

JCC CEO Data Report July 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

CAUTION: This dataset(s) contains Protected Health Information (PHI) per the Health Insurance Portability and Accountability Act under Pub. L. 104-191 and subject to penalty under 42 USC § 1320d-5. Do not forward it to a third party without prior authorization. You may only save this document to a file on the DPH server or to a DPH-approved encrypted device. Contact Compliance.Privacy@sfdph.org, (855) 729-6040 if you have any questions/concerns."



Equity: Departments Driving Equity

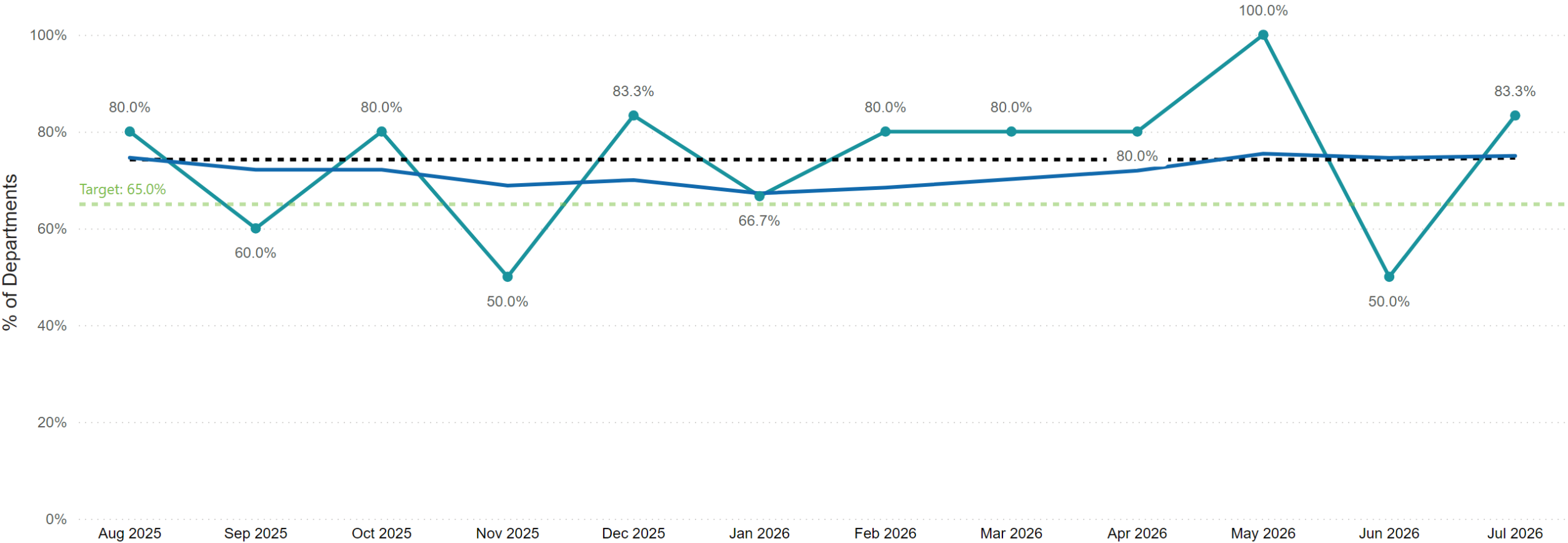
Owner: Susan Ehrlich



Rolling 12 Month	75.0%
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)

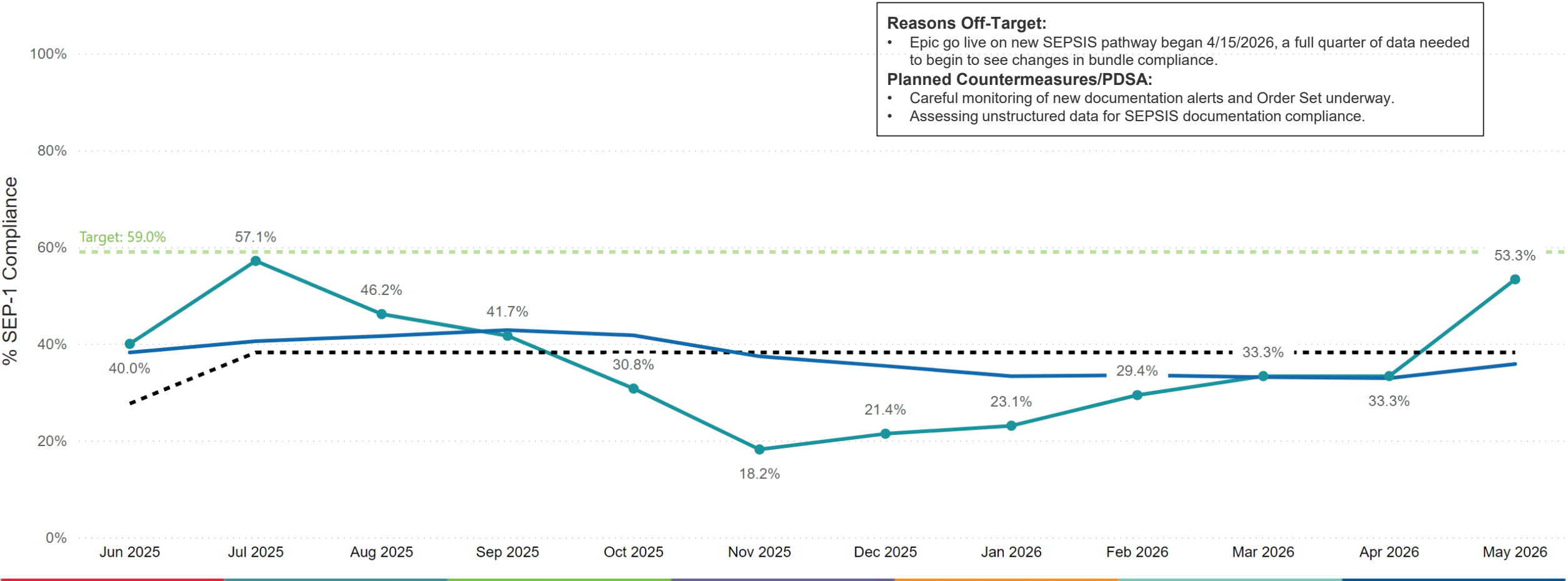
Owners: Adrian Smith, Mary Mercer



Rolling 12 Month	35.8%
Target	59%
Previous FY Baseline	38.2%



● % Sepsis Bundle Compliance - - - Previous FY Baseline — Rolling 12 Month



Reasons Off-Target:

- Epic go live on new SEPSIS pathway began 4/15/2026, a full quarter of data needed to begin to see changes in bundle compliance.

Planned Countermeasures/PDSA:

- Careful monitoring of new documentation alerts and Order Set underway.
- Assessing unstructured data for SEPSIS documentation compliance.

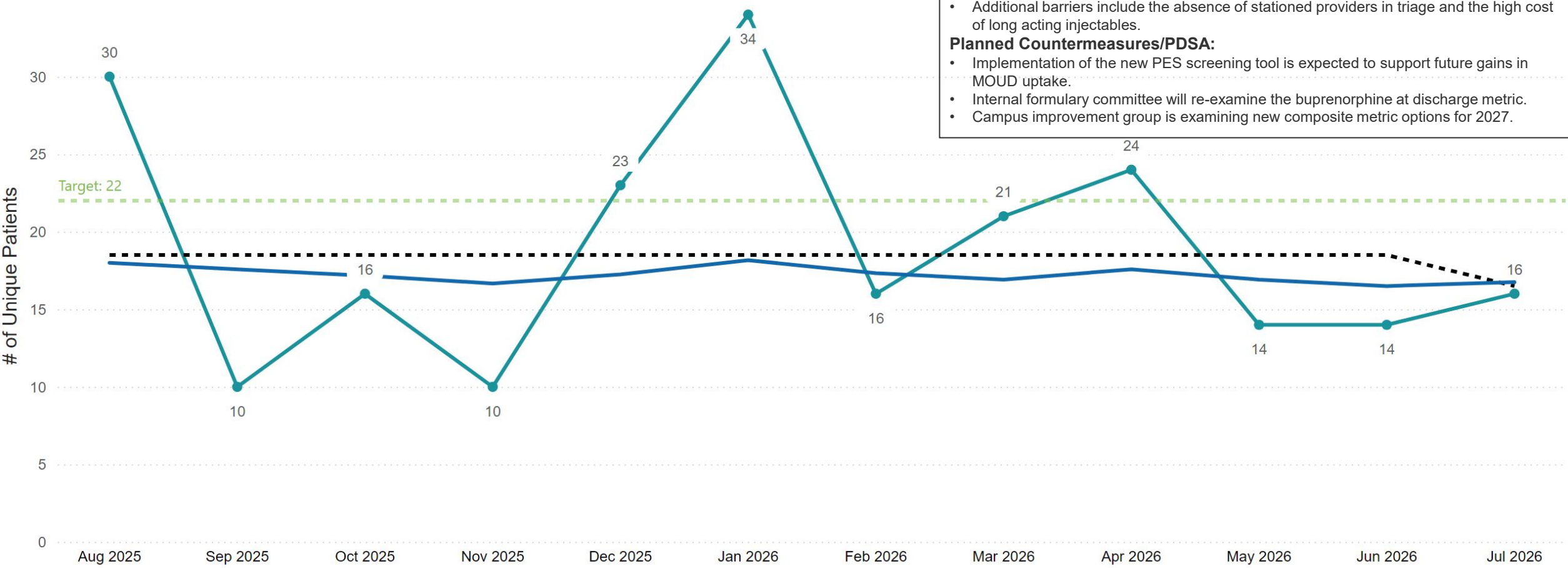
Safety: Medication for Opioid Use Disorder (MOUD)

Owners: Adrian Smith, Mary Mercer



Rolling 12 Month	16.75
Target	22
Previous FY Baseline	16.50

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

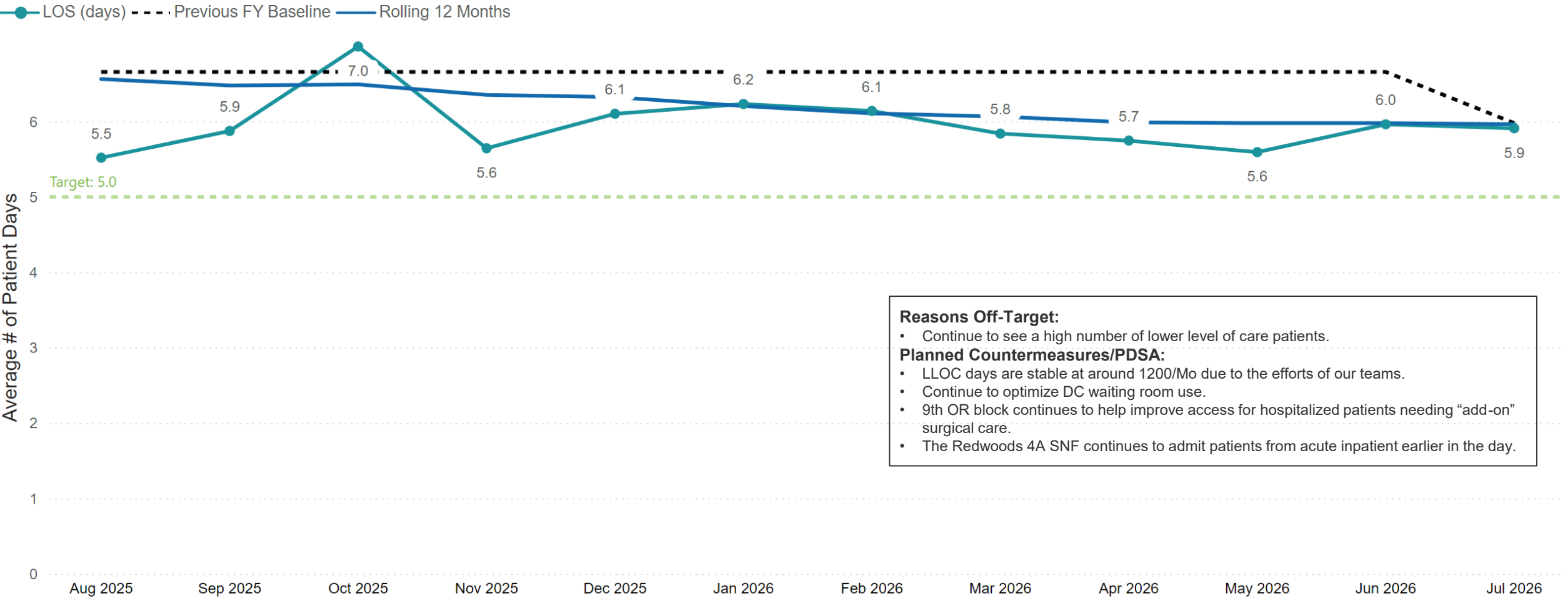


- Reasons Off-Target:**
- Conflicting plans regarding buprenorphine injection use, along with low ED and inpatient initiation driven by patient mix and limited length of stay.
 - Added a new workflow in ED to increase "Direct to Inject" administrations of long acting Buprenorphine - but cannot have buprenorphine prescription given.
 - Additional barriers include the absence of stationed providers in triage and the high cost of long acting injectables.
- Planned Countermeasures/PDSA:**
- Implementation of the new PES screening tool is expected to support future gains in MOUD uptake.
 - Internal formulary committee will re-examine the buprenorphine at discharge metric.
 - Campus improvement group is examining new composite metric options for 2027.

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

Owners: Gabe Ortiz, Gillian Otway

Rolling 12 Month	5.96
LOS Target	5.0
Previous FY Baseline	5.98



Reasons Off-Target:

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

Planned Countermeasures/PDSA:

- LLOC days are stable at around 1200/Mo due to the efforts of our teams.
- Continue to optimize DC waiting room use.
- 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.

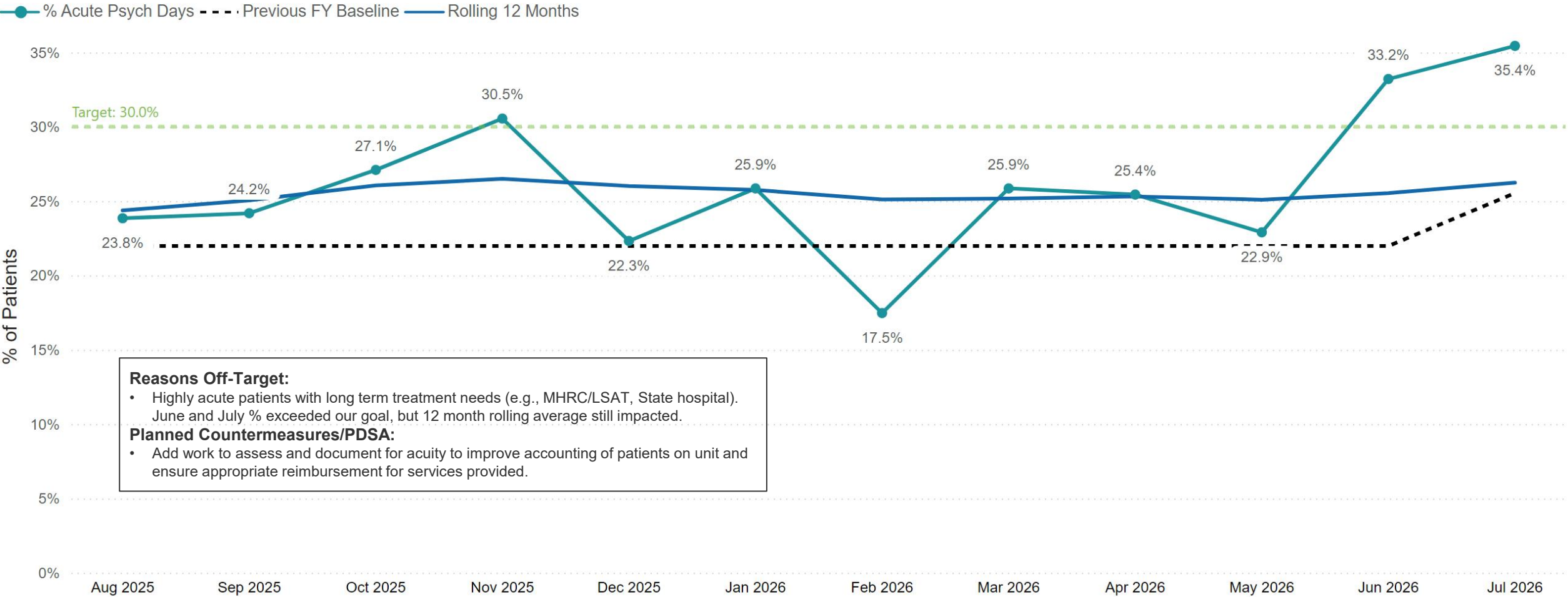


Quality: Psychiatric - % Acute Patients Days

Owner: Angelica Almeida



Rolling 12 Month	26.2%
Target	30.0%
Previous FY Baseline	25.5%



Reasons Off-Target:

- Highly acute patients with long term treatment needs (e.g., MHRC/LSAT, State hospital). June and July % exceeded our goal, but 12 month rolling average still impacted.

Planned Countermeasures/PDSA:

- Add work to assess and document for acuity to improve accounting of patients on unit and ensure appropriate reimbursement for services provided.

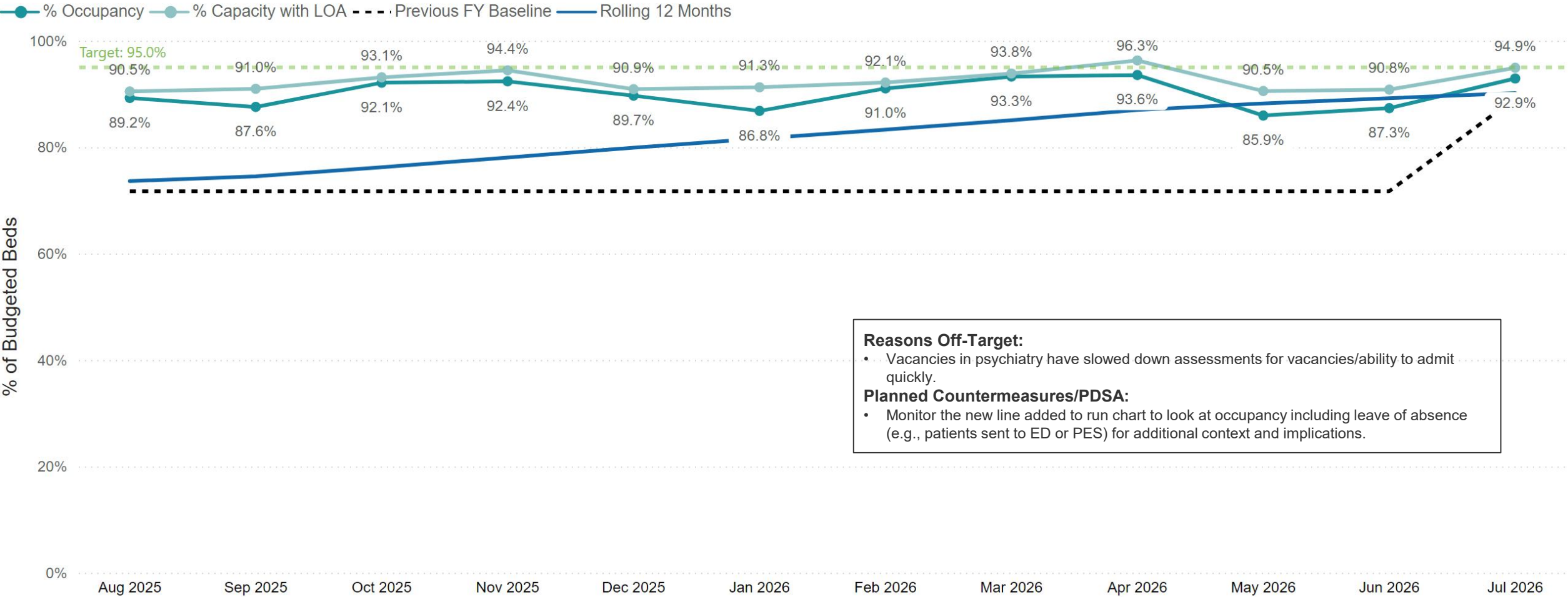


Quality: Psychiatric - MHRC Inpatient Bed Occupancy (Mental Health Rehabilitation Center)

Owner: Angelica Almeida



Rolling 12 Month	90.1%
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 Countermeasures/PDSA:

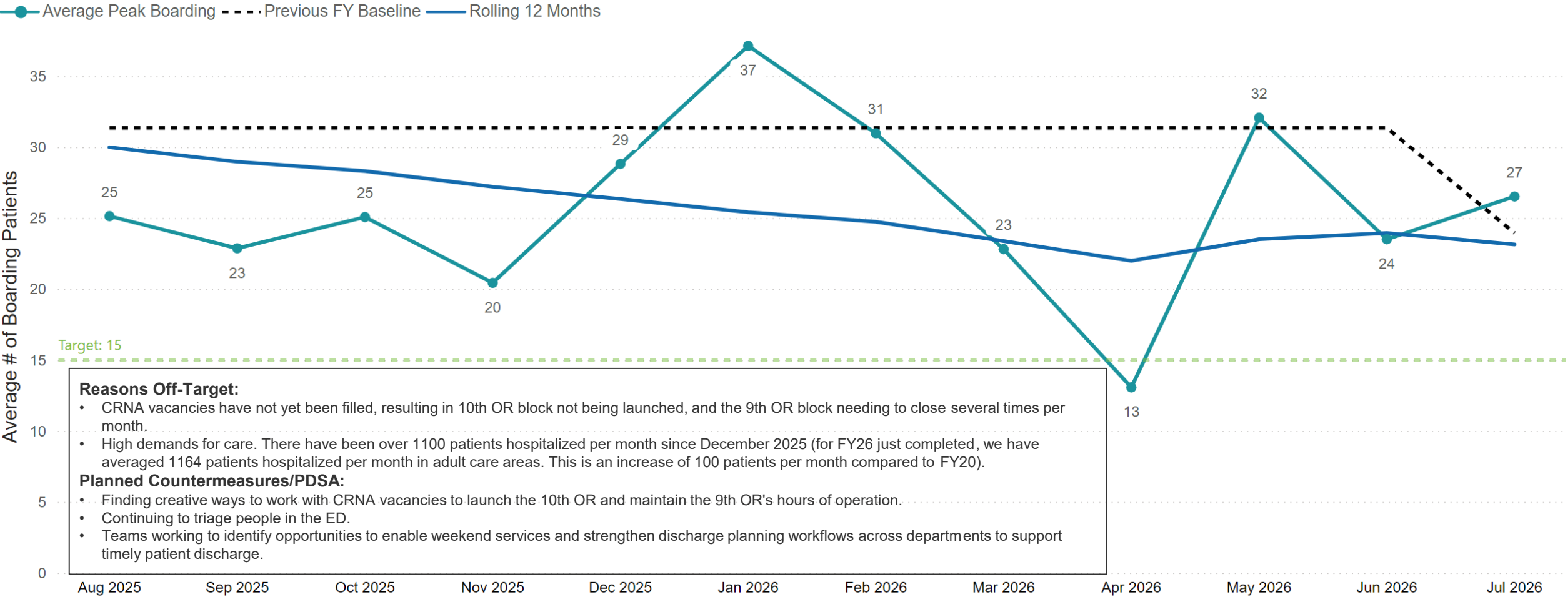
- Monitor the new line added to run chart to look at occupancy including leave of absence (e.g., patients sent to ED or PES) for additional context and implications.



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

Owners: Gabe Ortiz, Gillian Otway

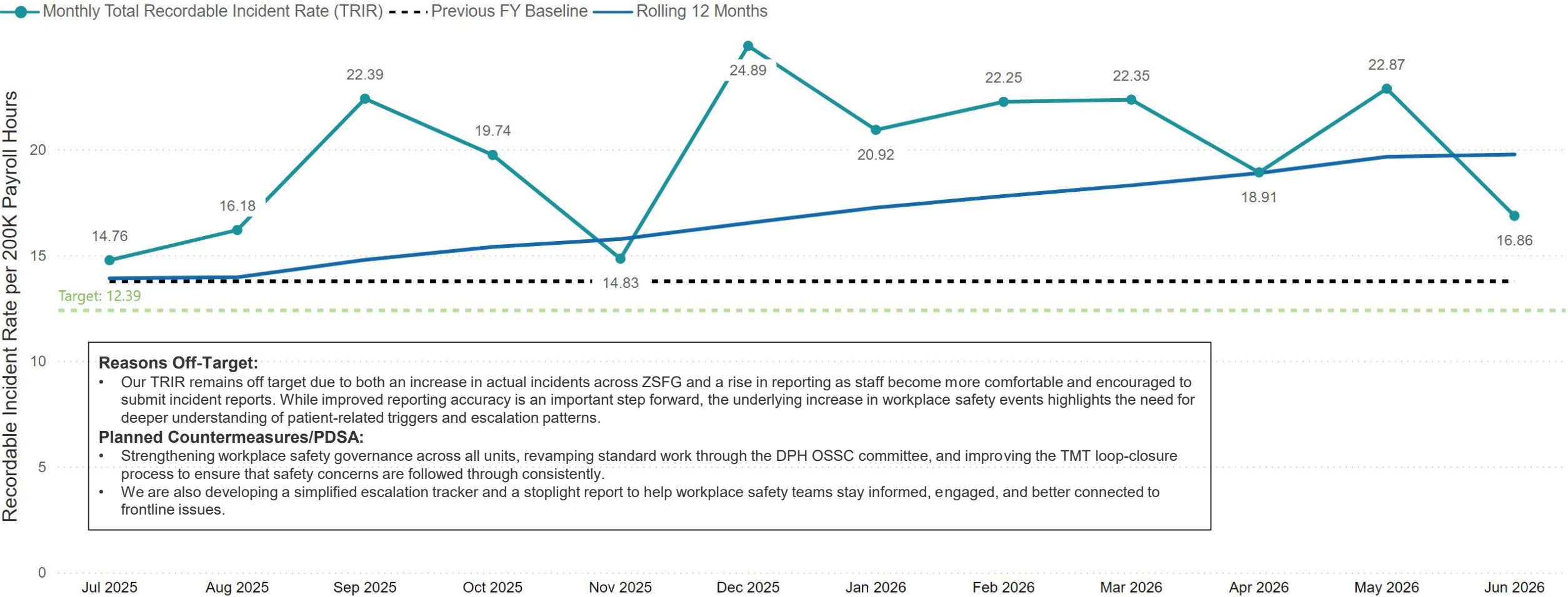
Rolling 12 Month	23.1
Boarding Target	15
Previous FY Baseline	23.9



People: Total Recordable Incident Rate (Hospital Wide)

Owners: Sabrina Robinson, Angelica Journagin

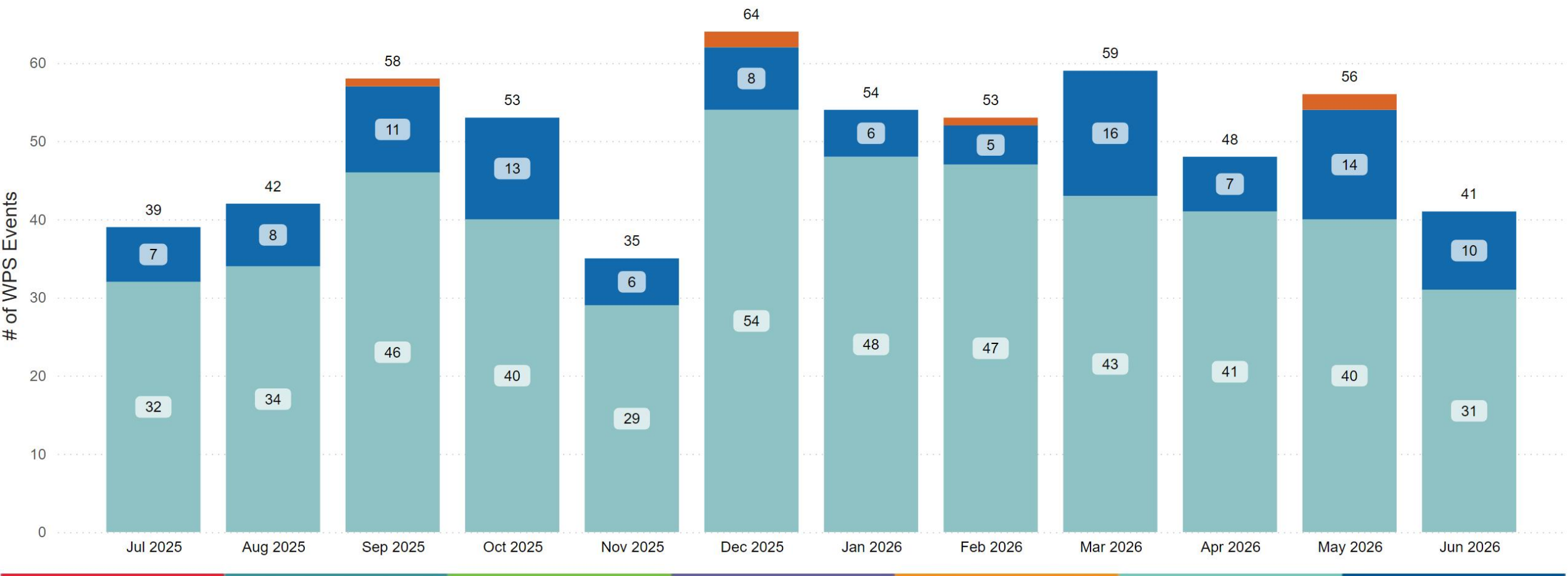
Rolling 12 Month	19.76
Target	12.39
Previous FY Baseline	13.76



People: Workplace Safety Events by Harm Level

Owners: Sabrina Robinson, Angelica Journagin

WPV Harm Level 1 Low 2 Mod 3 High



Financial Stewardship: Account Receivable Days

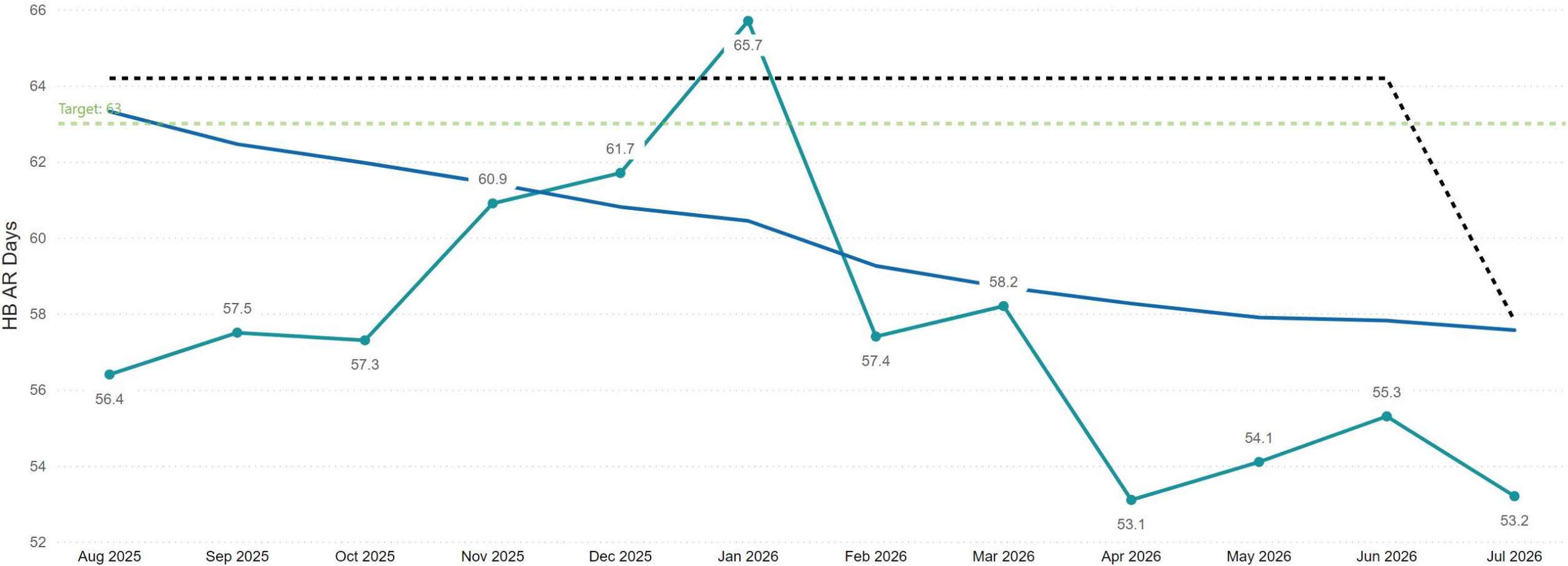
Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	57.6
Target	63
Previous FY Baseline	57.8



● HB AR Days - - - Previous FY Baseline — Rolling 12 Months



Financial Stewardship: Gross Collection Ratio

(due to collection timeline, 6 month lag)

Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	12.27%
Target	13.0%
Previous FY Baseline	12.54%

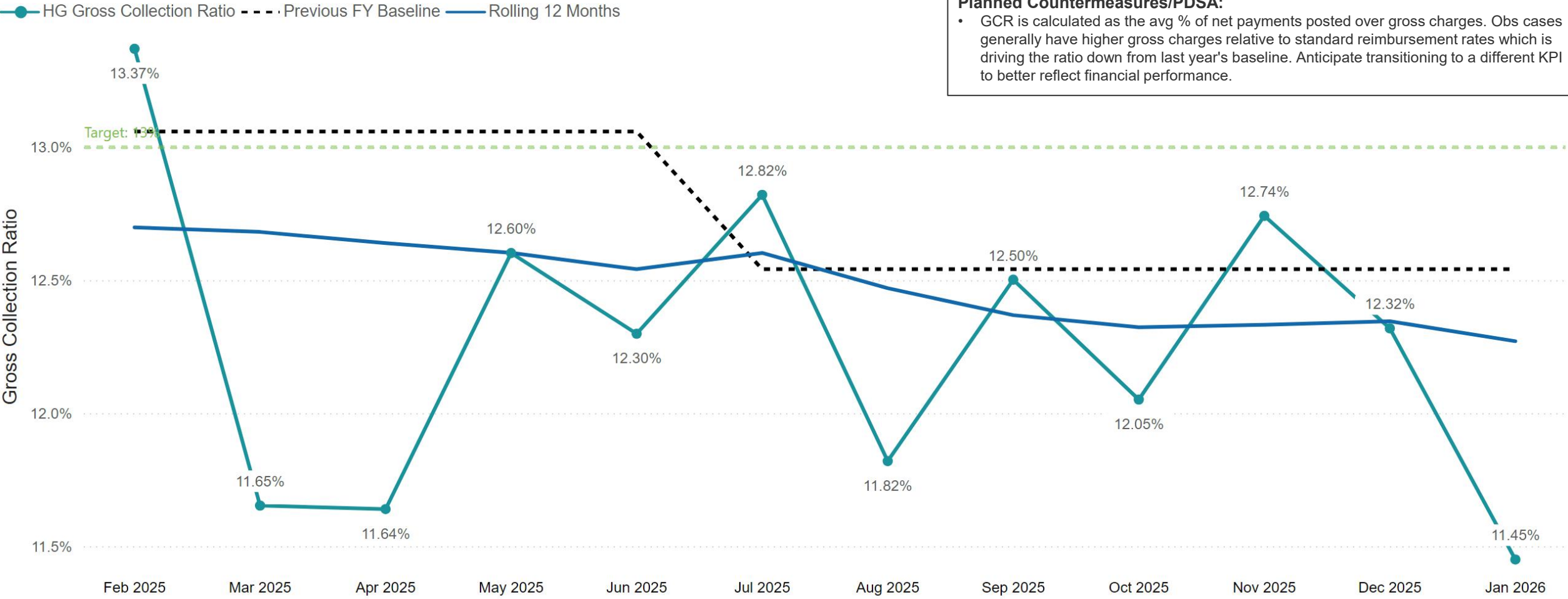


Reasons Off-Target:

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

Planned Countermeasures/PDSA:

- GCR is calculated as the avg % of net payments posted over gross charges. Obs cases generally have higher gross charges relative to standard reimbursement rates which is driving the ratio down from last year's baseline. Anticipate transitioning to a different KPI to better reflect financial performance.

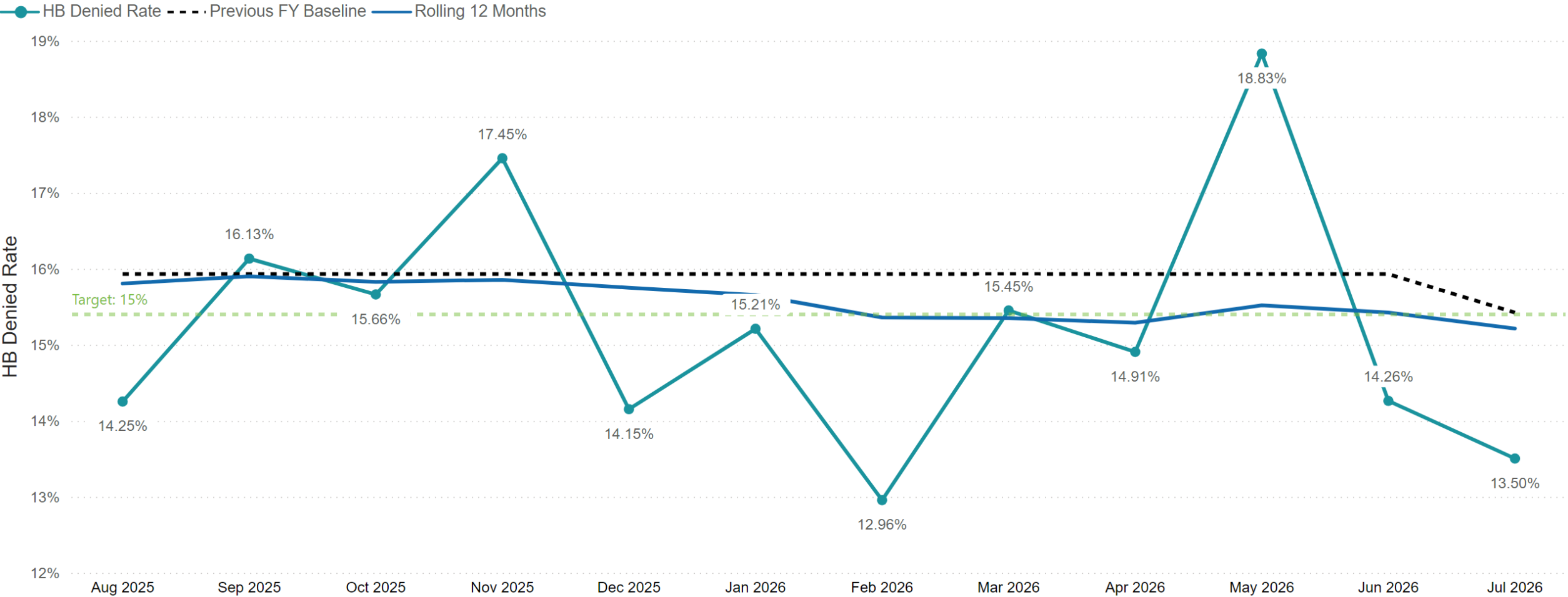


Financial Stewardship: Denied Rate - Hospital Billing

Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	15.21%
Target	15.4%
Previous FY Baseline	15.42%



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

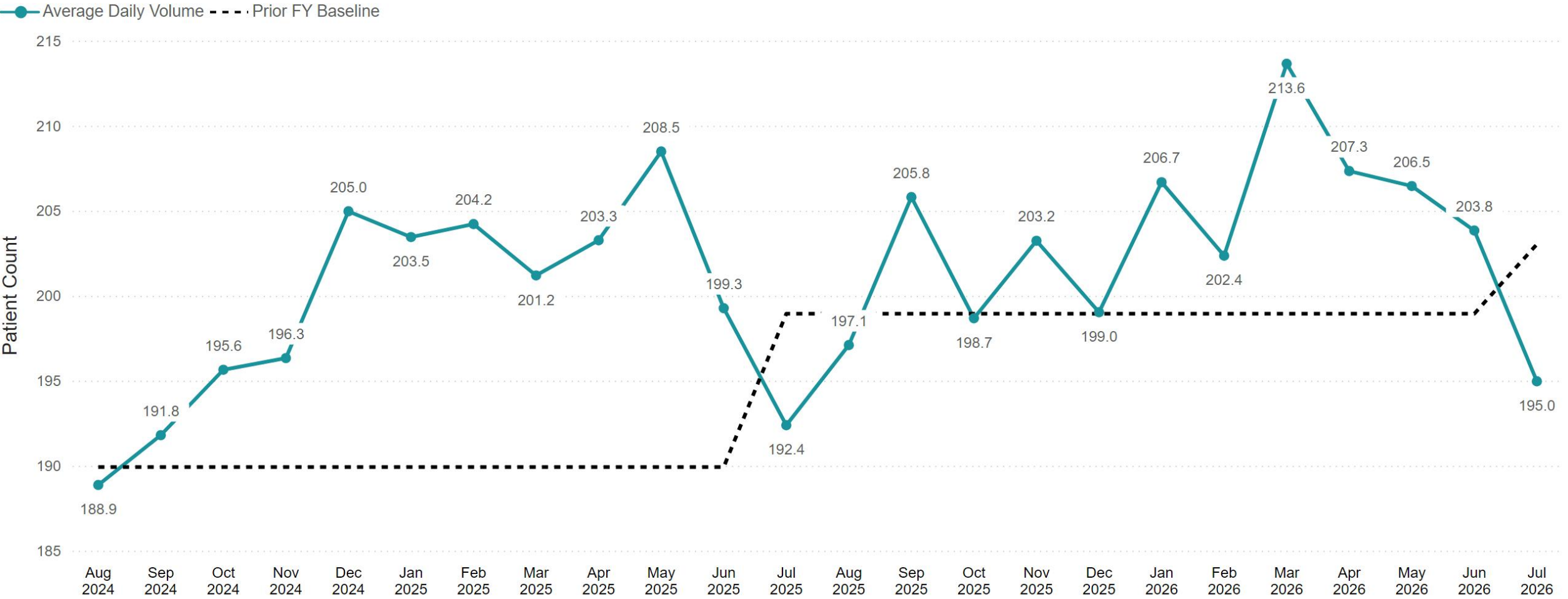
2. Throughput

- 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

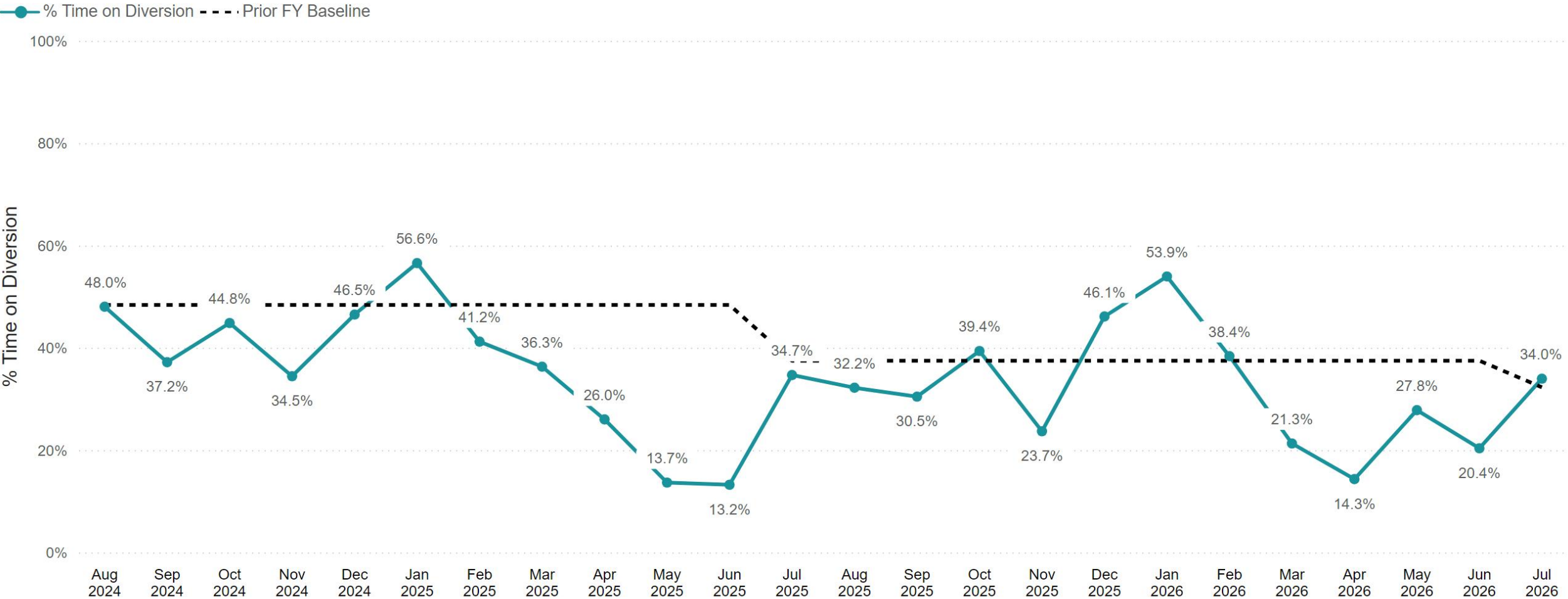
Input - Medical ED Avg Daily Volume

Owners: Gabe Ortiz, Gillian Otway



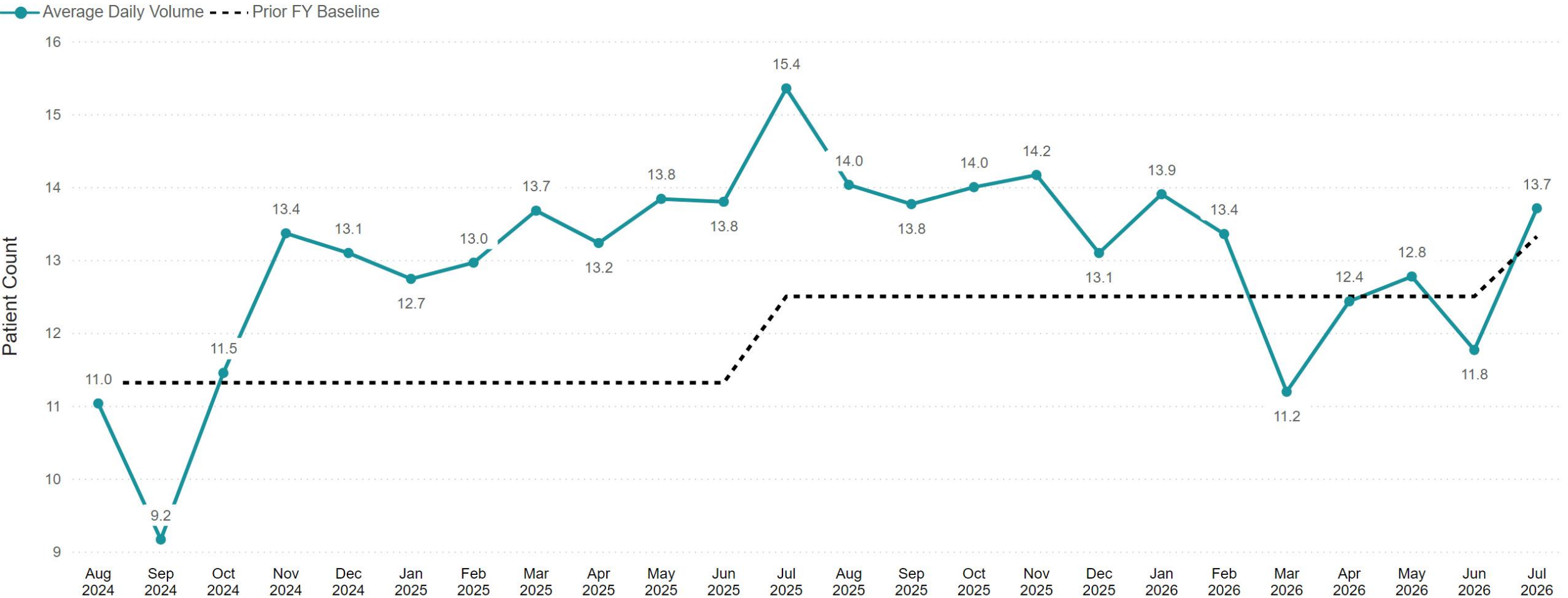
Input - Percent of Time on ED Diversion

Owners: Gabe Ortiz, Gillian Otway



Input - Psychiatric ED Avg Daily Volume

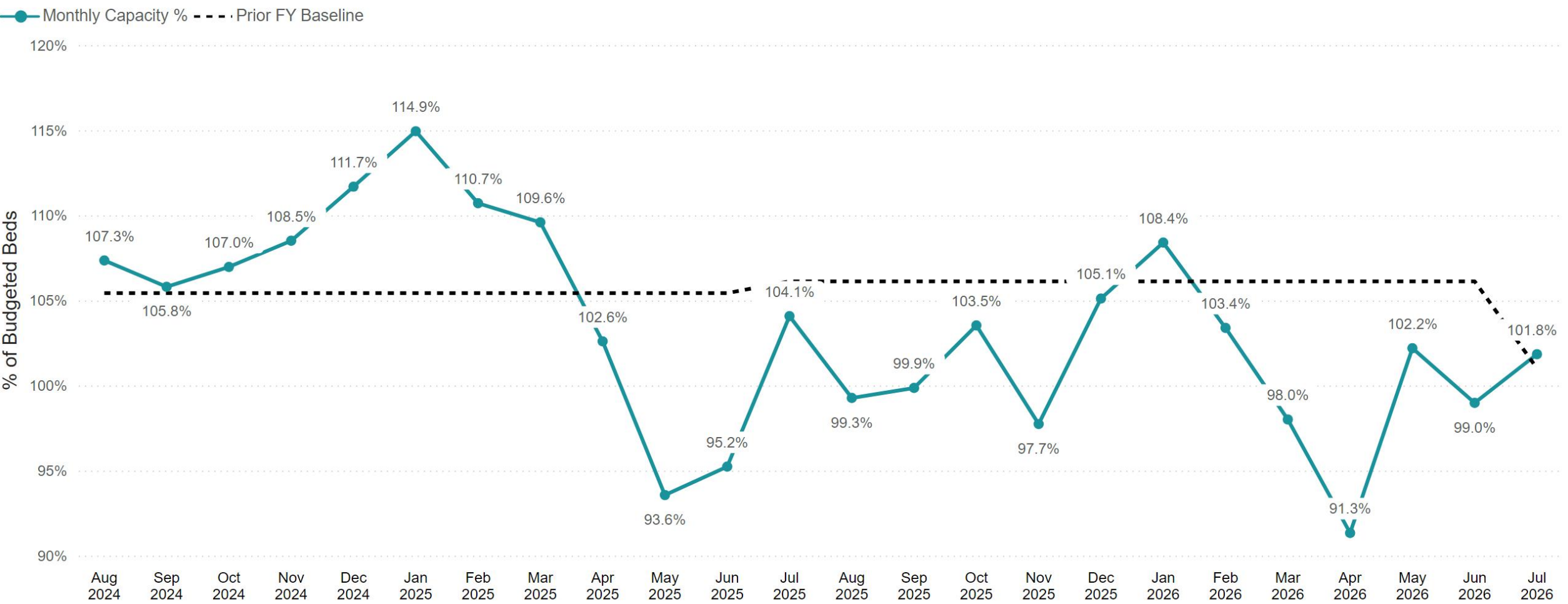
Owner: Angelica Almeida



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



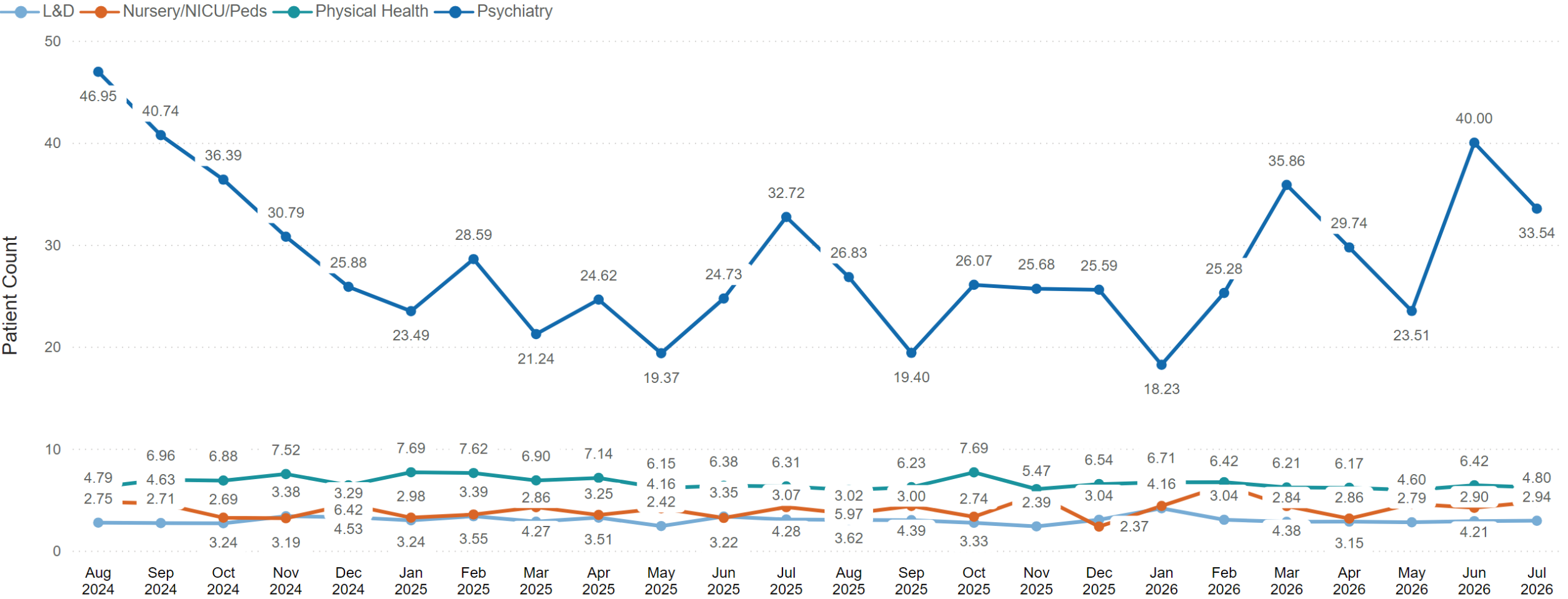
Owners: Gabe Ortiz, Gillian Otway



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

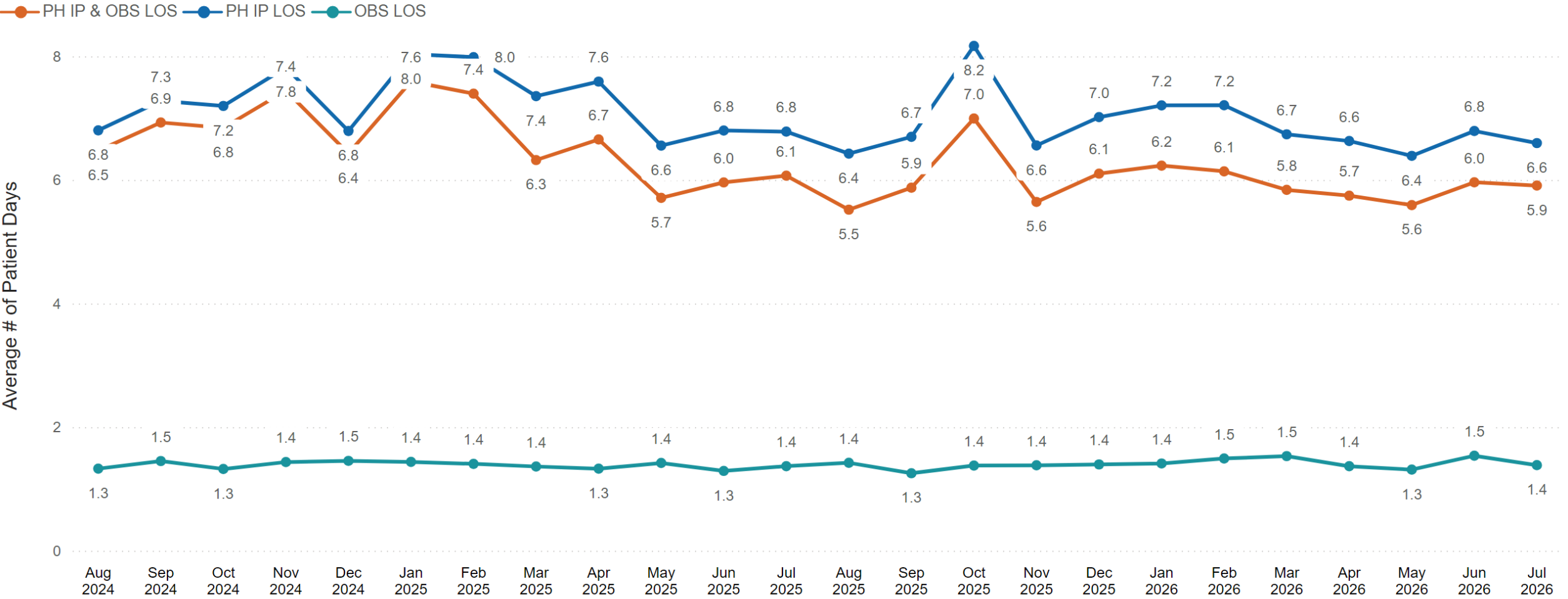
Owners: Gabe Ortiz, Gillian Otway, Angelica Almeida

Median LOS		Days
L&D		2
Nursery/NICU/Peds		2
Physical Health		3
Psychiatry		12



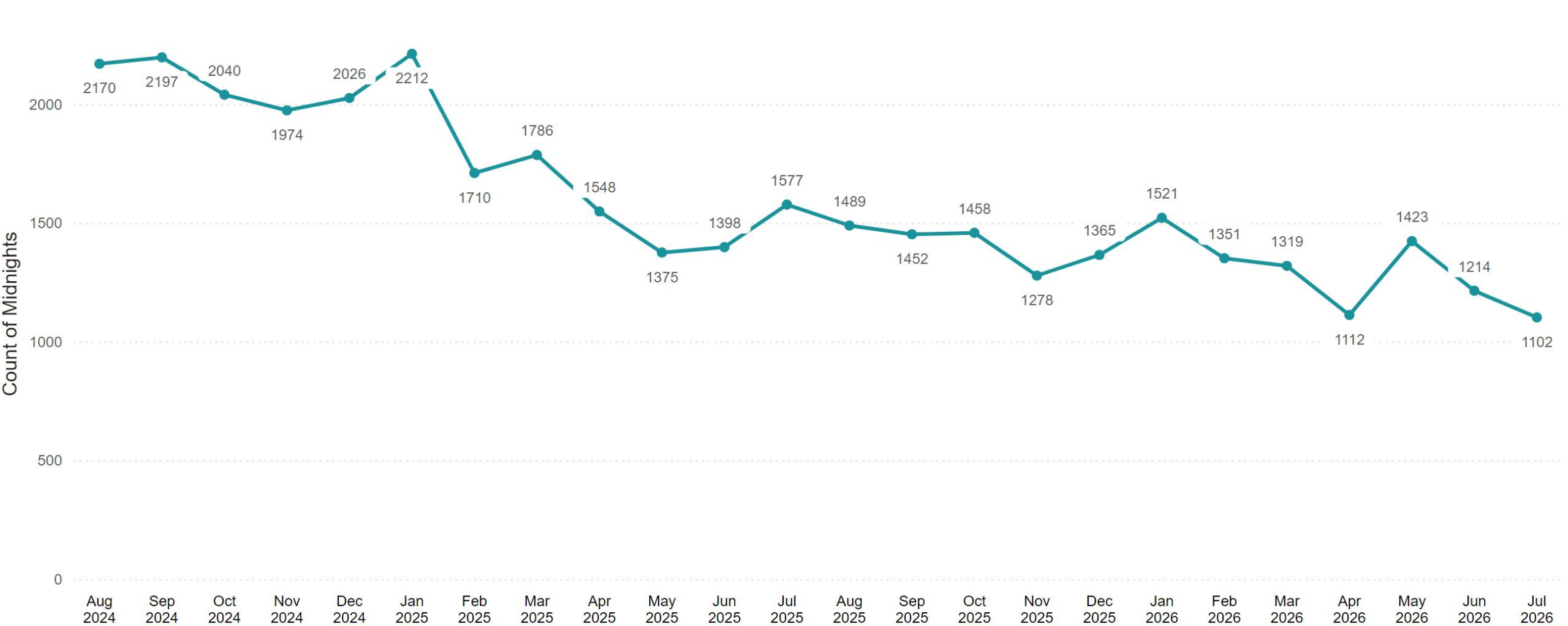
Throughput - Operational Physical Health Hospitalized Patient Length of Stay (in Days) Stratified by Observation Status

Owners: Gabe Ortiz, Gillian Otway



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

Owners: Gabe Ortiz, Gillian Otway

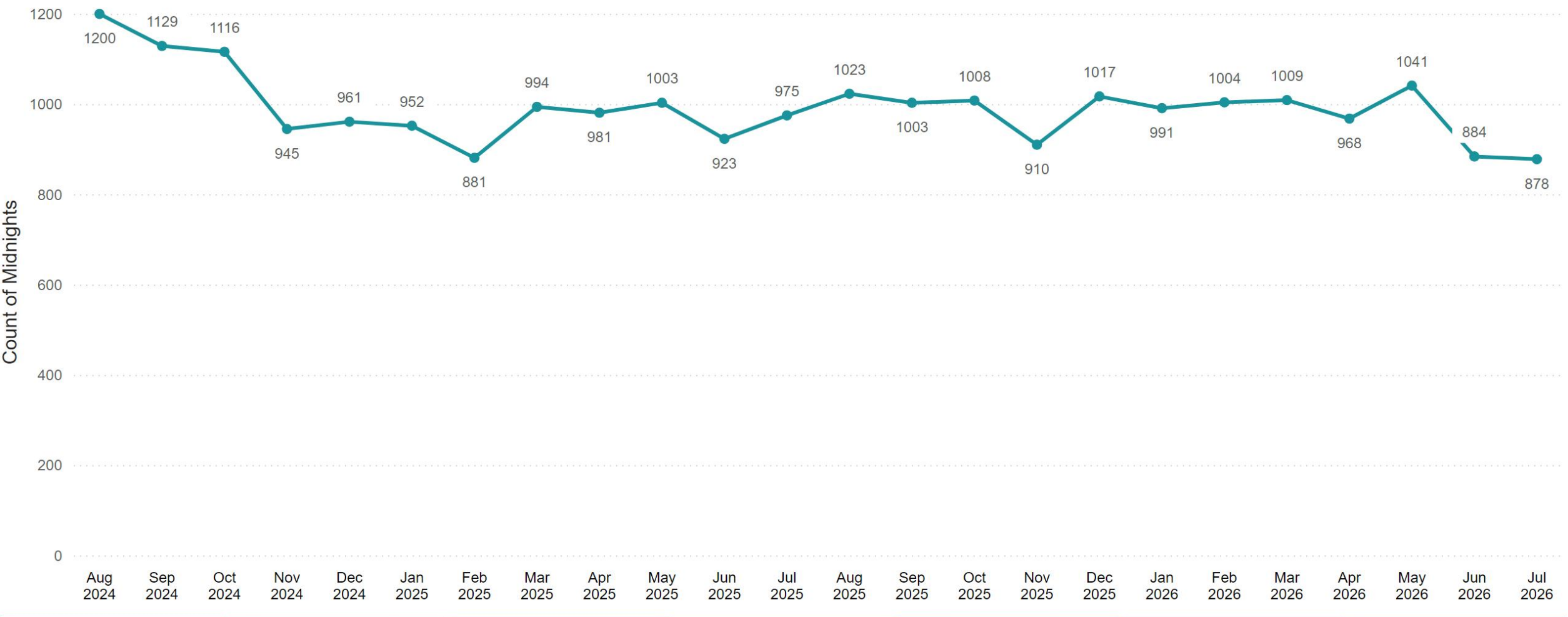


Throughput - Psychiatric Lower Level of Care

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



Owner: Angelica Almeida



ZSFG to LHH Transfers

Owners: Gabe Ortiz, Gillian Otway



Flow 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.

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.

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

CAUTION: This dataset(s) contains Protected Health Information (PHI) per the Health Insurance Portability and Accountability Act under Pub. L. 104–191 and subject to penalty under 42 USC § 1320d-5. Do not forward it to a third party without prior authorization. You may only save this document to a file on the DPH server or to a DPH-approved encrypted device. Contact Compliance.Privacy@sfdph.org, (855) 729-6040 if you have any questions/concerns.

