

JCC CEO Data Report

January 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
 - 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



Rolling 12-Month

2025 Target:

69.5%

65%

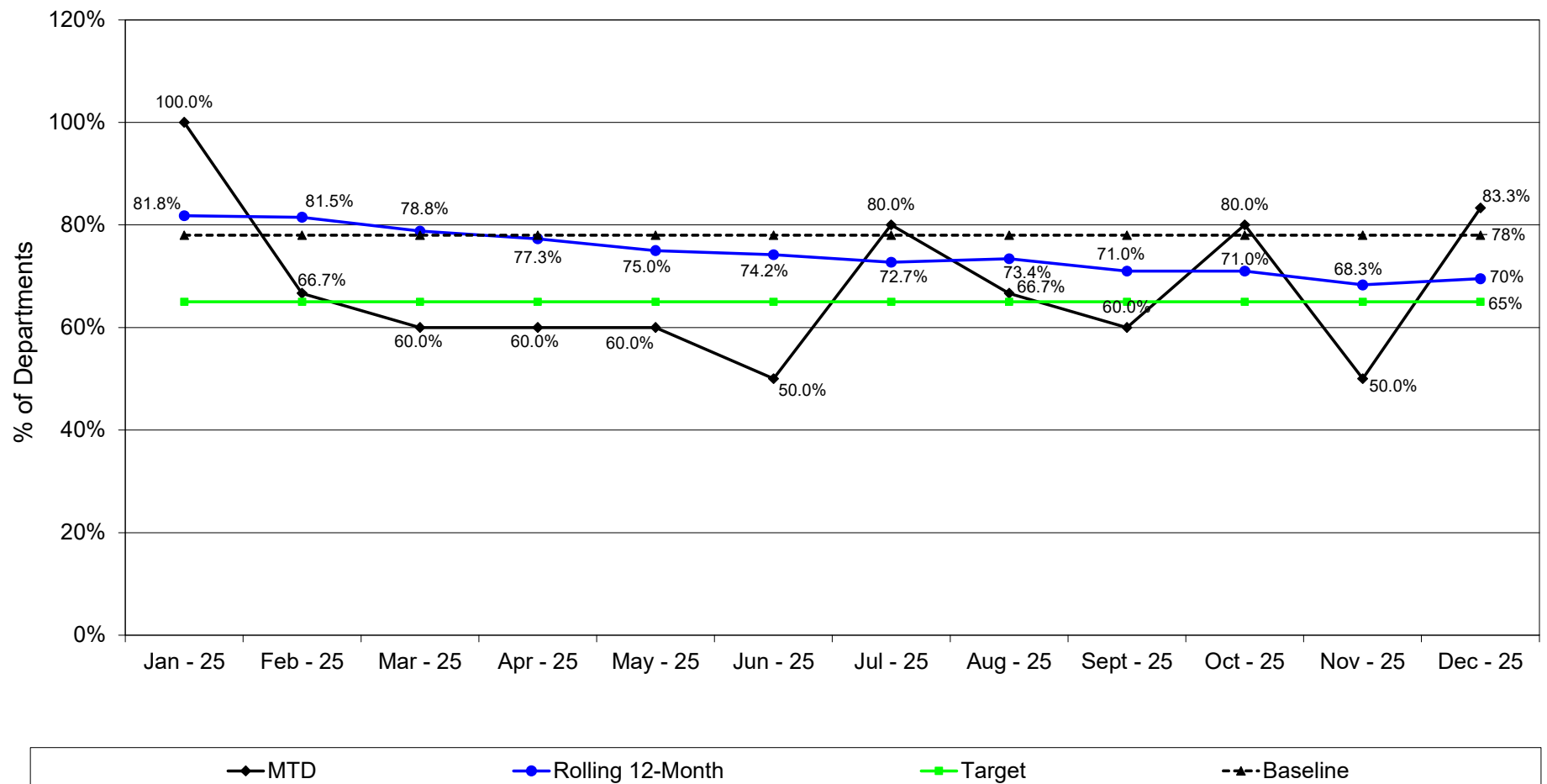
2024 Baseline:

78%

% Change From Last Year:

-10.91%

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



2025 Scorecard:

True North:

Owner:

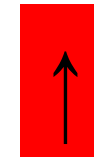
Goal Statement:

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:

42%

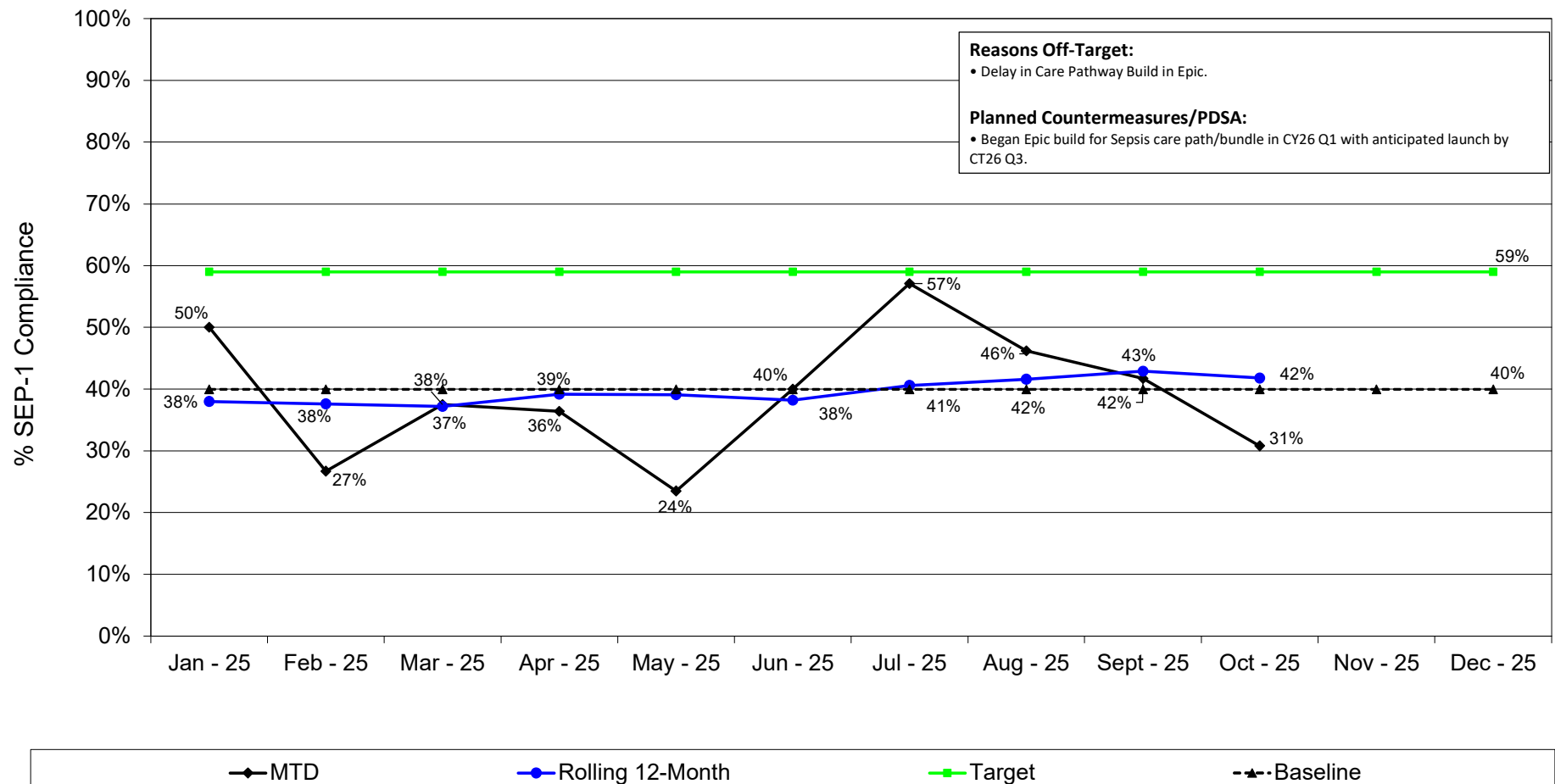
59%

2024 Baseline:

40%

% Change From Last Year:

5%



2025 Scorecard:

True North:

Owner:

Falls with Moderate or Major Injury

Safety

Smith, Mercer



Rolling 12-Month

2025 Target:

0.07

0.07

2024 Baseline:

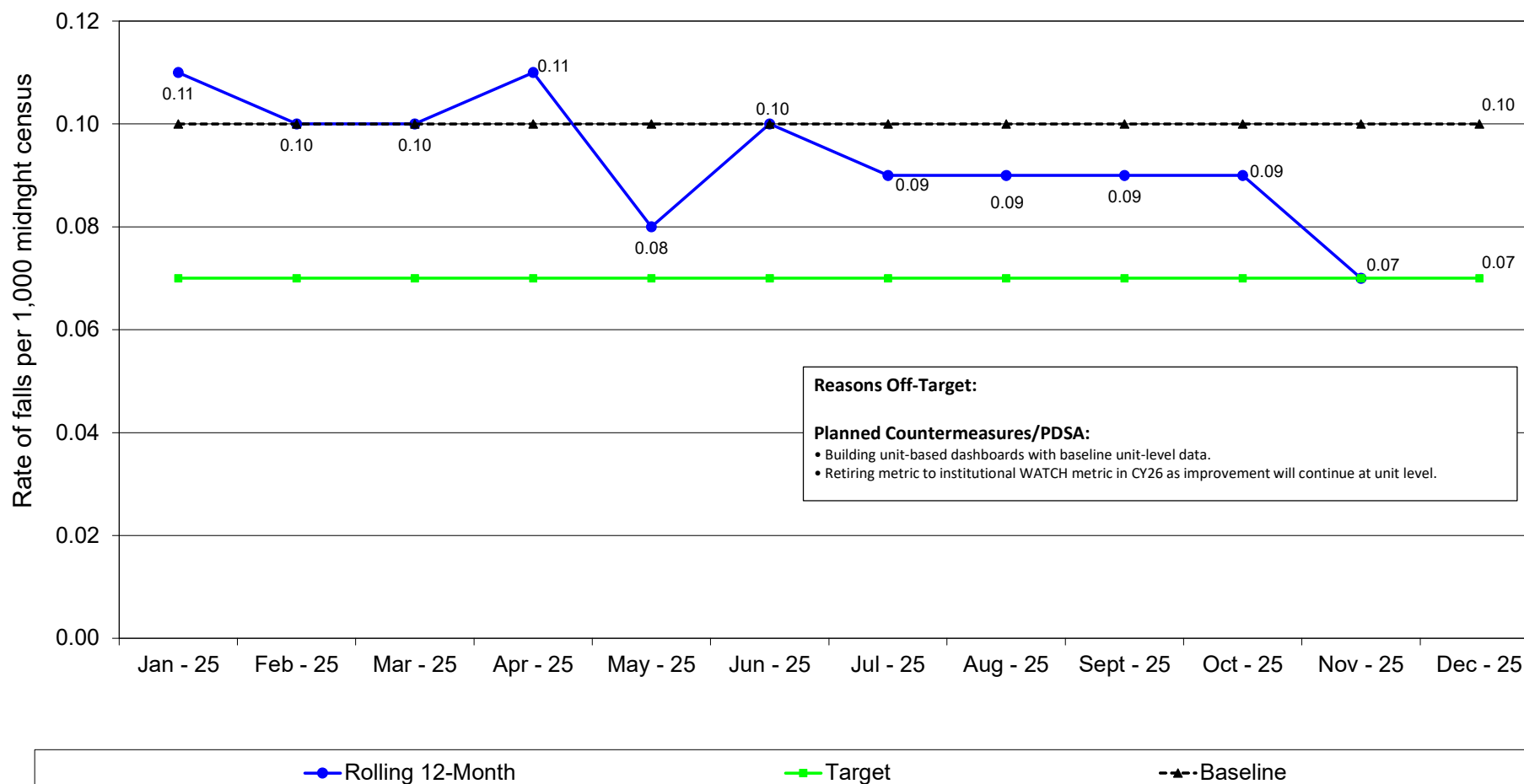
0.10

% Change From Last Year:

-30.00%

Goal Statement:

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.



2025 Scorecard:

True North:

Owner:

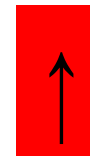
Goal Statement:

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

19

2025 Target:

22

2024 Baseline:

20

% Change From Last Year:

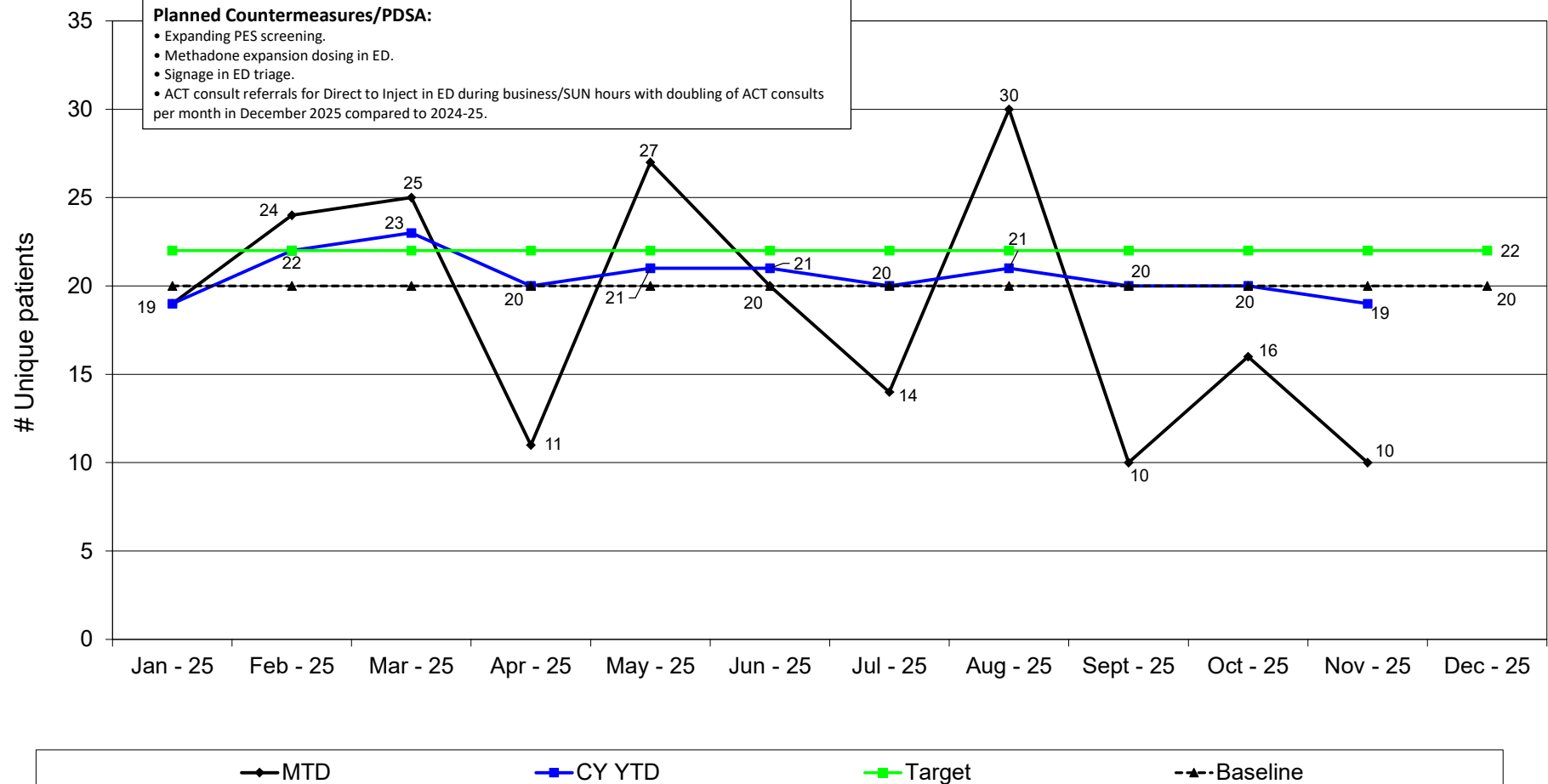
-5.00%

Reasons Off-Target:

- Lower number of initiations- establishing baseline- limited consistent SW across units.

Planned Countermeasures/PDSA:

- Expanding PES screening.
- Methadone expansion dosing in ED.
- Signage in ED triage.
- ACT consult referrals for Direct to Inject in ED during business/SUN hours with doubling of ACT consults per month in December 2025 compared to 2024-25.



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

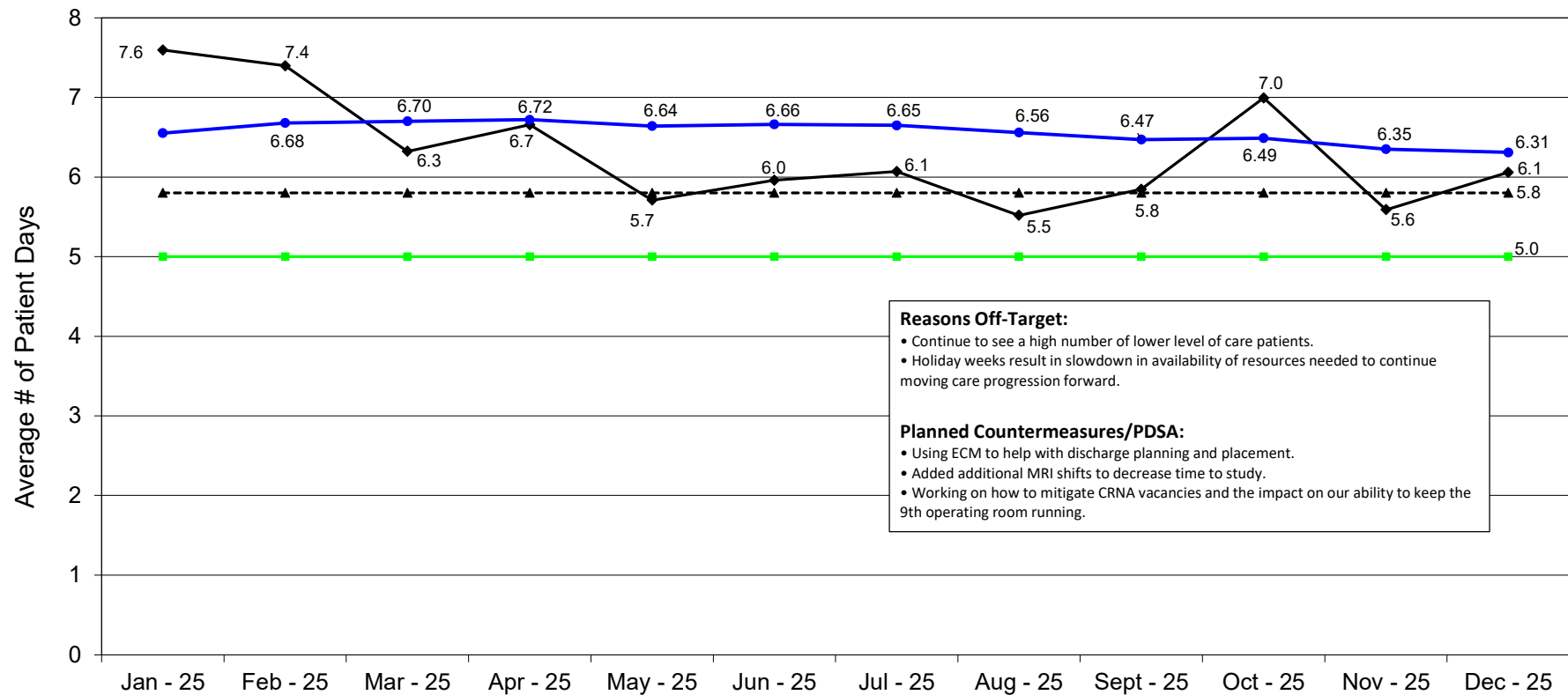


Rolling 12-Month **6.31**

2025 Target: **5.0**

2024 Baseline: **6.4**

% Change From Last Year: **-1.41%**



Reasons Off-Target:

- Continue to see a high number of lower level of care patients.
- Holiday weeks result in slowdown in availability of resources needed to continue moving care progression forward.

Planned Countermeasures/PDSA:

- Using ECM to help with discharge planning and placement.
- Added additional MRI shifts to decrease time to study.
- Working on how to mitigate CRNA vacancies and the impact on our ability to keep the 9th operating room running.

—◆— MTD

—●— Rolling 12-Month

—■— Target

—▲— Baseline

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

2025 Target:

25.3%

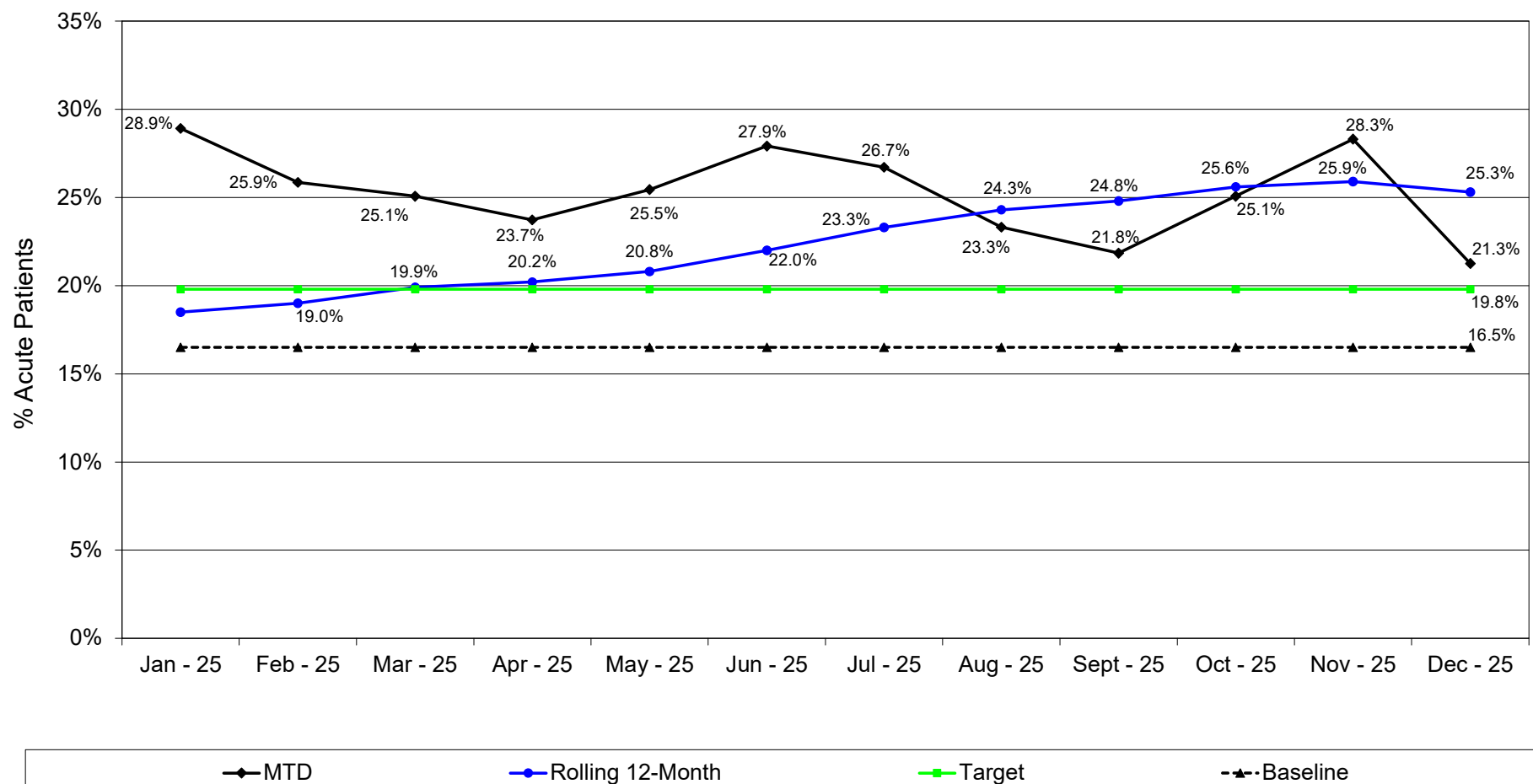
19.8%

2024 Baseline:

16.5%

% Change From Last Year:

53.23%



2025 Scorecard:

True North:

Owner:

Boarding - PES Patients (PES)

Quality

Almeida



Rolling 12-Month

2025 Target:

46.3

57.8

2024 Baseline:

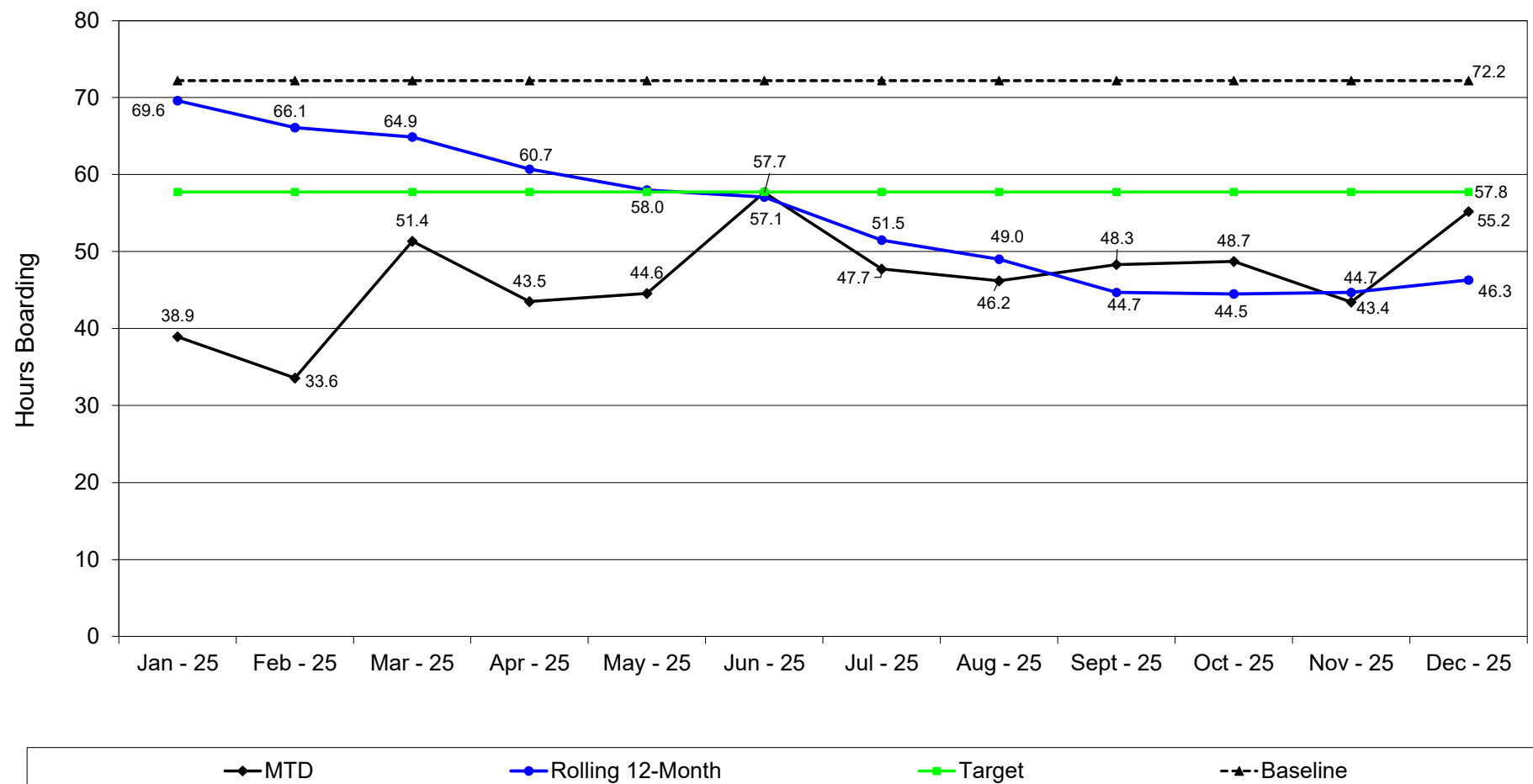
72.2

% Change From Last Year:

-35.86%

Goal Statement:

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.



2025 Scorecard:

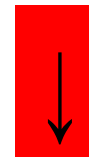
True North:

Owner:

Boarding - Physical Health (ED, PACU, ICU)

Quality

Ortiz, Otway



Rolling 12-Month

29

2025 Target:

15

2024 Baseline:

39

% Change From Last Year:

-25.43%

Goal Statement:

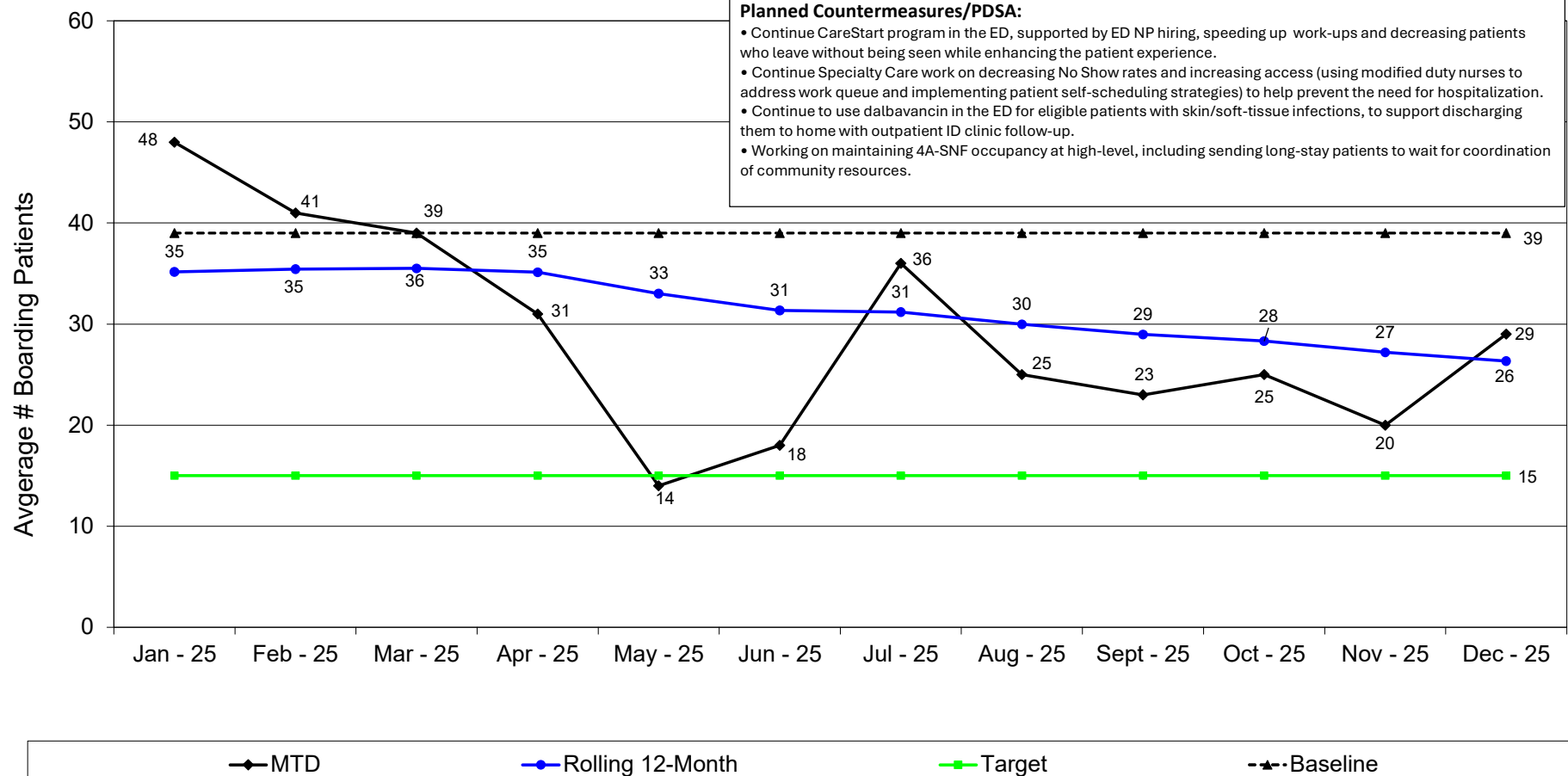
Reduce the average peak number of boarding patients in ED, PACU, and ICU from 39, to fewer than 15, by Dec 2025.

Reasons Off-Target:

- Continue to see a drop in dalbavancin use in the ED due to new trainees.
- 4A low SNF census.

Planned Countermeasures/PDSA:

- Continue CareStart program in the ED, supported by ED NP hiring, speeding up work-ups and decreasing patients who leave without being seen while enhancing the patient experience.
- Continue Specialty Care work on decreasing No Show rates and increasing access (using modified duty nurses to address work queue and implementing patient self-scheduling strategies) to help prevent the need for hospitalization.
- Continue to use dalbavancin in the ED for eligible patients with skin/soft-tissue infections, to support discharging them to home with outpatient ID clinic follow-up.
- Working on maintaining 4A-SNF occupancy at high-level, including sending long-stay patients to wait for coordination of community resources.



2025 Scorecard:

True North:

Owner:

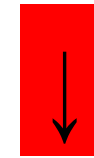
Goal Statement:

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

2025 Target:

5.2

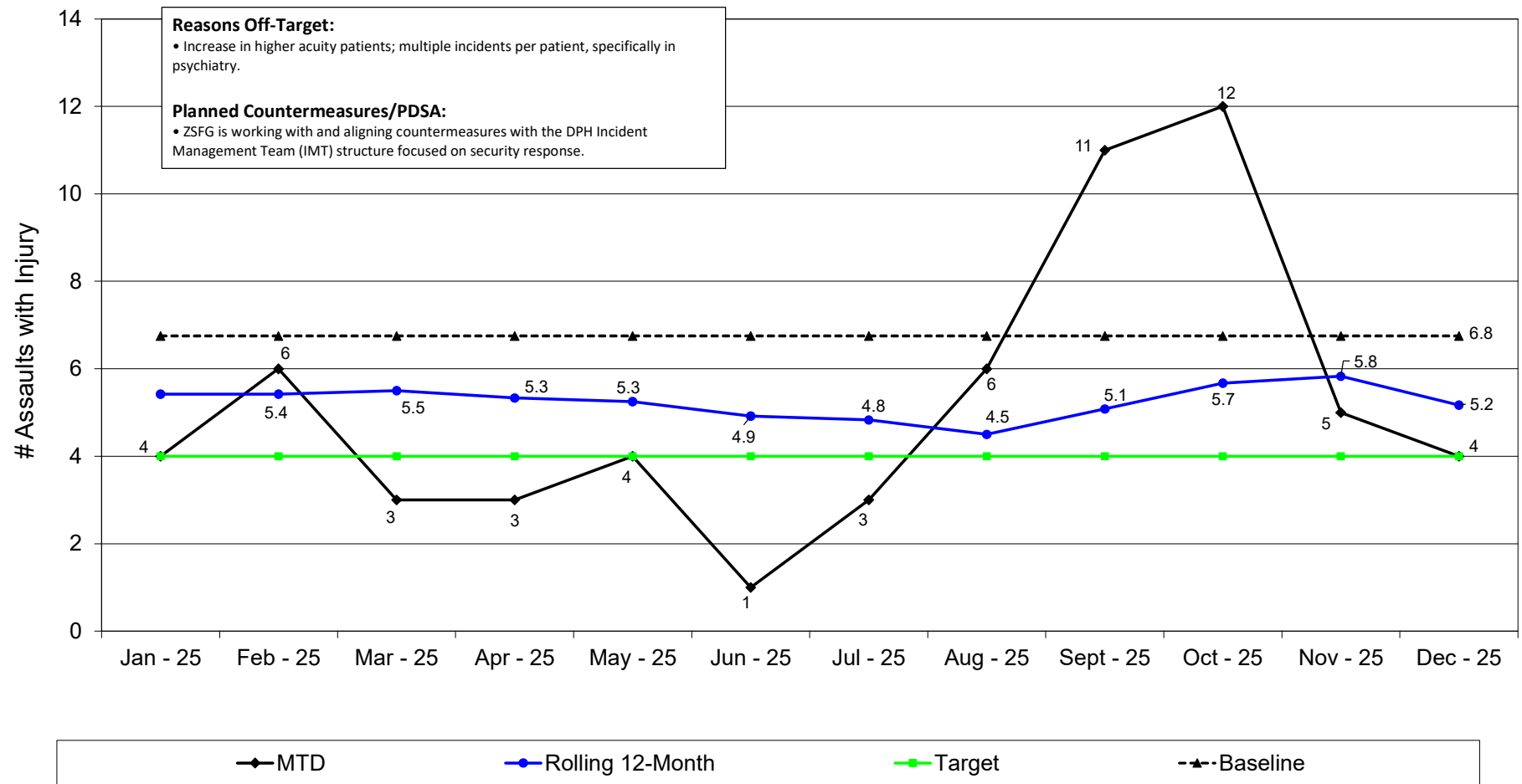
4.0

2024 Baseline:

6.8

% Change From Last Year:

-23.46%



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

2025 Target:

2024 Baseline:

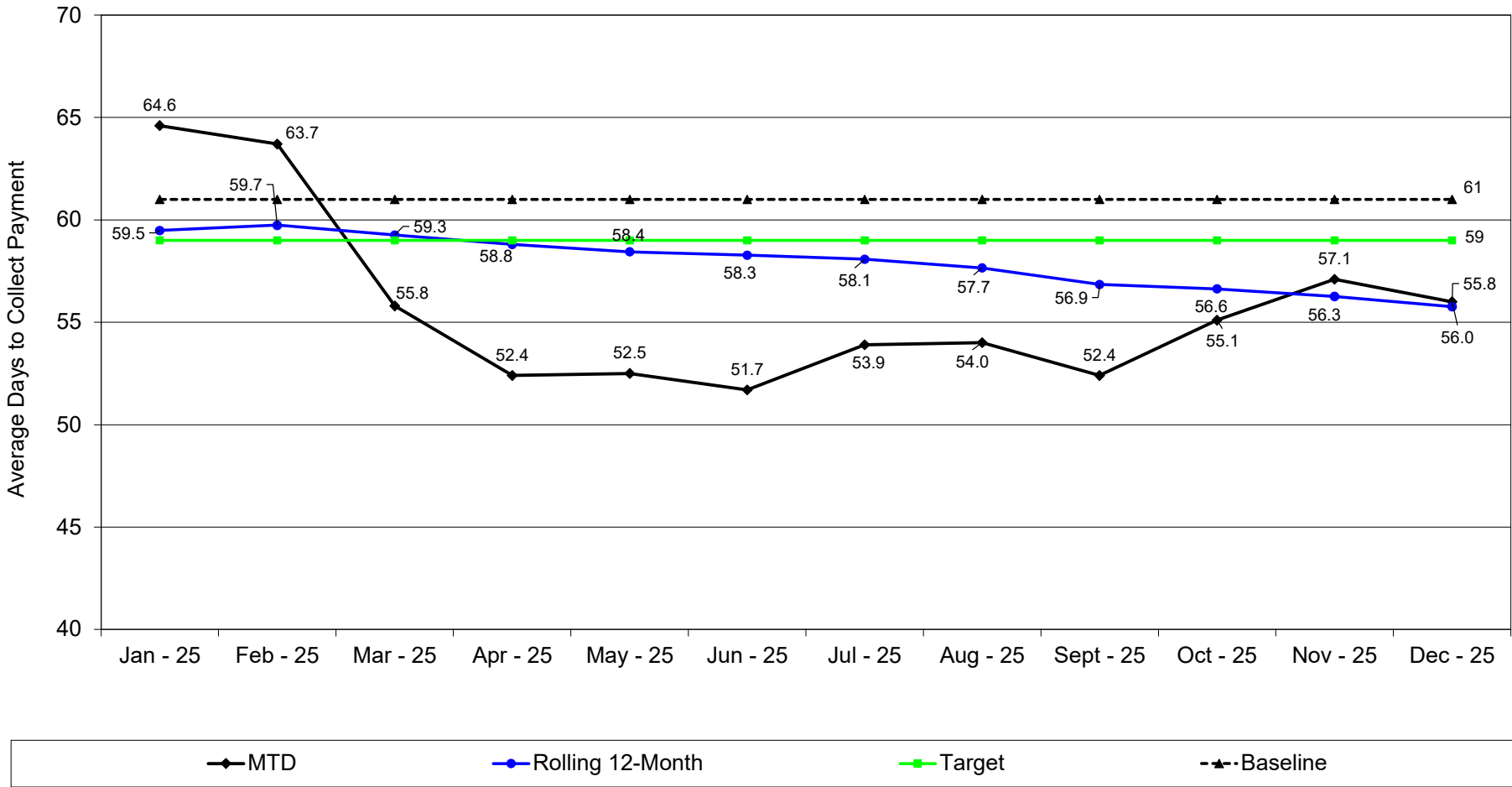
% Change From Last Year:

55.8

59

61

-8.58%



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%

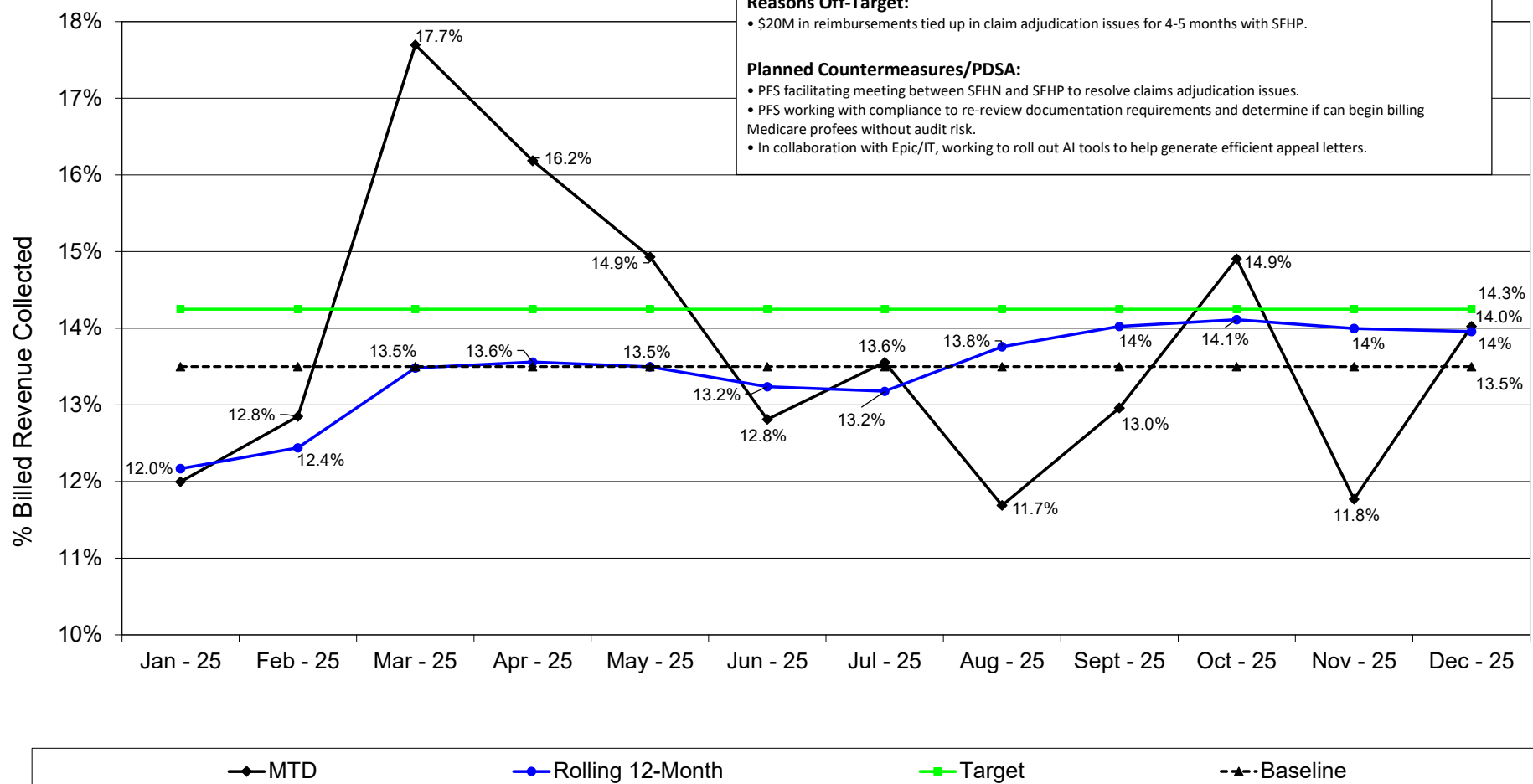
14.25%

2024 Baseline:

13.50%

% Change From Last Year:

2.23%



2025 Scorecard:

True North:

Owner:

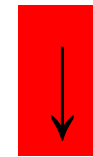
Goal Statement:

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

2025 Target:

15.8%

15.6%

2024 Baseline:

16.4%

% Change From Last Year:

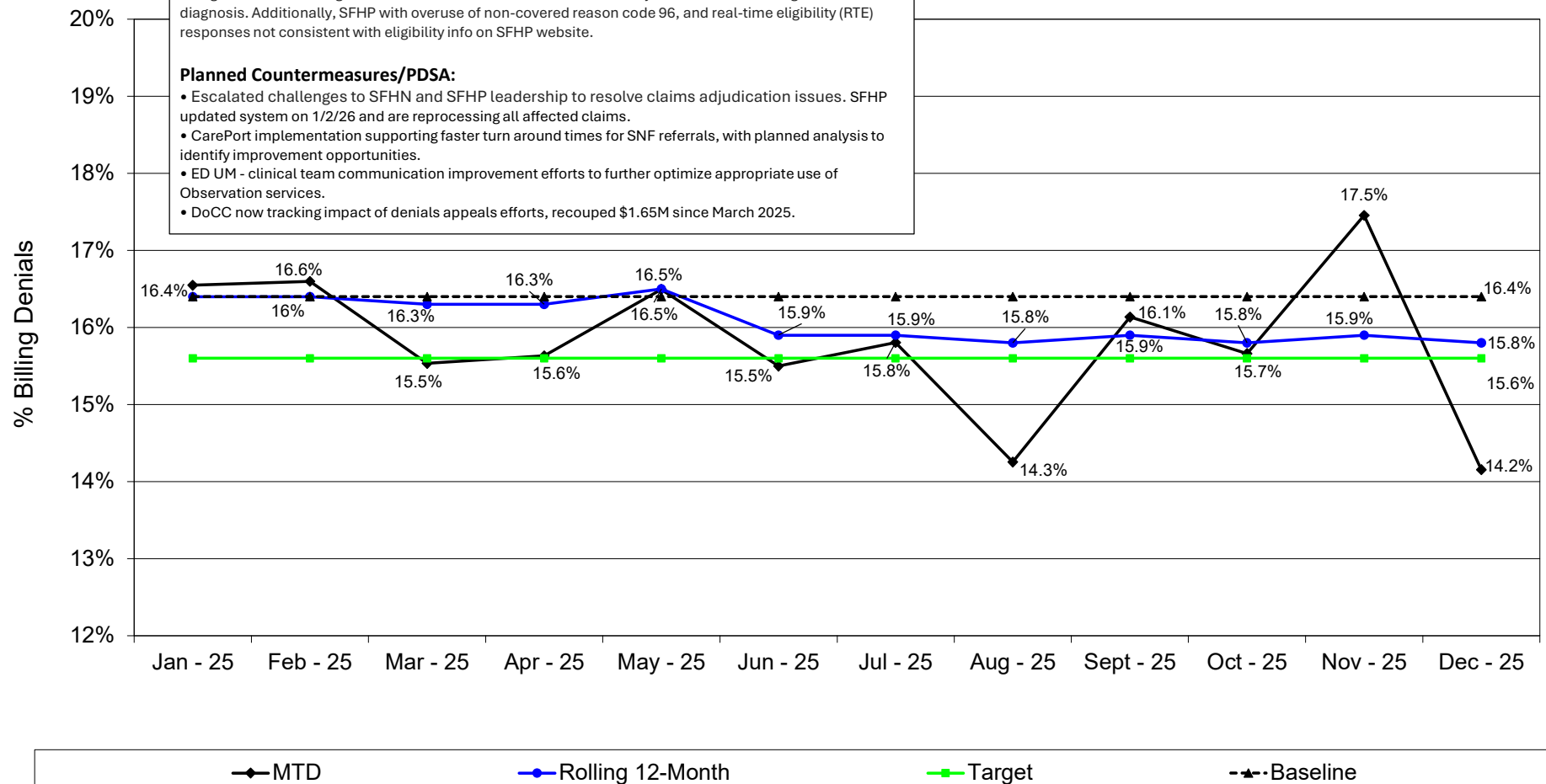
-3.96%

Reasons Off-Target:

- > \$20M in reimbursements tied up in claim adjudication issues since Oct '25 with SFHP. SFHP did not recognize new CMS diagnosis codes effective 10/1/25 and erroneously denied claims stating invalid diagnosis. Additionally, SFHP with overuse of non-covered reason code 96, and real-time eligibility (RTE) responses not consistent with eligibility info on SFHP website.

Planned Countermeasures/PDSA:

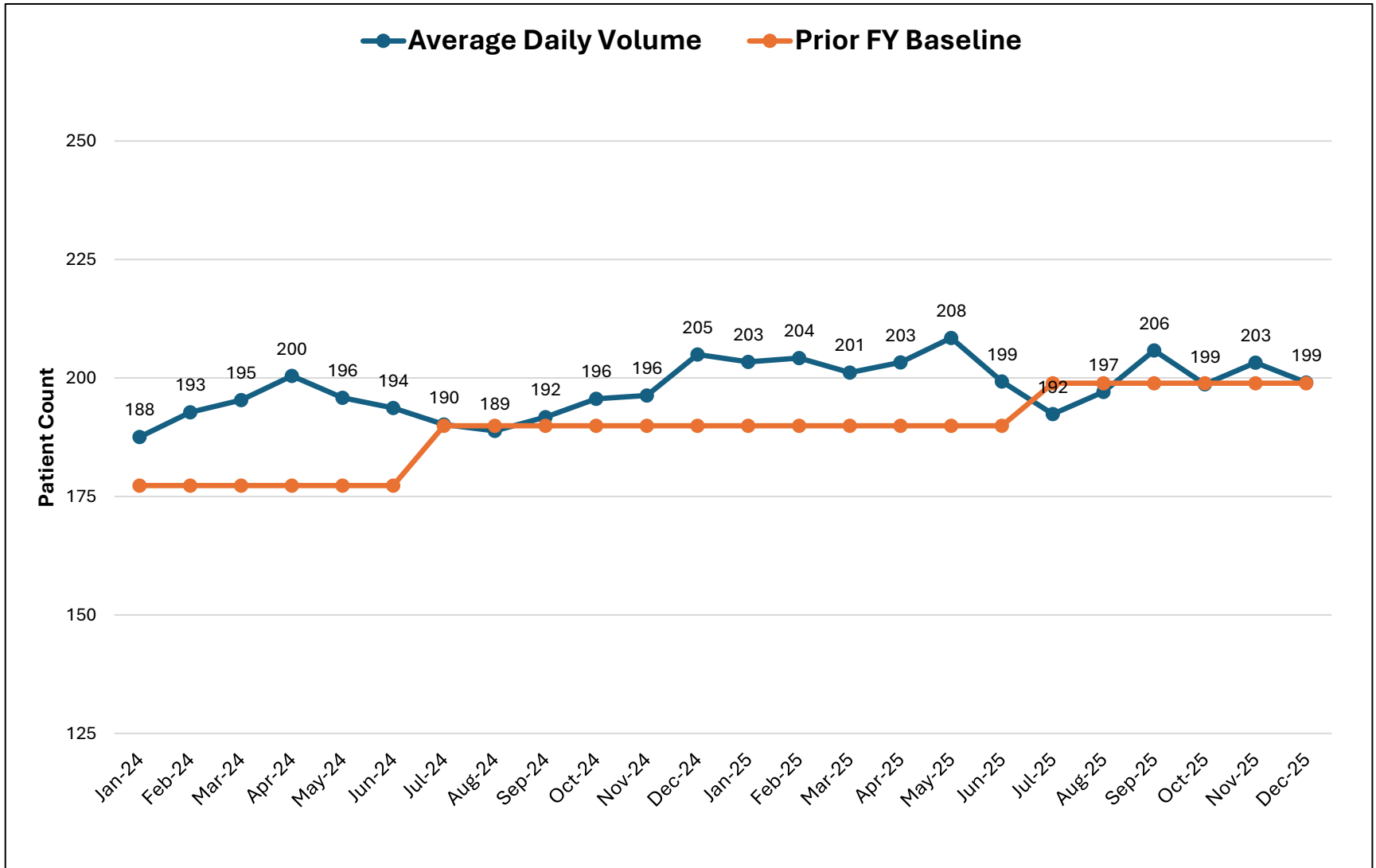
- Escalated challenges to SFHN and SFHP leadership to resolve claims adjudication issues. SFHP updated system on 1/2/26 and are reprocessing all affected claims.
- CarePort implementation supporting faster turn around times for SNF referrals, with planned analysis to identify improvement opportunities.
- ED UM - clinical team communication improvement efforts to further optimize appropriate use of Observation services.
- DoCC now tracking impact of denials appeals efforts, recouped \$1.65M since March 2025.



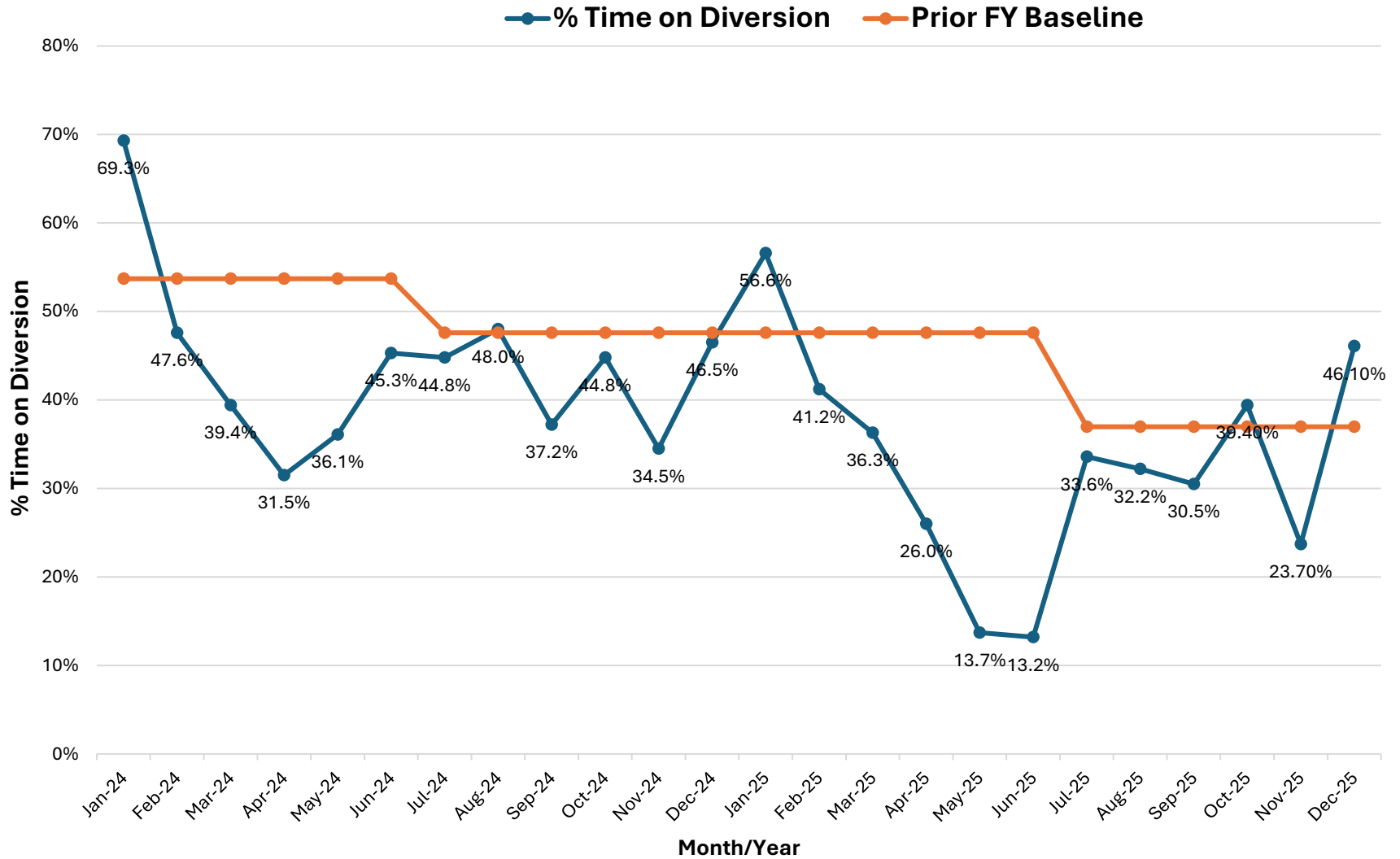
Part 2: Flow Data

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
 - 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
4. Weekly ZSFG to LHH Transfers

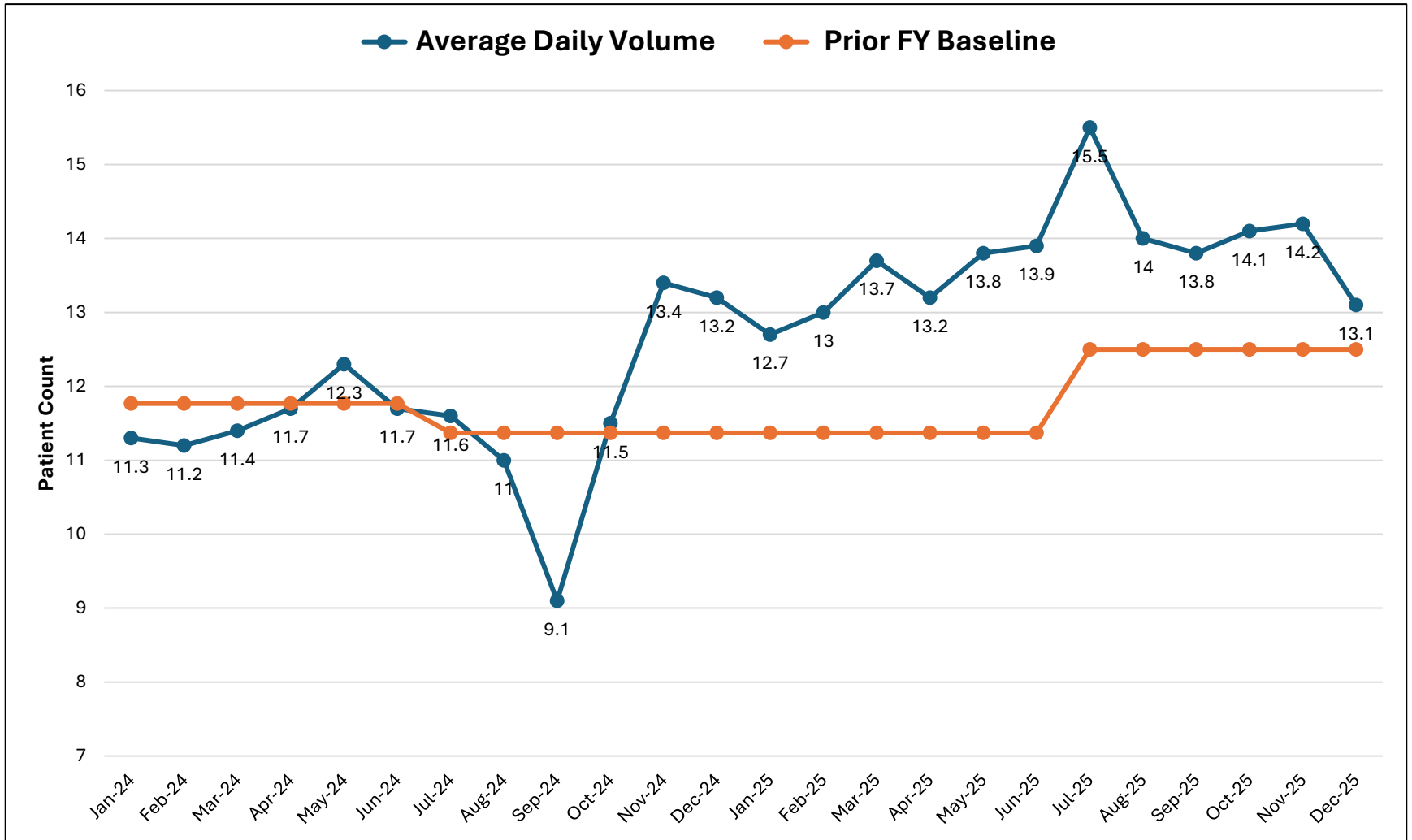
Input - Medical ED Avg Daily Volume



Input – Percent of Time on ED Diversion

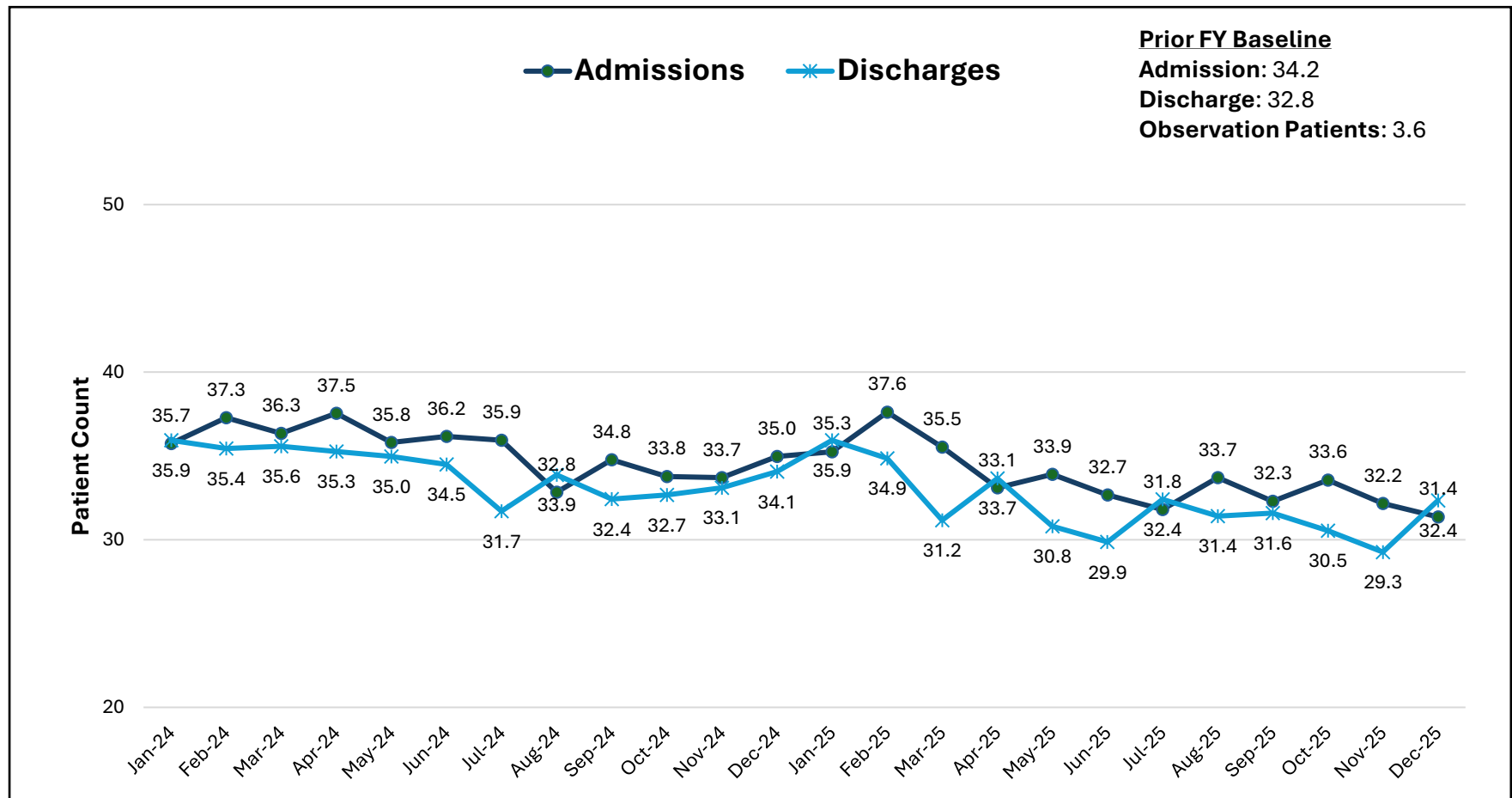


Input - Psychiatric ED Avg Daily Volume



Inpatient Avg Daily Admissions & Discharges

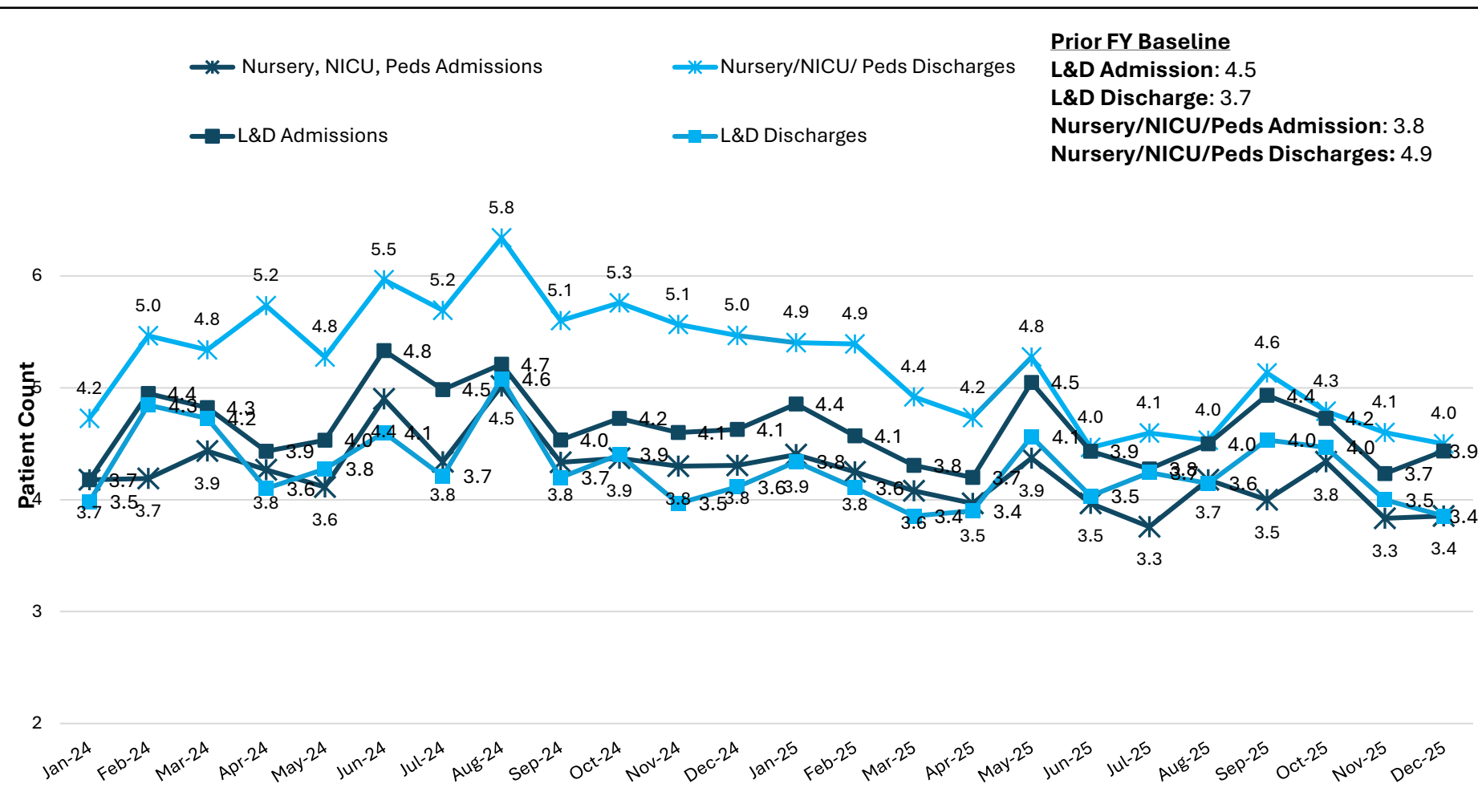
(Physical Health - MedSurg/ICU/Emergency/OR/PACU)



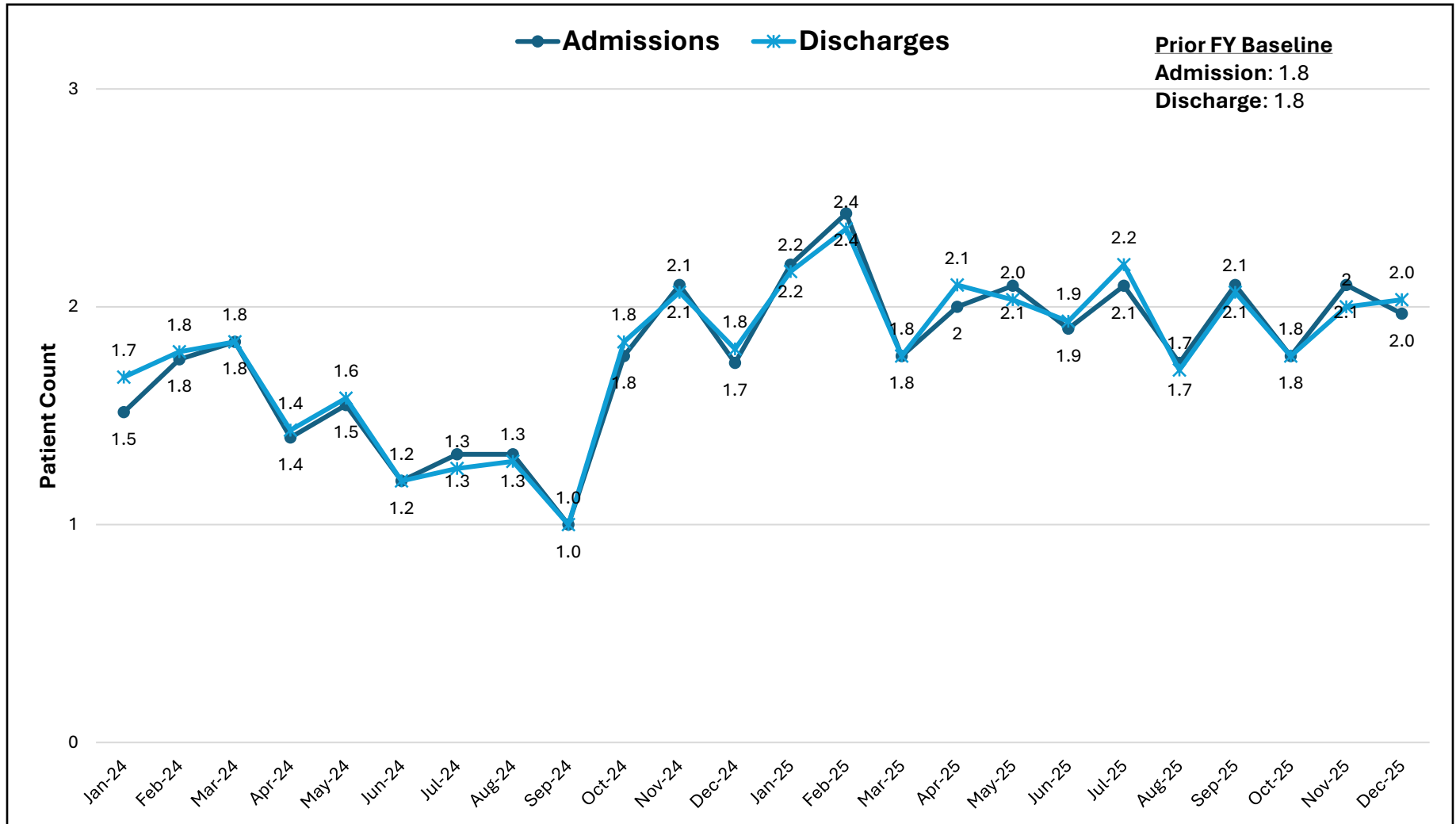
Notes – Hospitalized Observation Patients that are subsequently discharged (3.6 patients/day) not shown above

– 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.

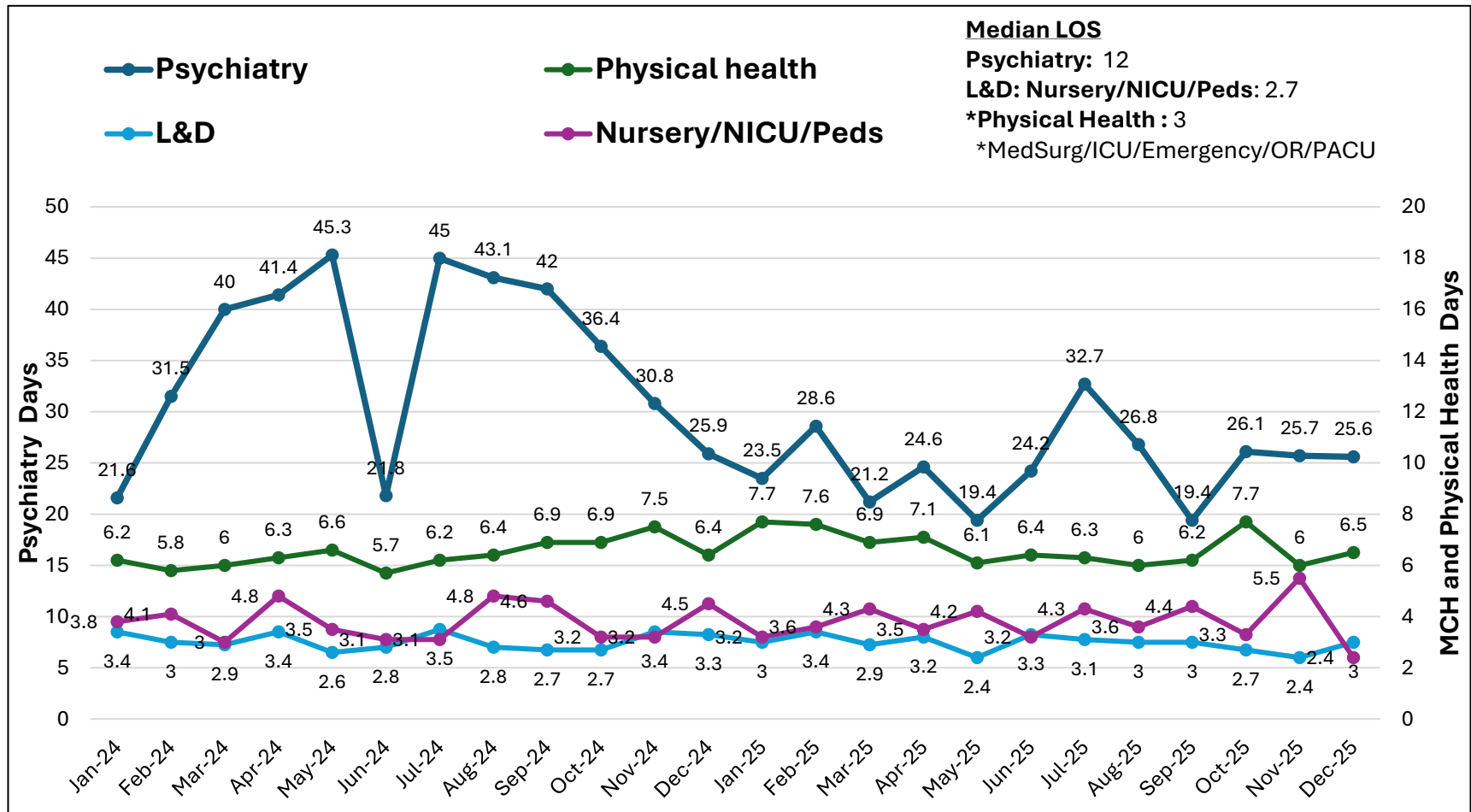
Inpatient Avg Daily Admissions & Discharges (Maternal & Child Health)



Inpatient Avg Daily Admissions & Discharges (Psychiatry)

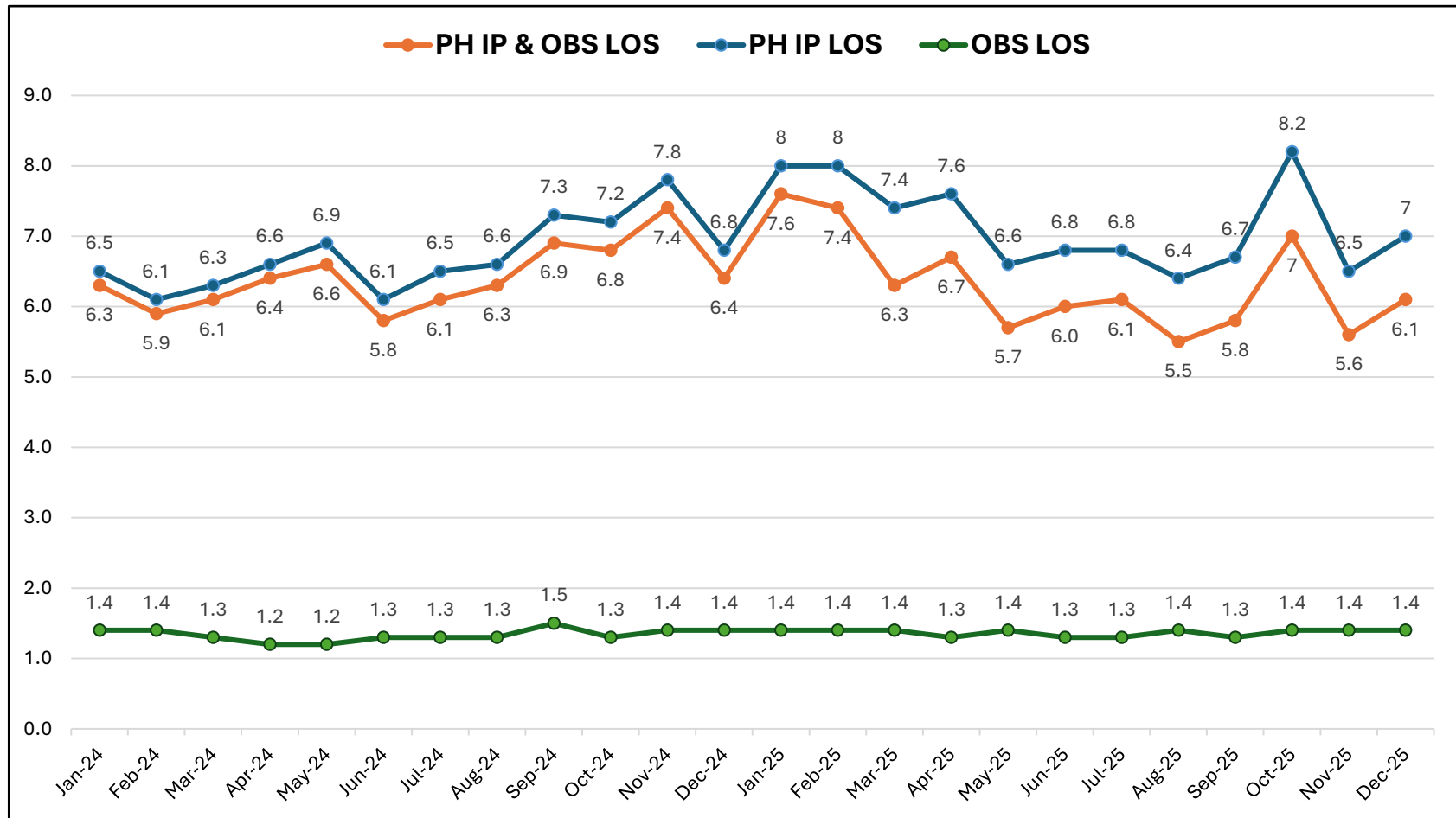


Throughput – Regulatory Inpatient Avg Length of Stay (in Days)



* Regulatory inpatient length of stay follows CMS definitions. Length of stay only includes inpatient stays with the start time beginning at the time of inpatient admission order.

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



*Operational patient length of stay includes both inpatient and observation patient stays with the start time beginning at the first event of inpatient or observation orders.

Throughput – Lower Level of Care

Bed Type ● DENIED/CUSTODIAL ● Behavioral-LLOC — LLOC Midnights (Psych)

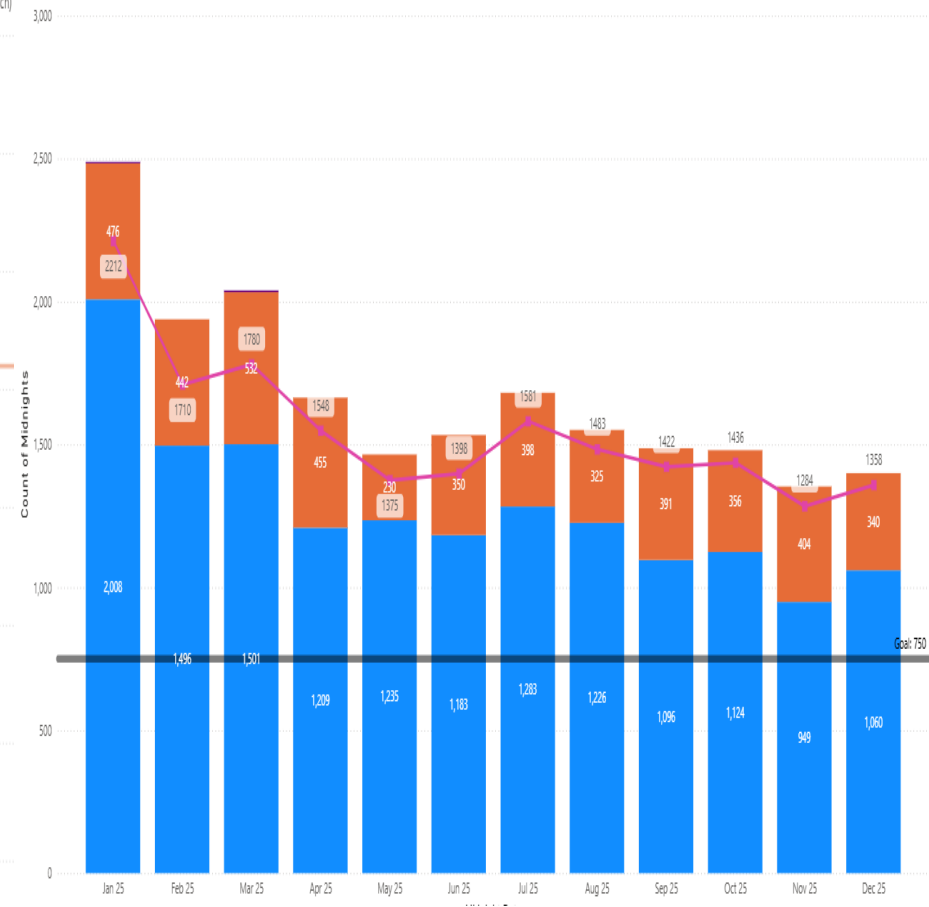
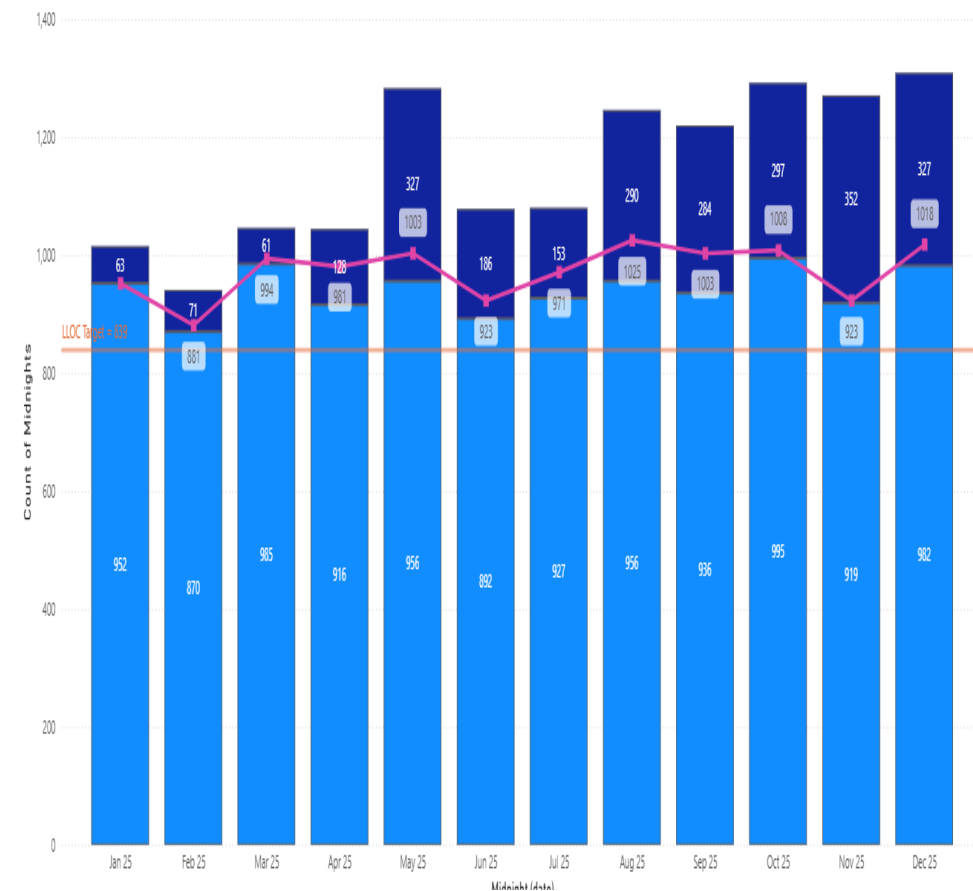
Bed Type ● DENIED/CUSTODIAL ● SNF ● SNF LEVEL 1 — LLOC Midnights (MedSurg)

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

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

Bed Type ● DENIED/CUSTODIAL ● Behavioral-LLOC — LLOC Midnights (Psych)

Bed Type ● DENIED/CUSTODIAL ● SNF ● SNF LEVEL 1 — LLOC Midnights (MedSurg)



Weekly ZSFG to LHH Transfers

