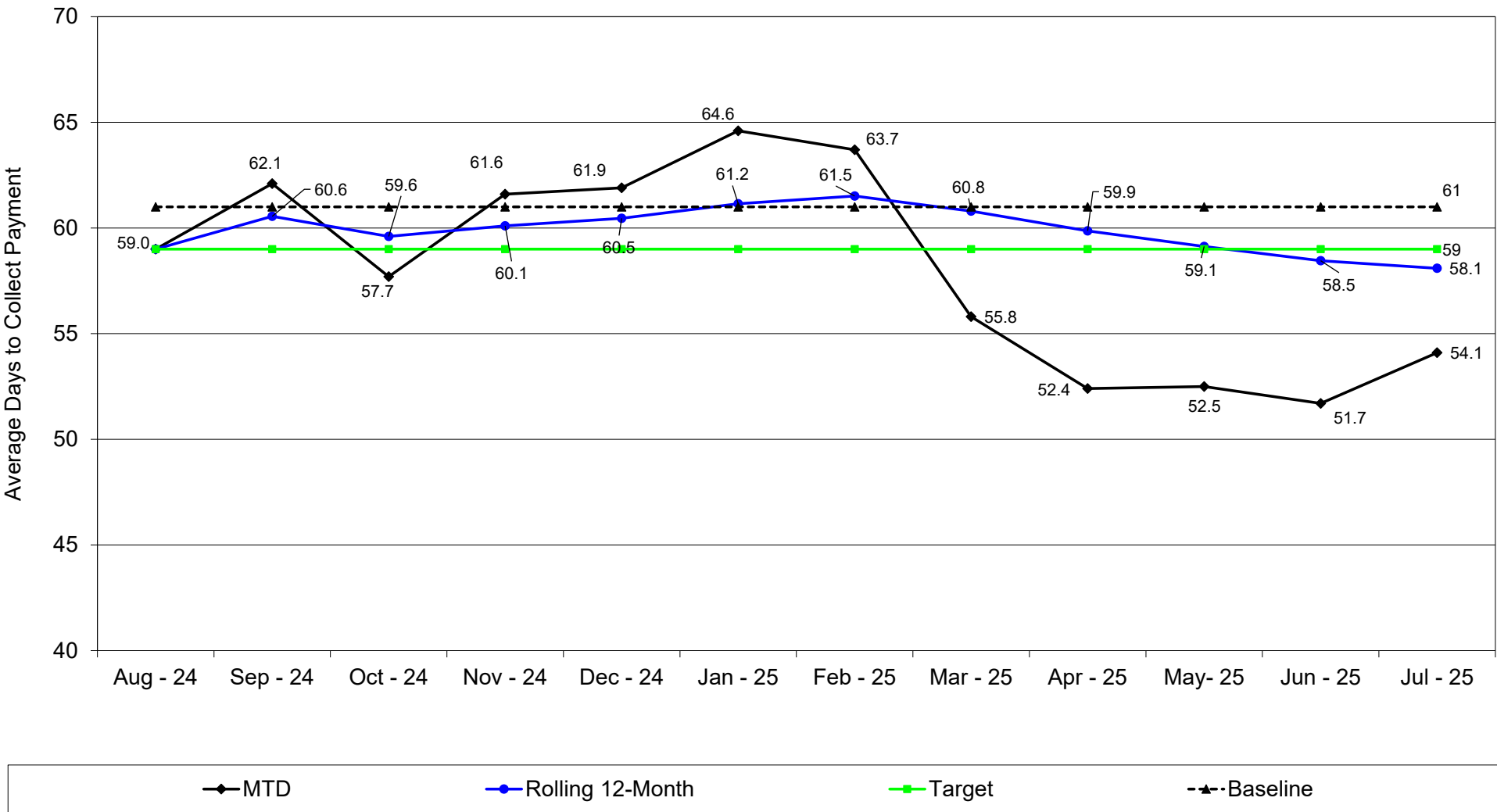
59

2024 Baseline:

61

% Change From Last Year:

-4.77%



2025 Scorecard:

True North:

Owner:

Goal Statement:

% Realized Revenue

Financial Stewardship

Wu, Kanzaria

Increase % of billed revenue that is successfully collected and posted from 13.5% to 14.25%, by Dec 2025.

Rolling 12-Month

2025 Target:

14%

14.25%

2024 Baseline:

13.50%

% Change From Last Year:

3.39%

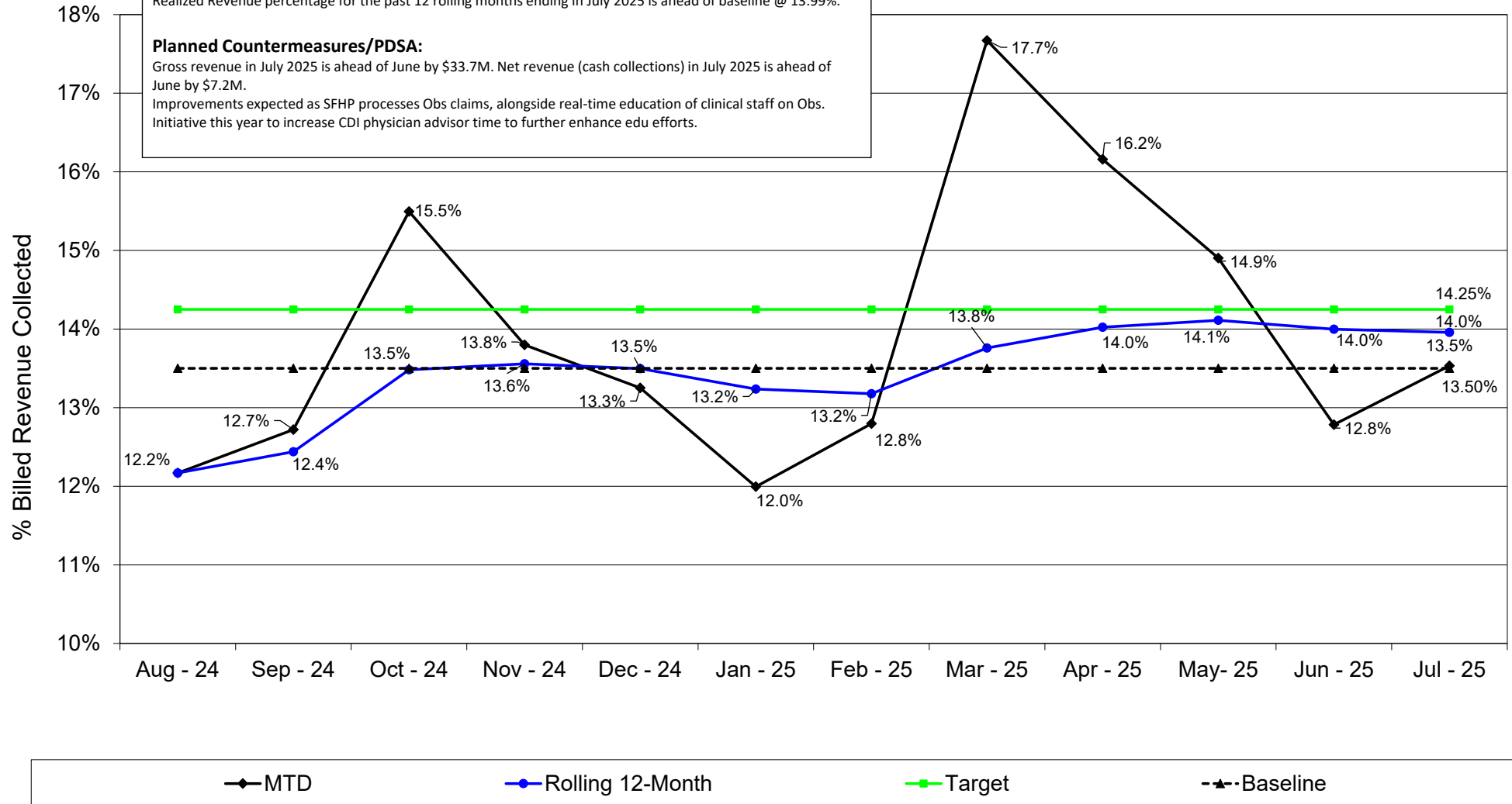


Reasons Off-Target:

Obs billings have started and awaiting revenue data to conduct a thorough analysis of financial impact and trends. Realized Revenue percentage for the past 12 rolling months ending in July 2025 is ahead of baseline @ 13.99%.

Planned Countermeasures/PDSA:

Gross revenue in July 2025 is ahead of June by \$33.7M. Net revenue (cash collections) in July 2025 is ahead of June by \$7.2M. Improvements expected as SFHP processes Obs claims, alongside real-time education of clinical staff on Obs. Initiative this year to increase CDI physician advisor time to further enhance edu efforts.



2025 Scorecard:

True North:

Owner:

Goal Statement:

Denial Rate - Hospital Billing

Financial Stewardship

Wu, Kanzaria

Reduce Hospital Billing Denial rate for primary payers from 16.4% to 15.6%, by Dec 2025.

Rolling 12-Month

15.8%

2025 Target:

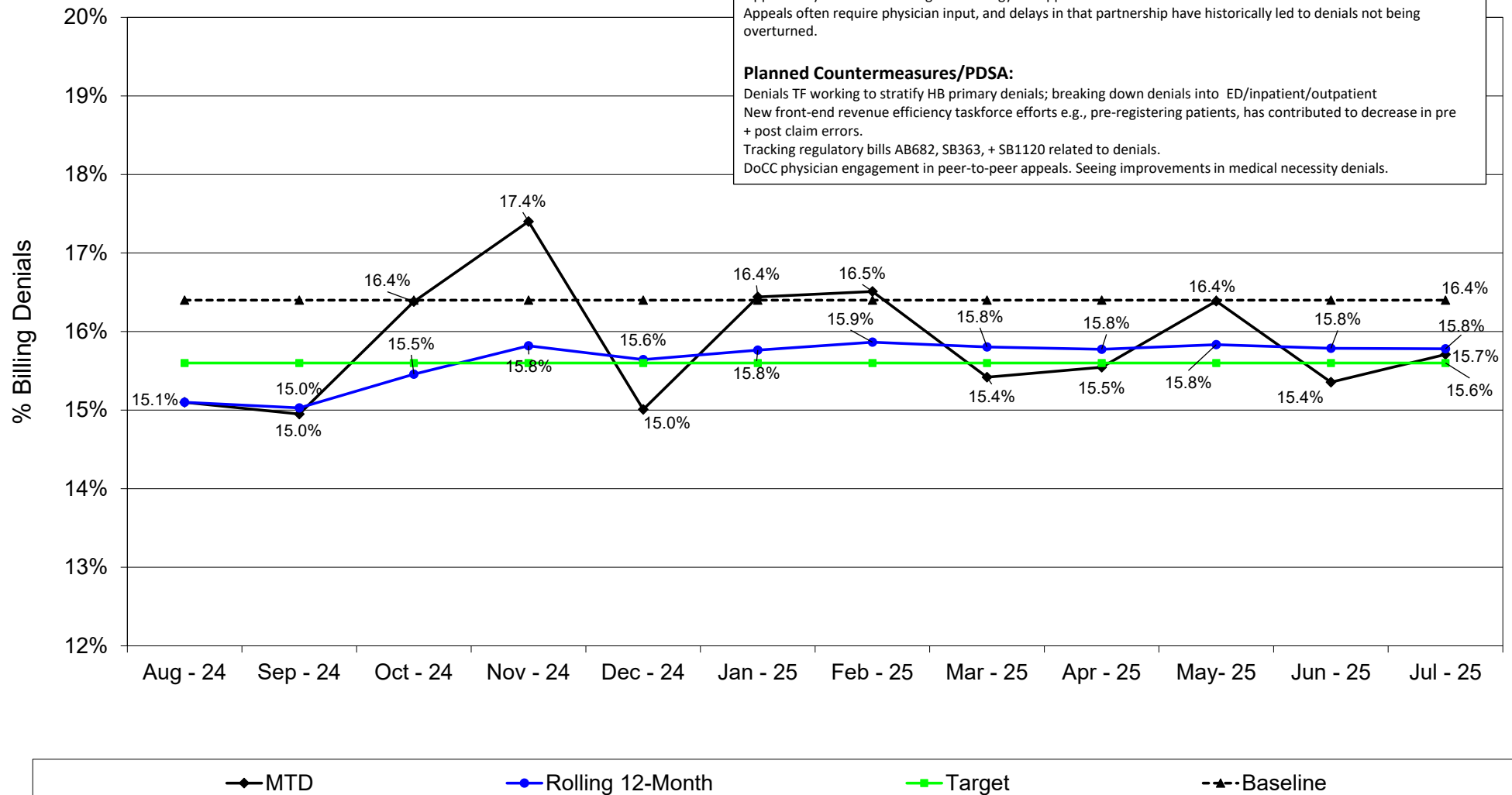
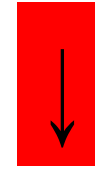
15.6%

2024 Baseline:

16.4%

% Change From Last Year:

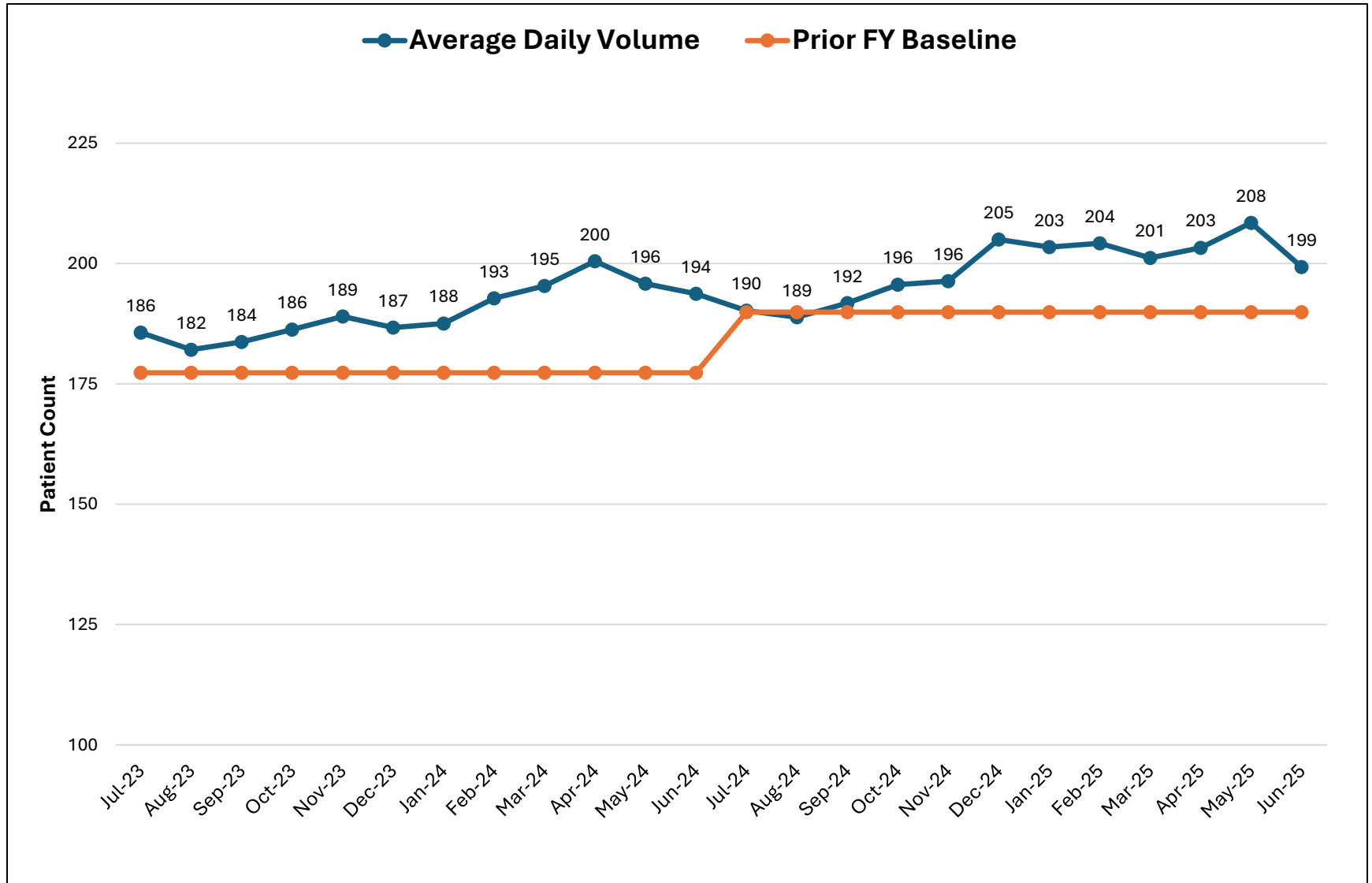
-3.78%



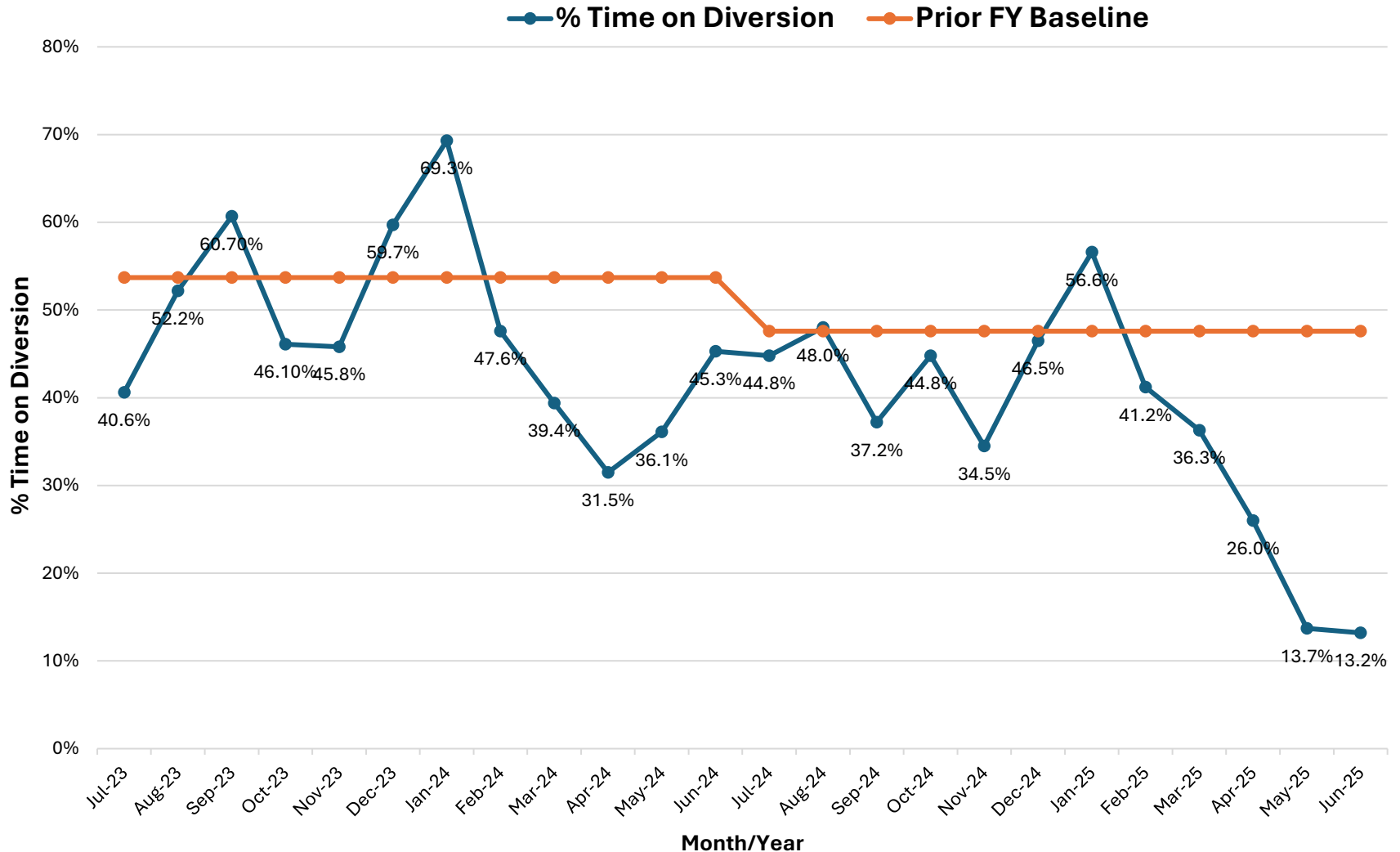
Part 2: Flow Data

1. Input (Emergency Volume)
 - ED, ED Diversion, PES
2. Input and Output (Admissions and Discharges)
 - Physical Health (Med/Surg, ICU, OR, PACU), Maternal Child, Psychiatry
3. Throughput
 - Length of Stay – Physical Health and Observation, Psychiatry, Maternal Child
 - Length of Stay- Physical Health, Physical Health and Observation, Observation
 - LLOC – Physical Health and Psychiatry
4. Weekly ZSFG to LHH Transfers
5. Census Data
 - Physical Health (Med/Surg, ICU, OR, PACU), Maternal Child, Psychiatry
 - Increasing demand over time

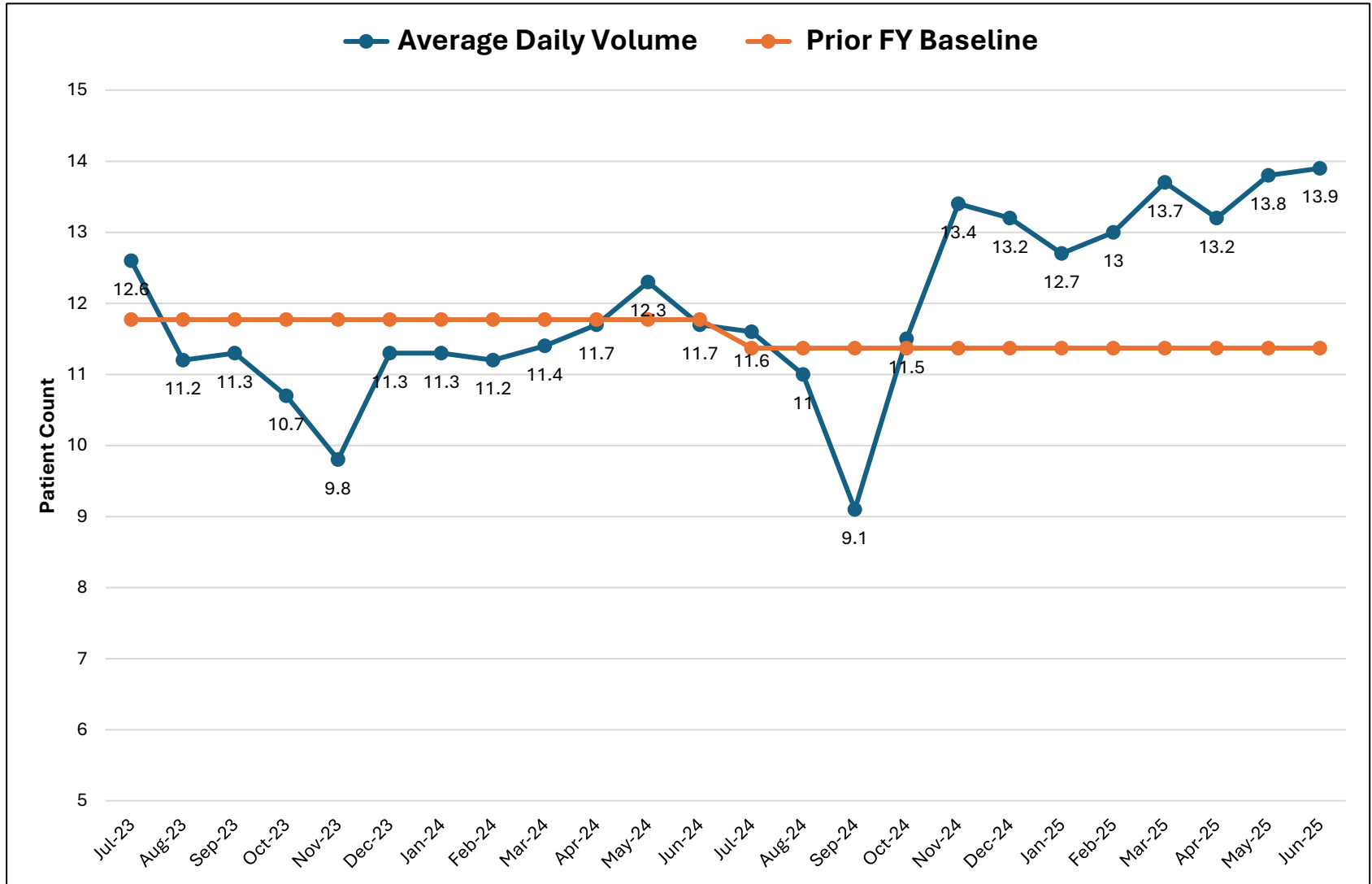
Input - Medical ED Avg Daily Volume



Input – Percent of Time on ED Diversion

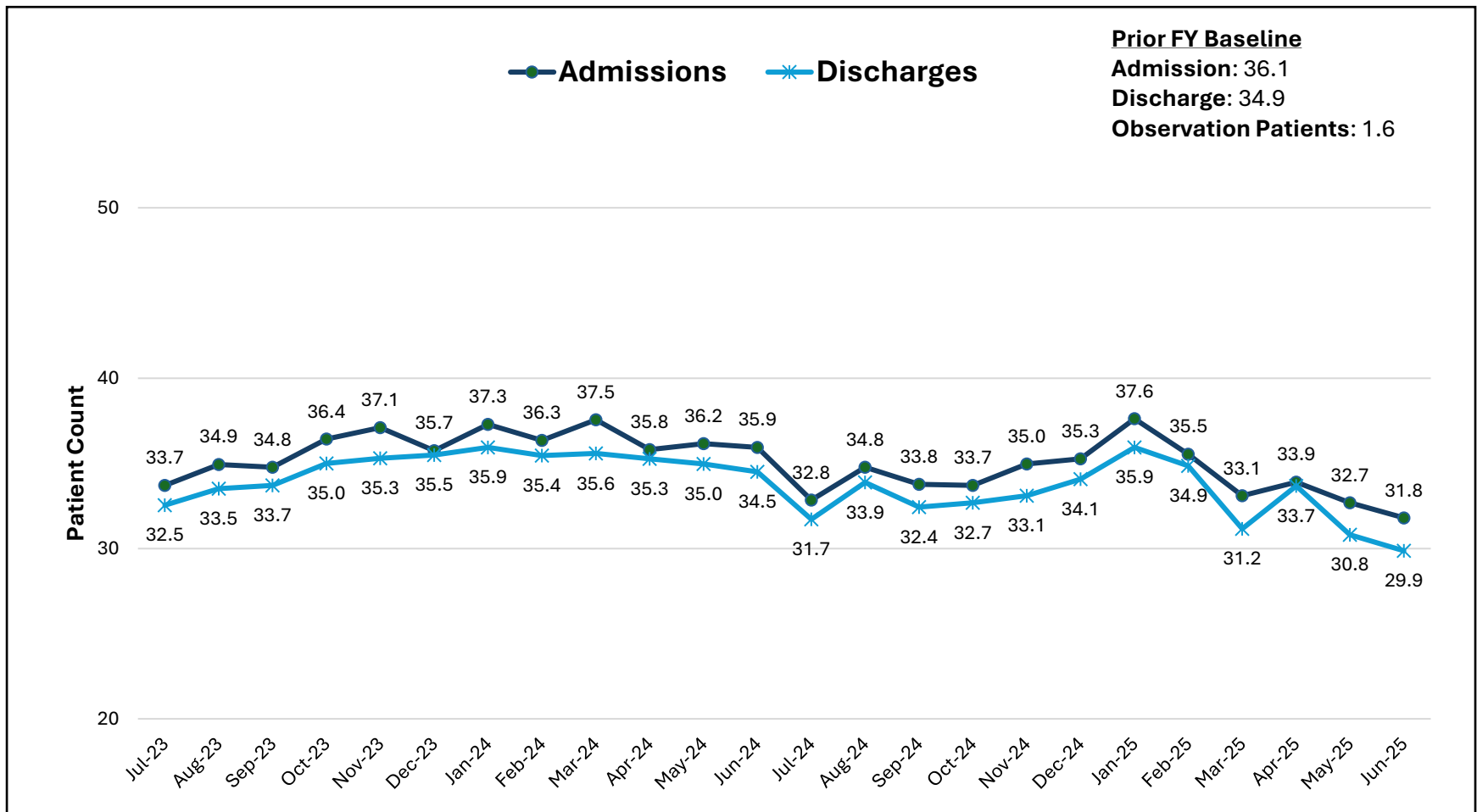


Input - Psychiatric ED Avg Daily Volume



Inpatient Avg Daily Admissions & Discharges

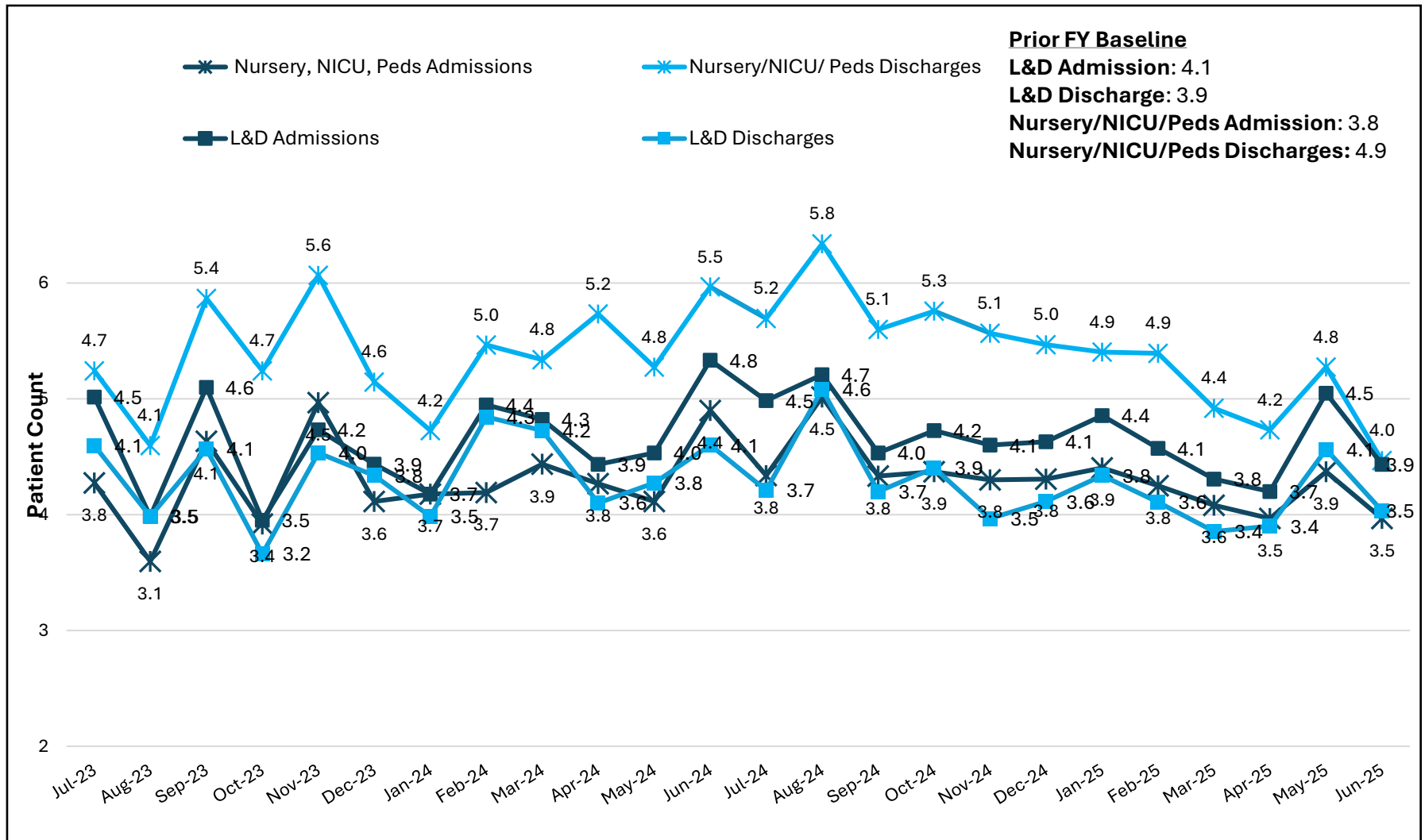
(Physical Health - MedSurg/ICU/Emergency/OR/PACU)



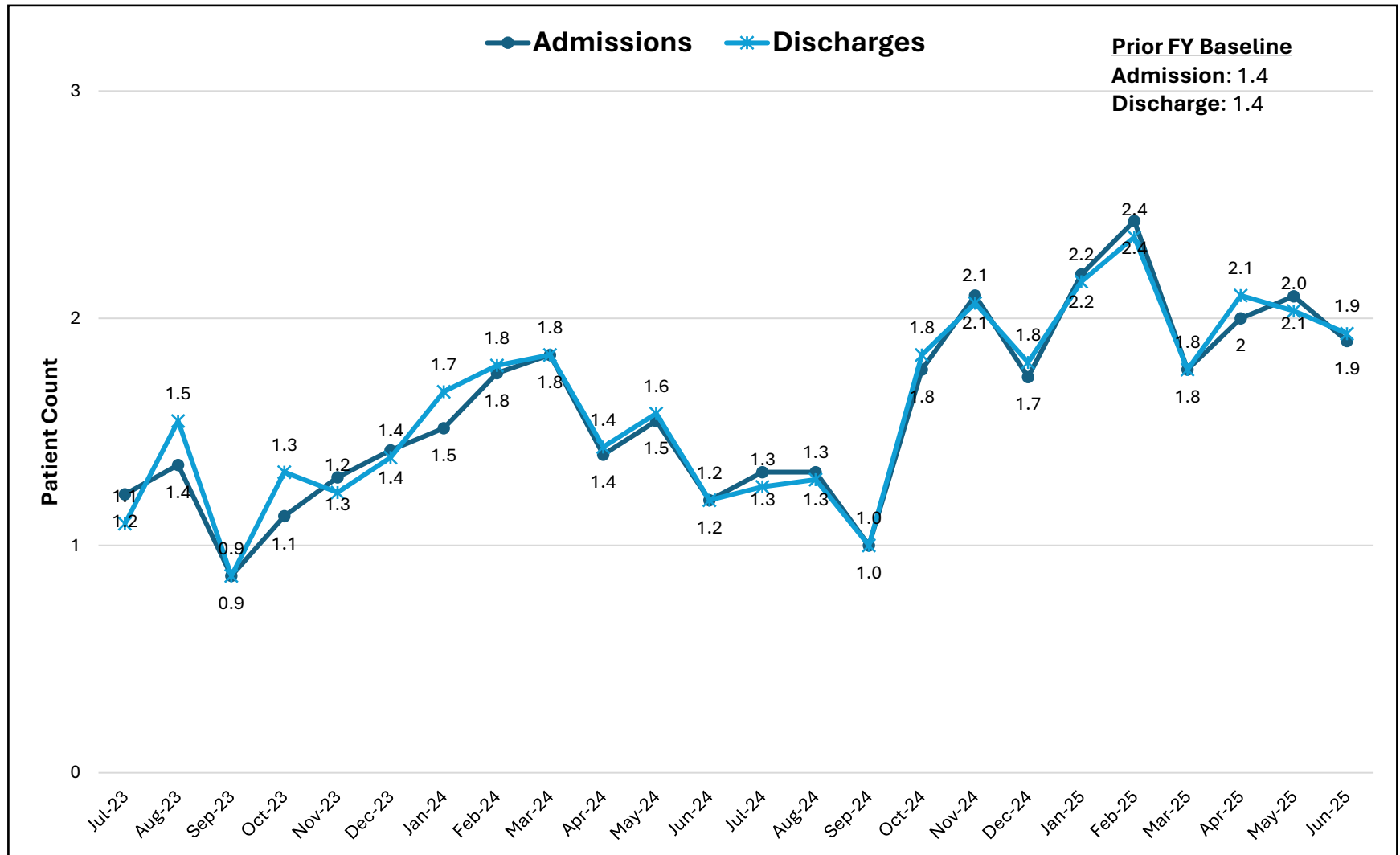
Notes – Hospitalized Observation Patients that are subsequently discharged (1.6 patients/day) not shown above

– 30% of the gap between admissions and discharges in above graph is due to patients being changed from inpatient to observation level of care prior to discharge.

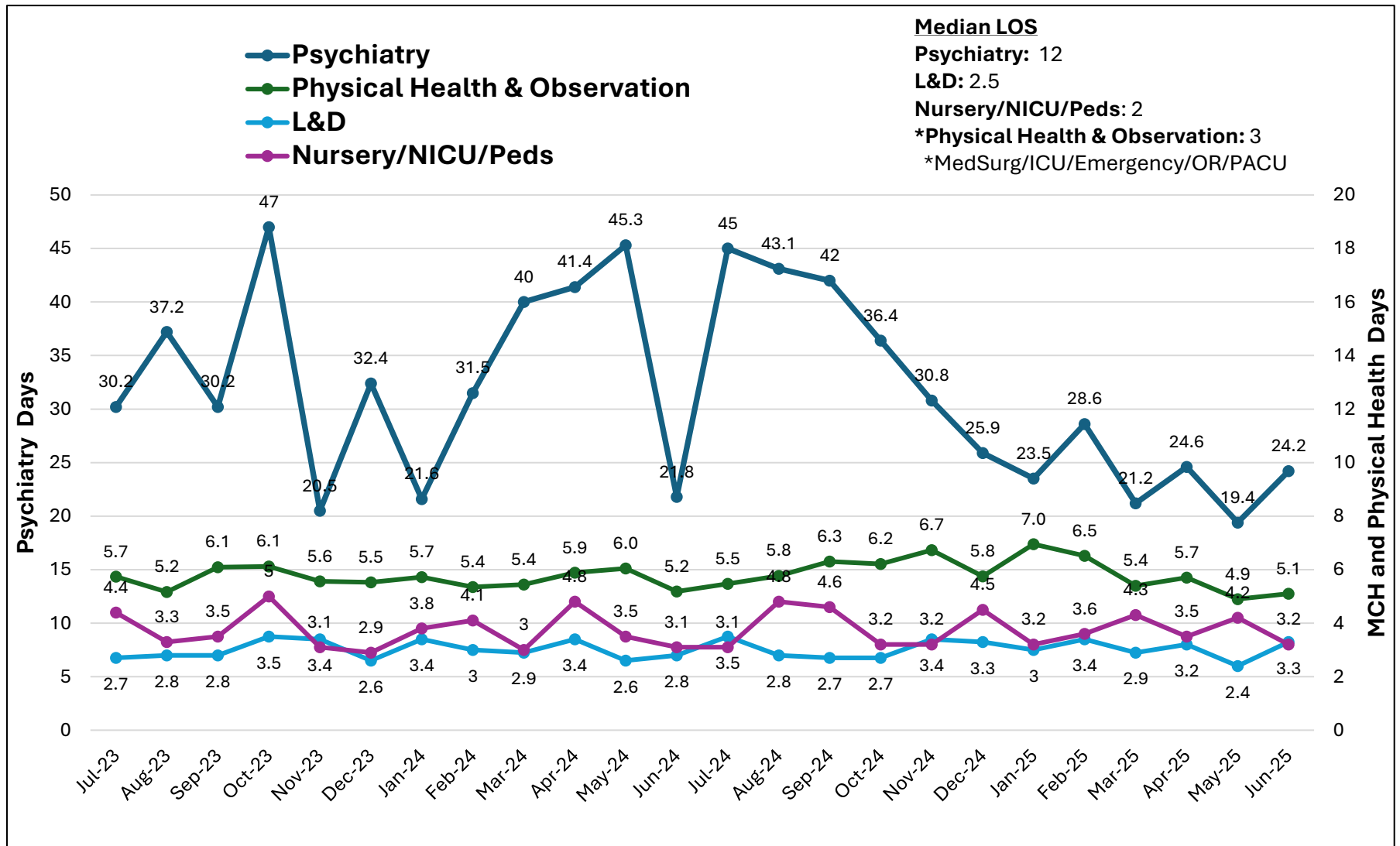
Inpatient Avg Daily Admissions & Discharges (Maternal & Child Health)



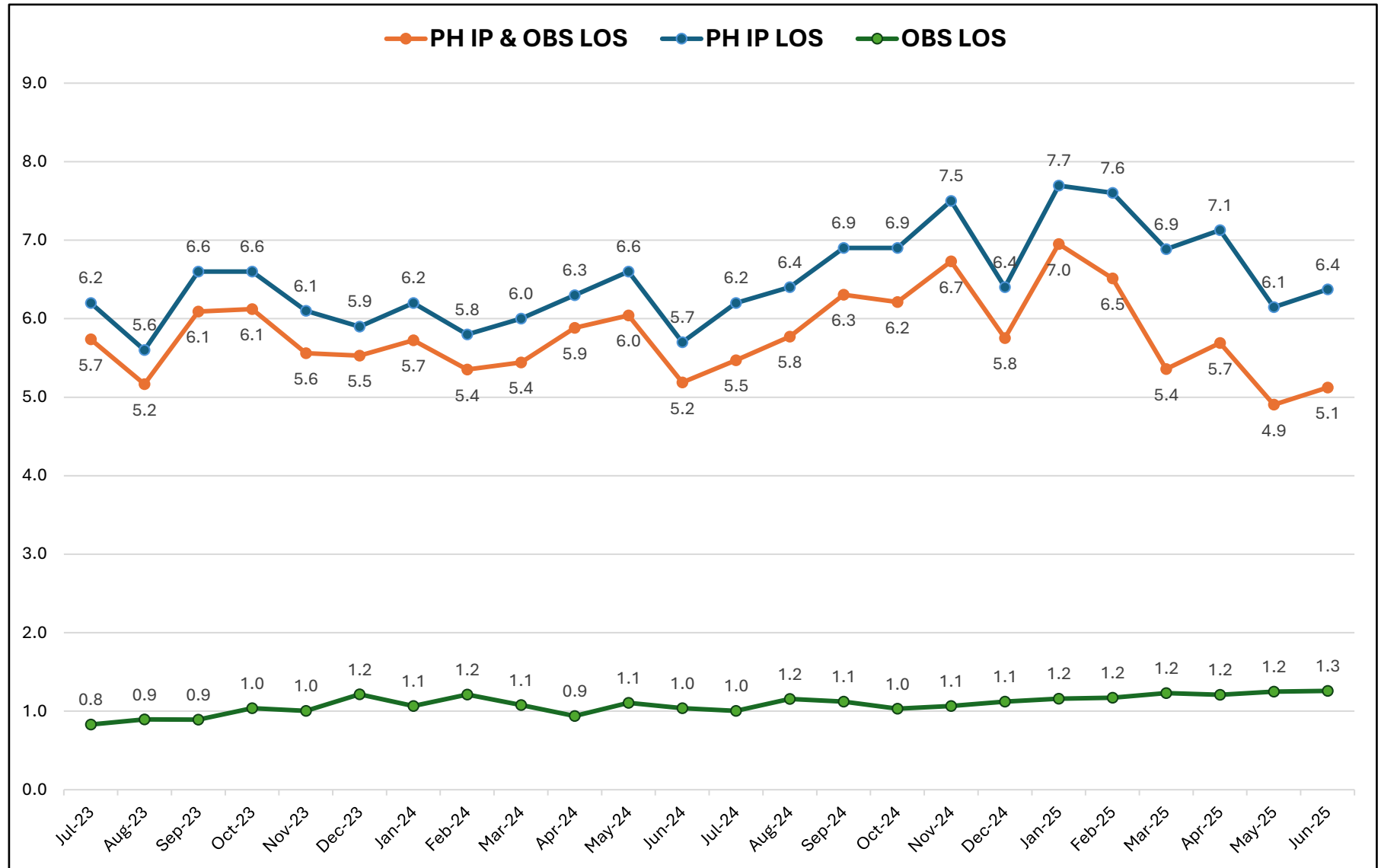
Inpatient Avg Daily Admissions & Discharges (Psychiatry)



Throughput – Inpatient Avg Length of Stay (in Days)



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

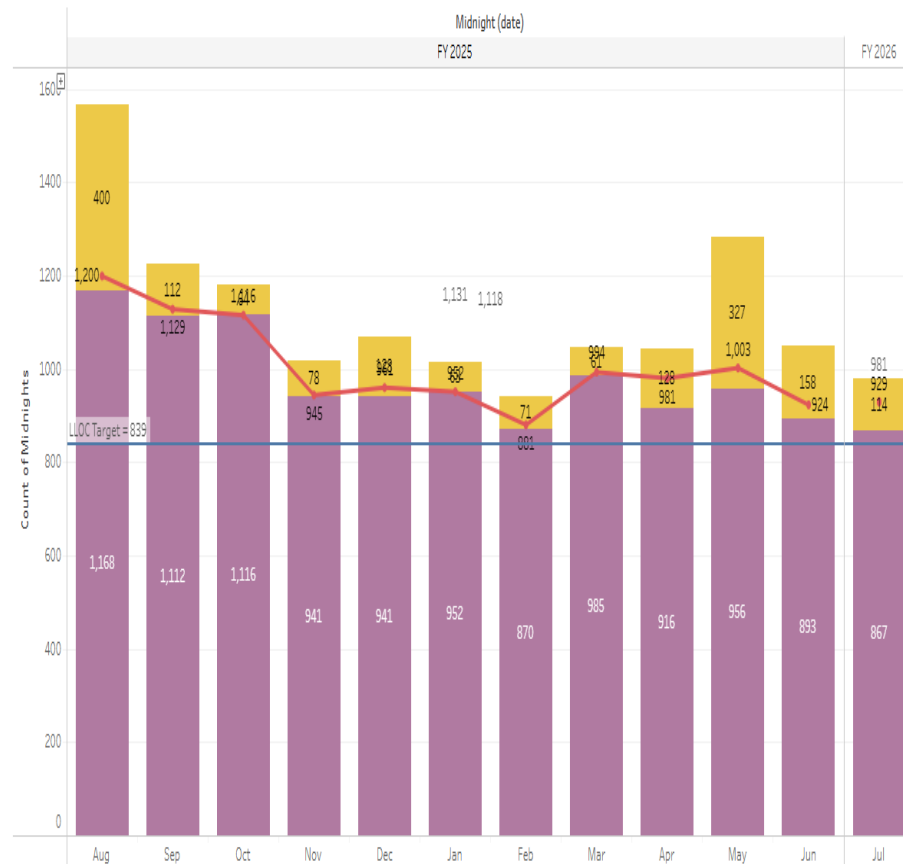


Throughput – Lower Level of Care

Bed Type (group)

- Behavioral-LLOC
- DENIED/CUSTODIAL

Psych LLOC (Bldg 5, PES/7B/7C plus H52, excludes 7L)



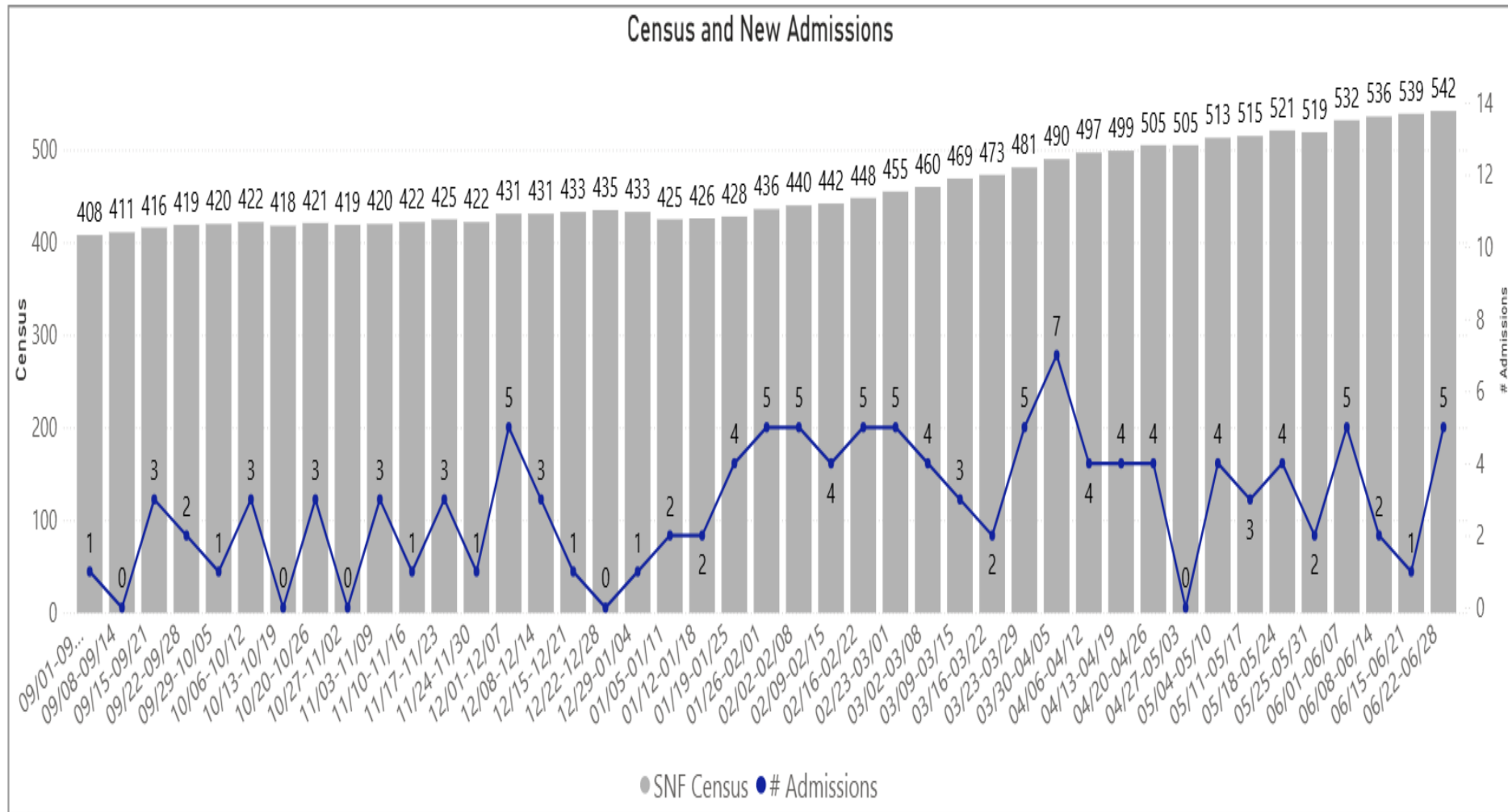
Bed Type (group)

- SNF
- DENIED/CUSTODIAL

MedSurg LLOC (Bldg 25 except 2nd Floor and H52)



Weekly ZSFG to LHH Transfers



Increasing Demand for MedSurg Over Time

