

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 (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
- Physical Health Boarding
- Mental Health Rehabilitation Center Inpatient Bed Capacity

4. Achieving Safe & Equitable Staff Experience

- Work Place Safety: Total Recordable Incident Rate

5. Revving up Revenue to Improve our Care

- ZSFG HB AR Days
- ZSFG HB Gross Collection Billing Ratio
- ZSFG HB Primary Denied Rate

Equity: Departments Driving Equity

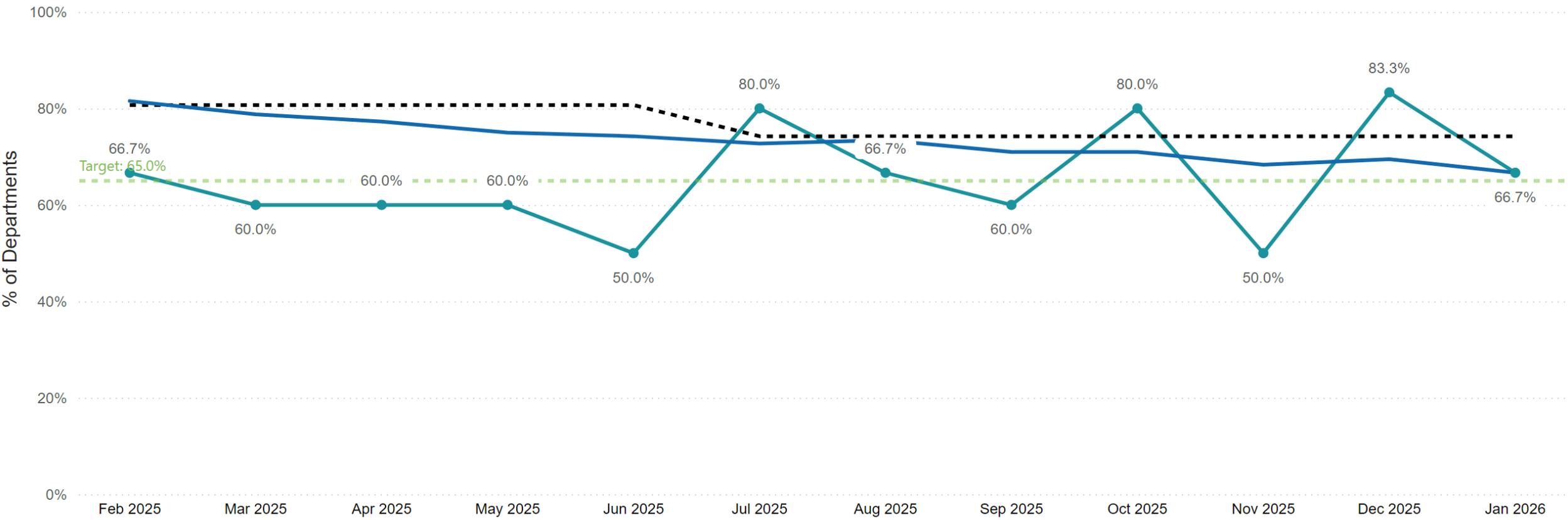
Owner: Susan Ehrlich



Rolling 12 Month	66.7%
Target	65%
Previous FY Baseline	74.2%



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



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

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Safety: Sepsis Bundle Compliance (SEP-1)

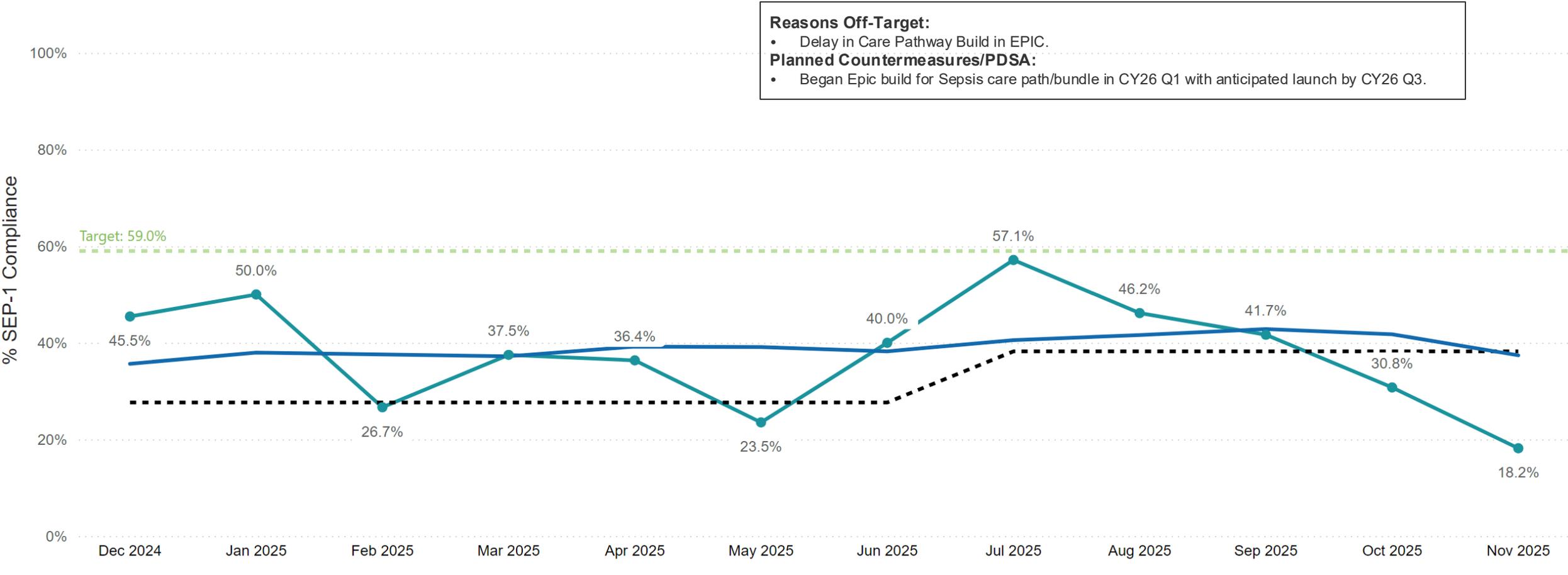
(due to manual abstraction, data is delayed)

Rolling 12 Month	37.4%
Target	59%
Previous FY Baseline	38.2%



Owners: Adrian Smith, Mary Mercer

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



Reasons Off-Target:

- Delay in Care Pathway Build in EPIC.

Planned Countermeasures/PDSA:

- Began Epic build for Sepsis care path/bundle in CY26 Q1 with anticipated launch by CY26 Q3.

Safety: Medication for Opioid Use Disorder (MOUD)

Owners: Adrian Smith, Mary Mercer

Rolling 12 Month	18.50
Target	22
Previous FY Baseline	18.42

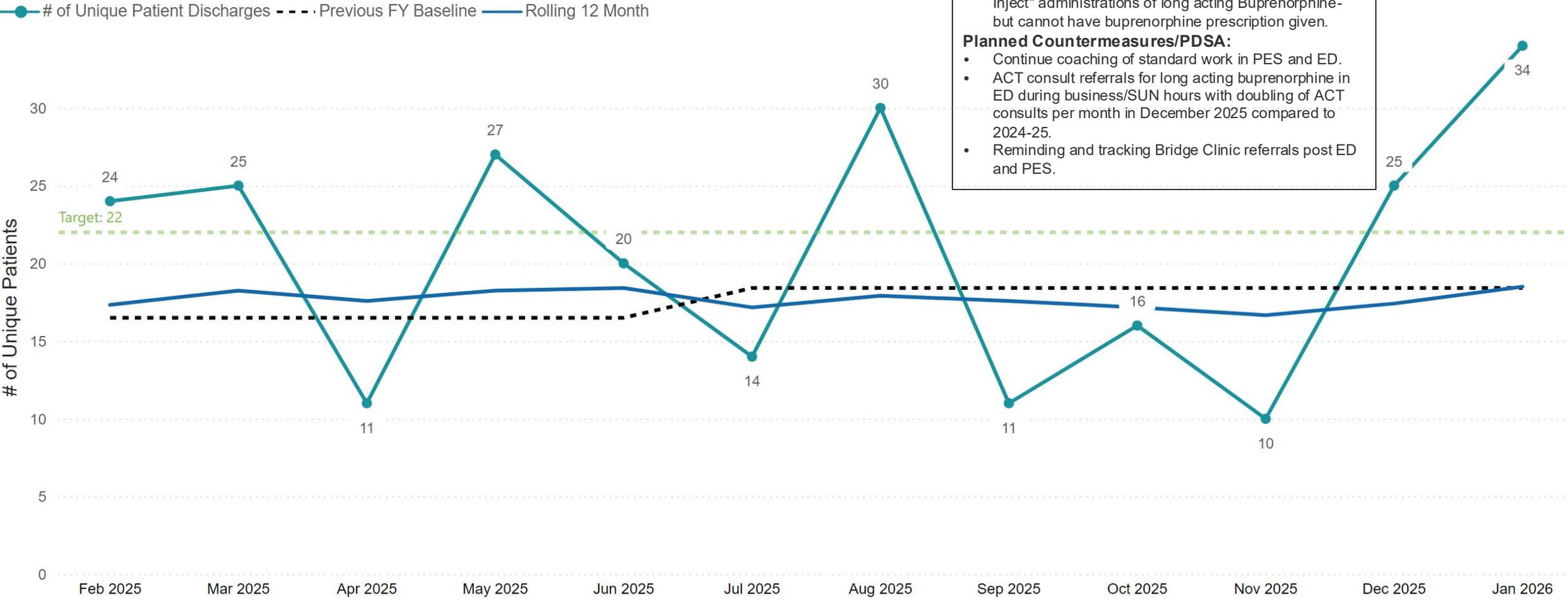


Reasons Off-Target:

- Limited consistent standard work across units.
- Added a new workflow in ED to increase "Direct to Inject" administrations of long acting Buprenorphine- but cannot have buprenorphine prescription given.

Planned Countermeasures/PDSA:

- Continue coaching of standard work in PES and ED.
- ACT consult referrals for long acting buprenorphine in ED during business/SUN hours with doubling of ACT consults per month in December 2025 compared to 2024-25.
- Reminding and tracking Bridge Clinic referrals post ED and PES.



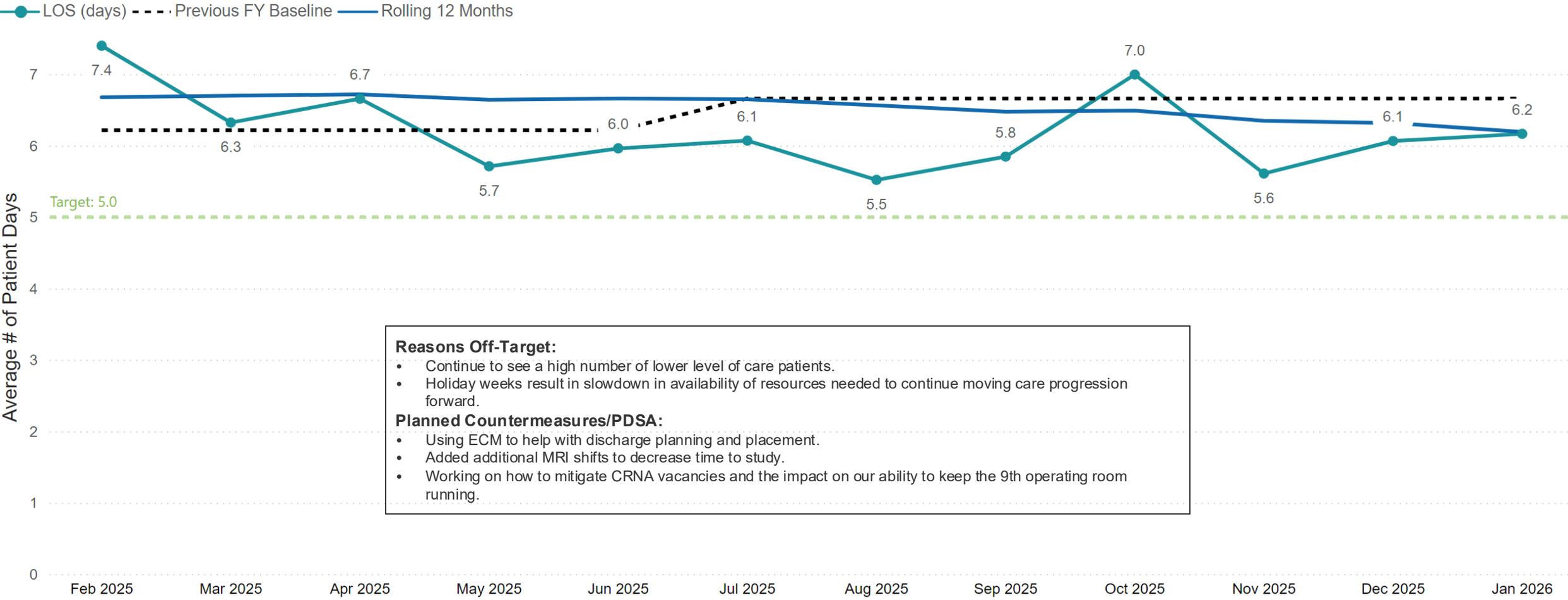
Quality: Adult Hospitalized - Operational Physical Health LOS (Inpatient & Observation)



Rolling 12 Month	6.19
LOS Target	5.0
Previous FY Baseline	6.66



Owners: Gabe Ortiz, Gillian Otway



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:

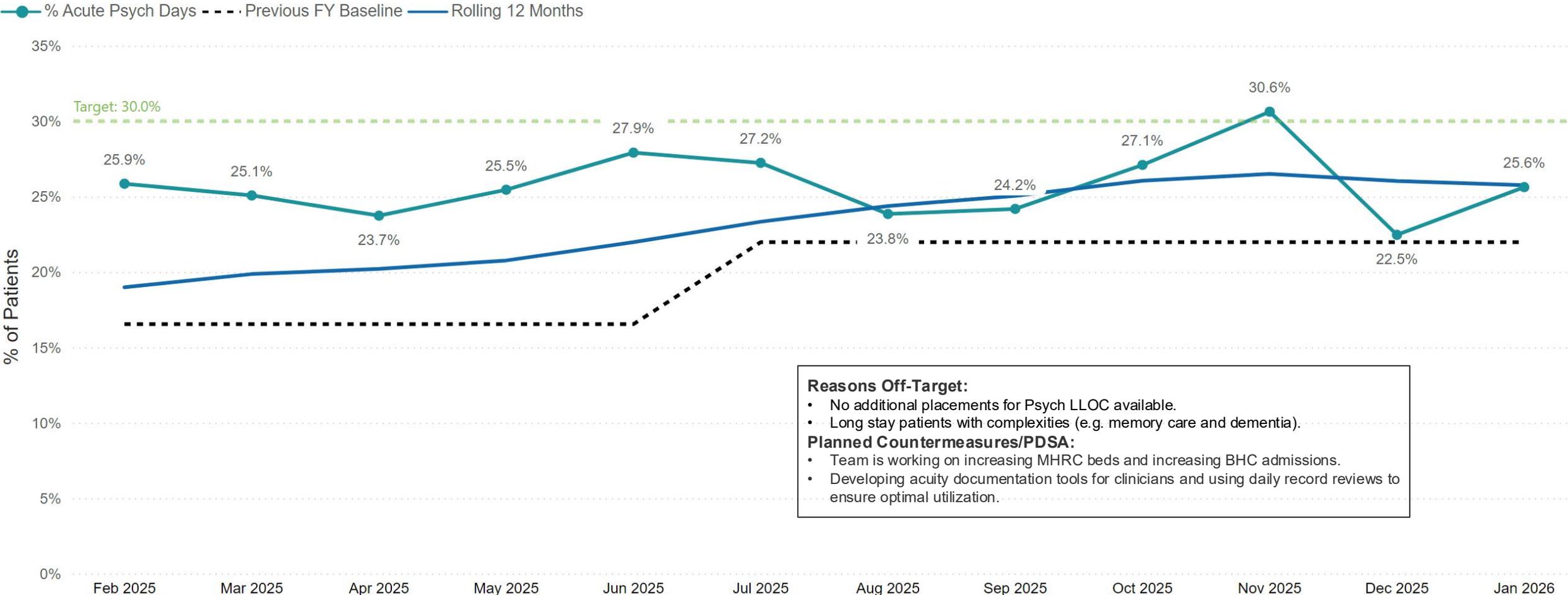
- Using ECM to help with discharge planning and placement.
- Added additional MRI shifts to decrease time to study.
- Working on how to mitigate CRNA vacancies and the impact on our ability to keep the 9th operating room running.

Quality: Psychiatric - % Acute Patients Days

Owner: Angelica Almeida



Rolling 12 Month	25.8%
Target	30.0%
Previous FY Baseline	22.0%



Reasons Off-Target:

- No additional placements for Psych LLOC available.
- Long stay patients with complexities (e.g. memory care and dementia).

Planned Countermeasures/PDSA:

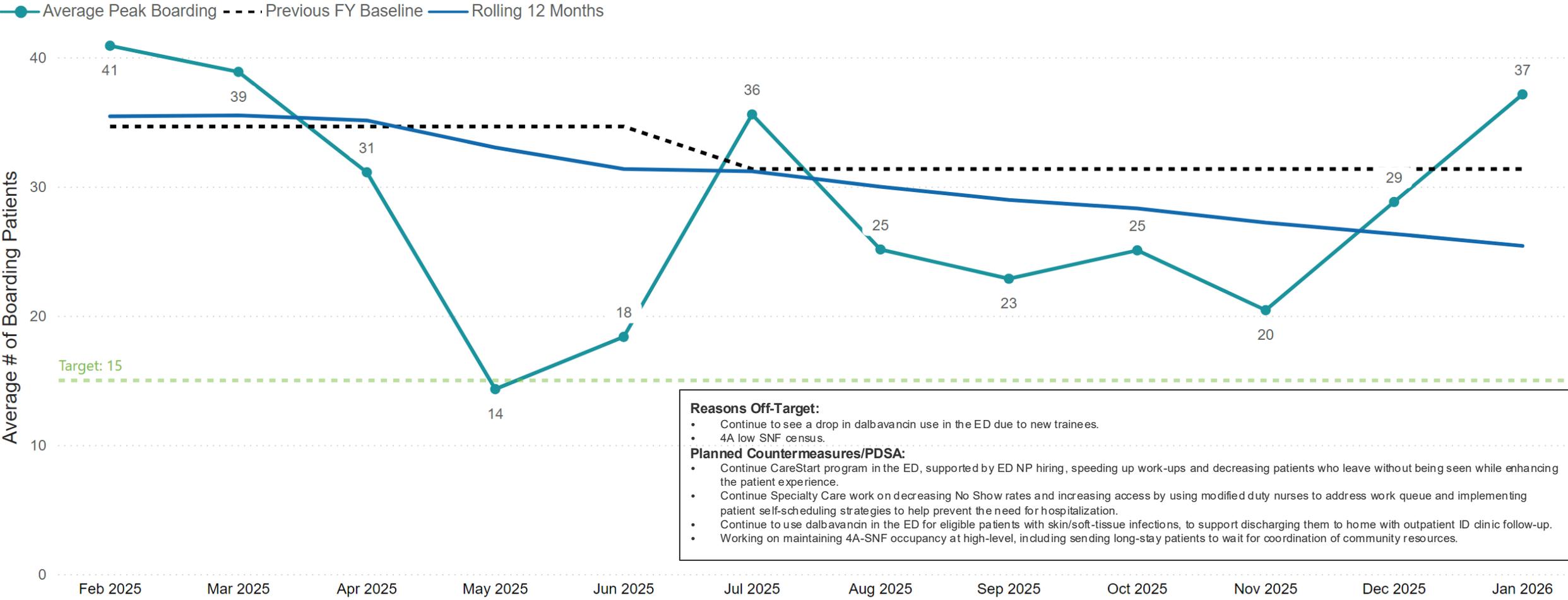
- Team is working on increasing MHRC beds and increasing BHC admissions.
- Developing acuity documentation tools for clinicians and using daily record reviews to ensure optimal utilization.

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

Owners: Gabe Ortiz, Gillian Otway



Rolling 12 Month	25.4
Boarding Target	15
Previous FY Baseline	31.4



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:

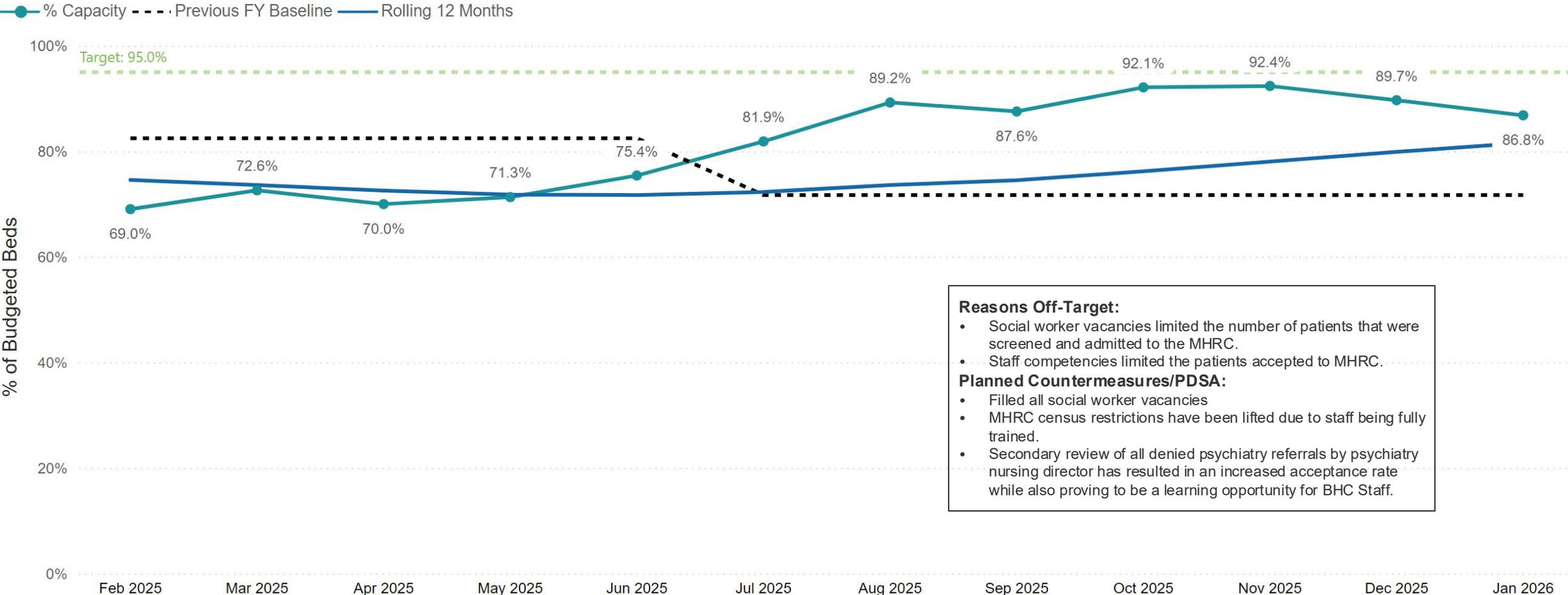
- Continue CareStart program in the ED, supported by ED NP hiring, speeding up work-ups and decreasing patients who leave without being seen while enhancing the patient experience.
- Continue Specialty Care work on decreasing No Show rates and increasing access by using modified duty nurses to address 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.

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

Owner: Angelica Almeida



Rolling 12 Month	81.6%
Target	95.0%
Previous FY Baseline	71.7%



Reasons Off-Target:

- Social worker vacancies limited the number of patients that were screened and admitted to the MHRC.
- Staff competencies limited the patients accepted to MHRC.

Planned Countermeasures/PDSA:

- Filled all social worker vacancies
- MHRC census restrictions have been lifted due to staff being fully trained.
- Secondary review of all denied psychiatry referrals by psychiatry nursing director has resulted in an increased acceptance rate while also proving to be a learning opportunity for BHC Staff.

People: Total Recordable Incident Rate (Hospital Wide)

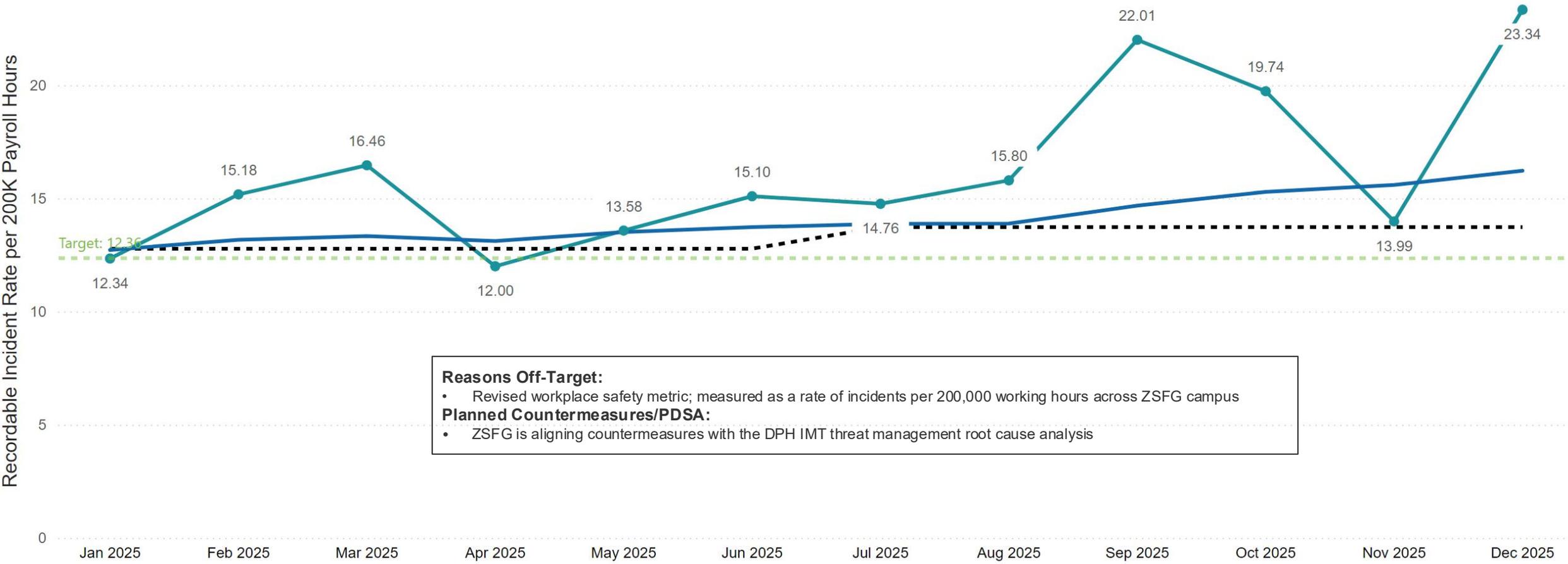
Owners: Sabrina Robinson, Angelica Journagin



Rolling 12 Month	16.23
Target	12.36
Previous FY Baseline	13.73



● Monthly Total Recordable Incident Rate (TRIR) - - - Previous FY Baseline — Rolling 12 Months



Reasons Off-Target:

- Revised workplace safety metric; measured as a rate of incidents per 200,000 working hours across ZSFG campus

Planned Countermeasures/PDSA:

- ZSFG is aligning countermeasures with the DPH IMT threat management root cause analysis

Financial Stewardship: Account Receivable Days

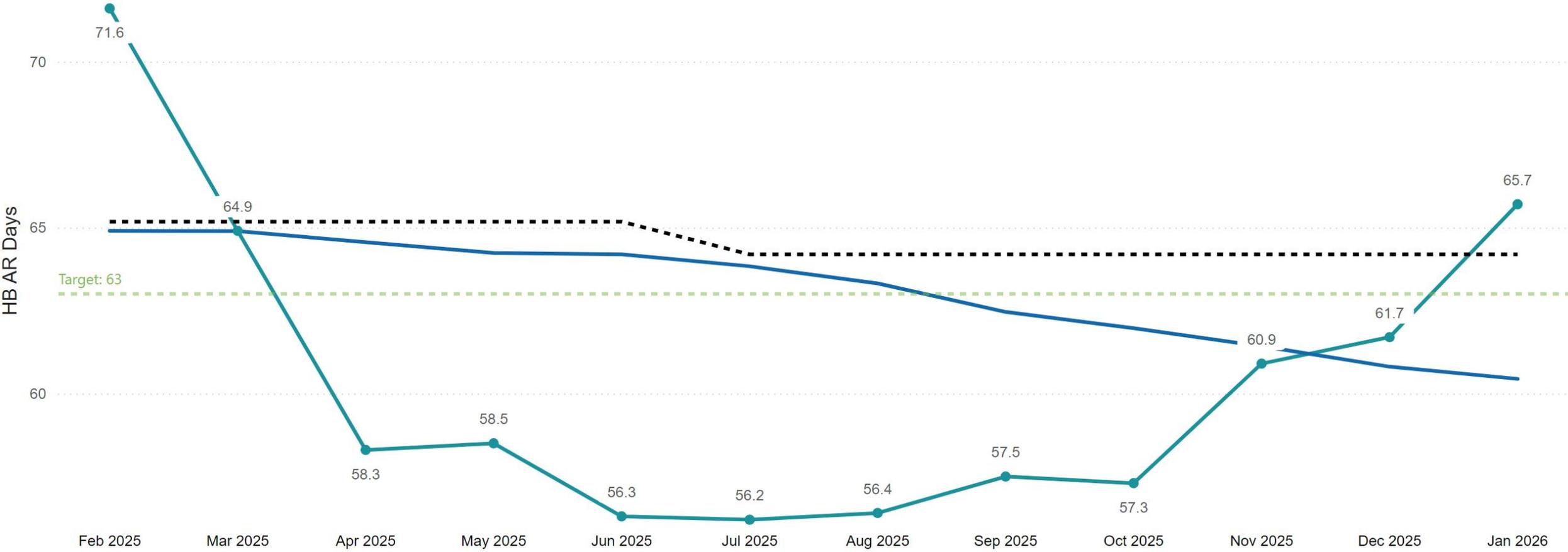
Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	60.4
Target	63
Previous FY Baseline	64.2



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



Financial Stewardship: Gross Collection Ratio

(due to collection timeline, 6 month lag)



Rolling 12 Month	12.45%
Target	13.0%
Previous FY Baseline	12.43%



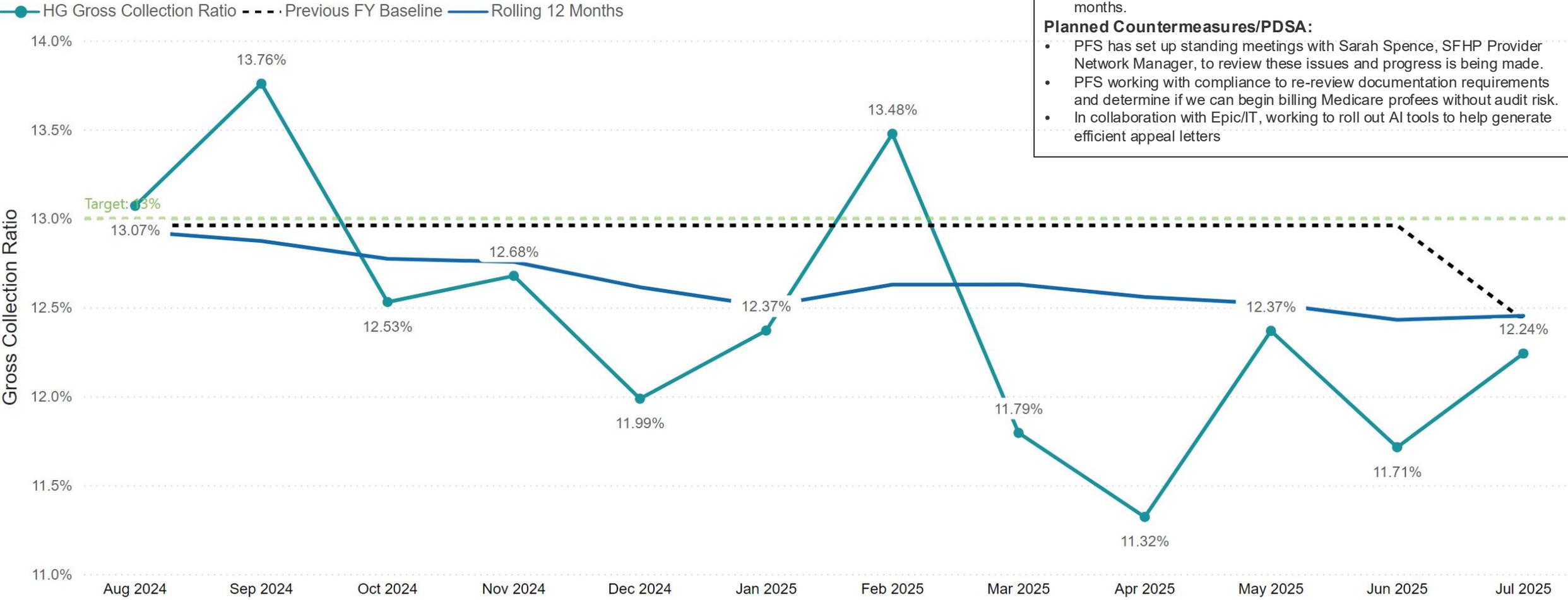
Owners: Eric Wu, Hemal Kanzaria

Reasons Off-Target:

- ~\$19M of AR aging > 60 days from SFHP. Working with SFHP Team to address reimbursements tied up in claim adjudication issues for 4-5 months.

Planned Countermeasures/PDSA:

- PFS has set up standing meetings with Sarah Spence, SFHP Provider Network Manager, to review these issues and progress is being made.
- PFS working with compliance to re-review documentation requirements and determine if we can begin billing Medicare profees without audit risk.
- In collaboration with Epic/IT, working to roll out AI tools to help generate efficient appeal letters



Financial Stewardship: Denied Rate - Hospital Billing

Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	15.66%
Target	15.4%
Previous FY Baseline	15.93%

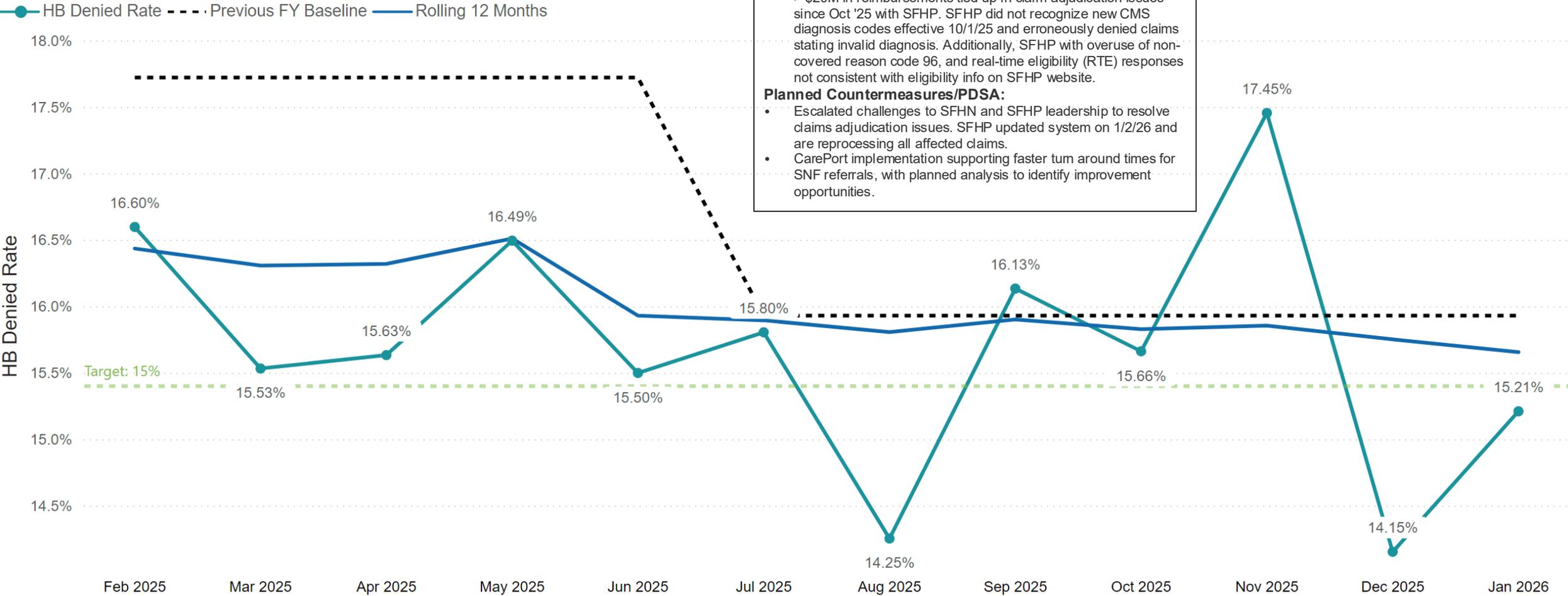


Reasons Off-Target:

- > \$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.



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 known 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 Capacity is the average midnight capacity at MHRC (Mental Health Rehabilitation Center) divided by budgeted beds.

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.

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.

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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validated

Part 2: Flow Data

1. Input (Emergency Volume)

- ED, ED Diversion, PES

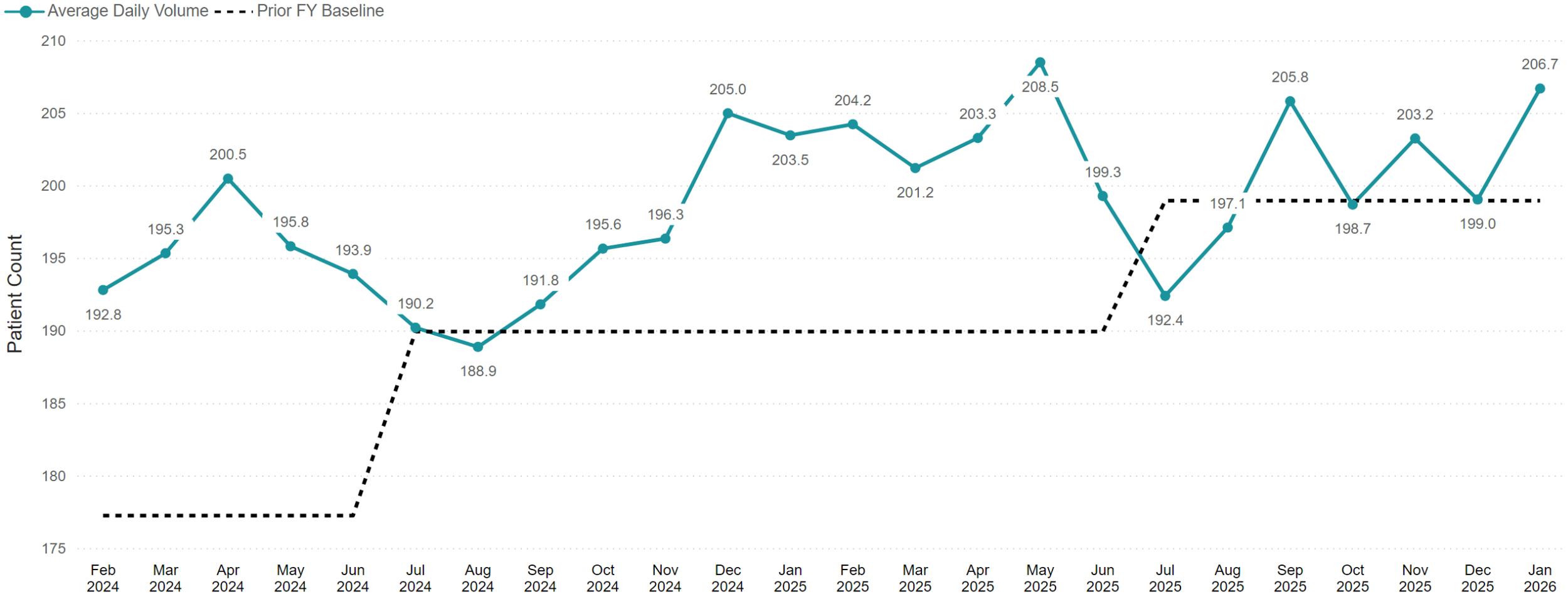
2. Throughput

- 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

3. ZSFG to LHH Transfers

Input - Medical ED Avg Daily Volume

Owners: Gabe Ortiz, Gillian Otway



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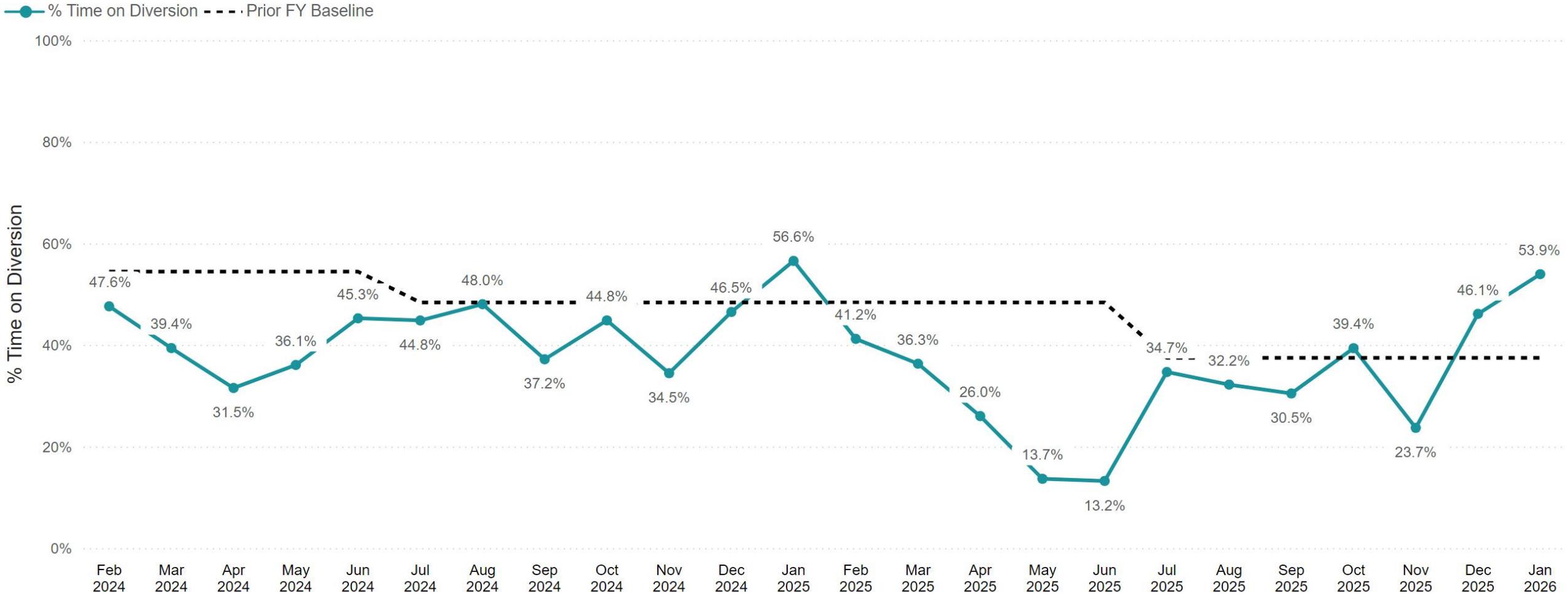
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Input - Percent of Time on ED Diversion

Owners: Gabe Ortiz, Gillian Otway



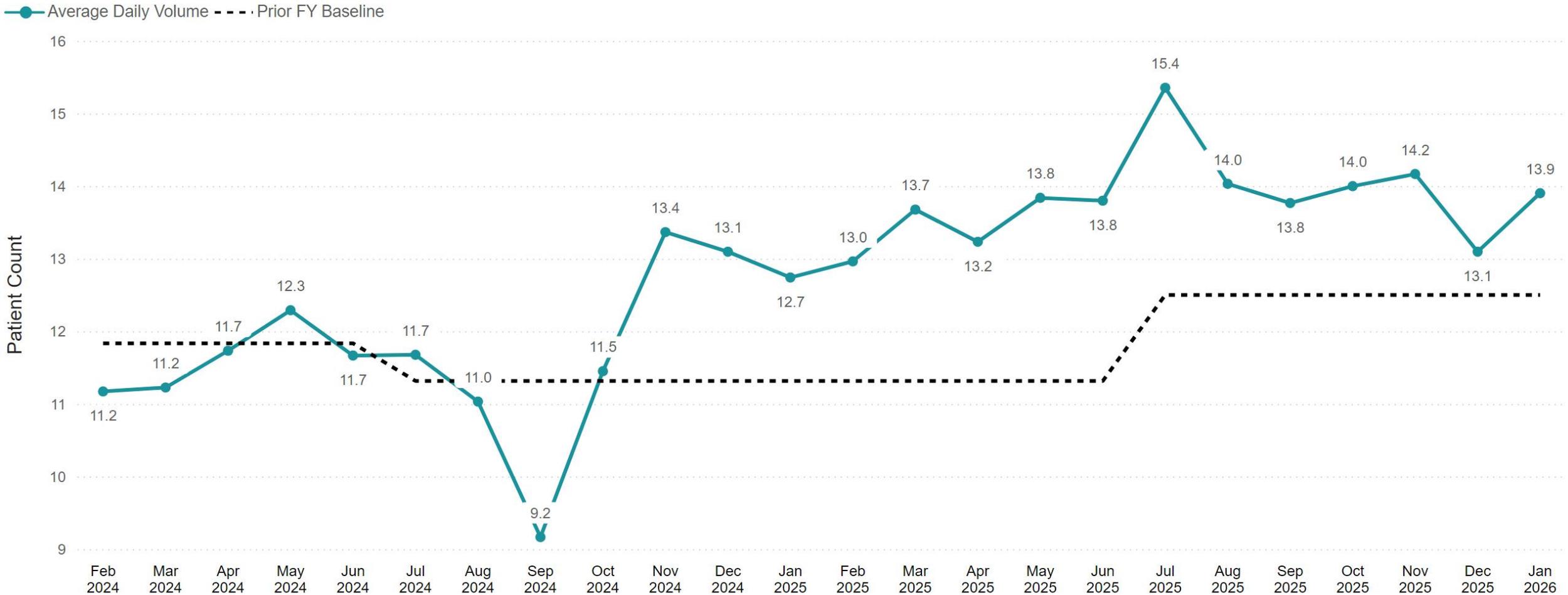
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Input - Psychiatric ED Avg Daily Volume

Owner: Angelica Almeida



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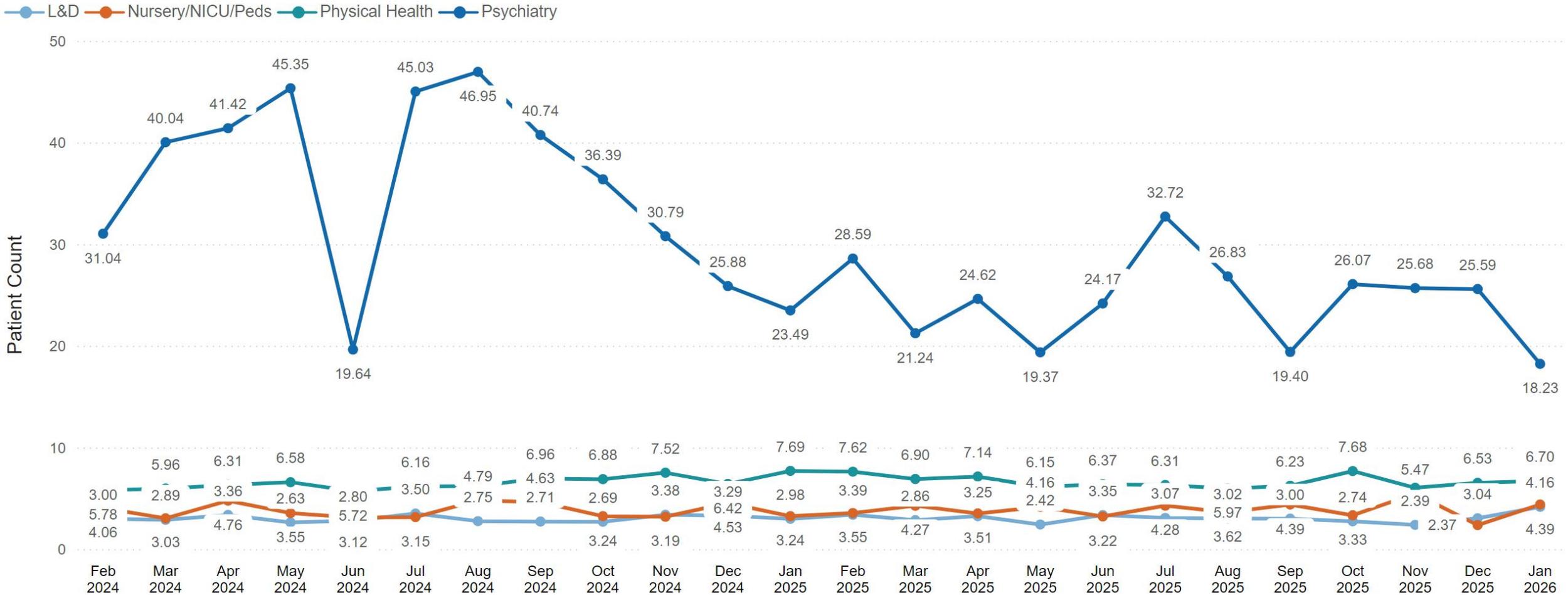
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Median LOS	Days
L&D	3
Nursery/NICU/Peds	2
Physical Health	4
Psychiatry	10

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

Owners: Gabe Ortiz, Gillian Otway, Angelica Almeida



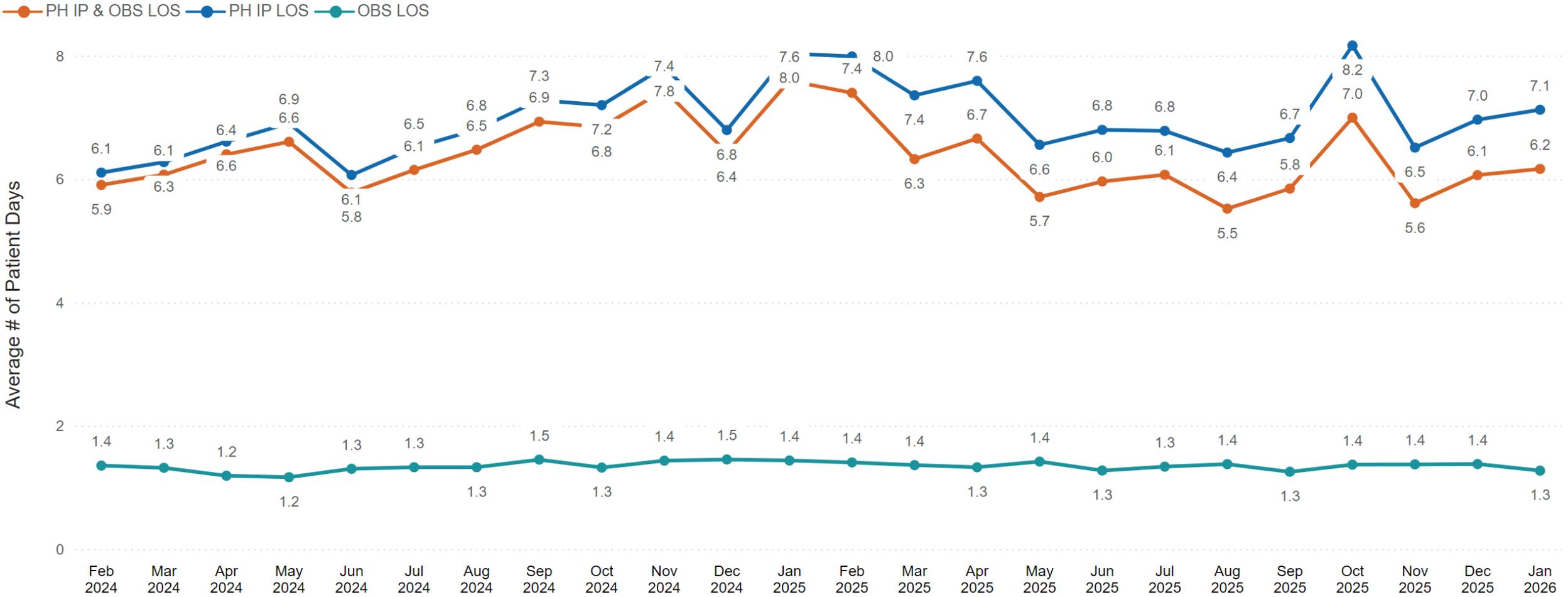
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Throughput - Operational Physical Health Hospitalized Patient Length of Stay (in Days) Stratified by Observation Status

Owners: Gabe Ortiz, Gillian Otway



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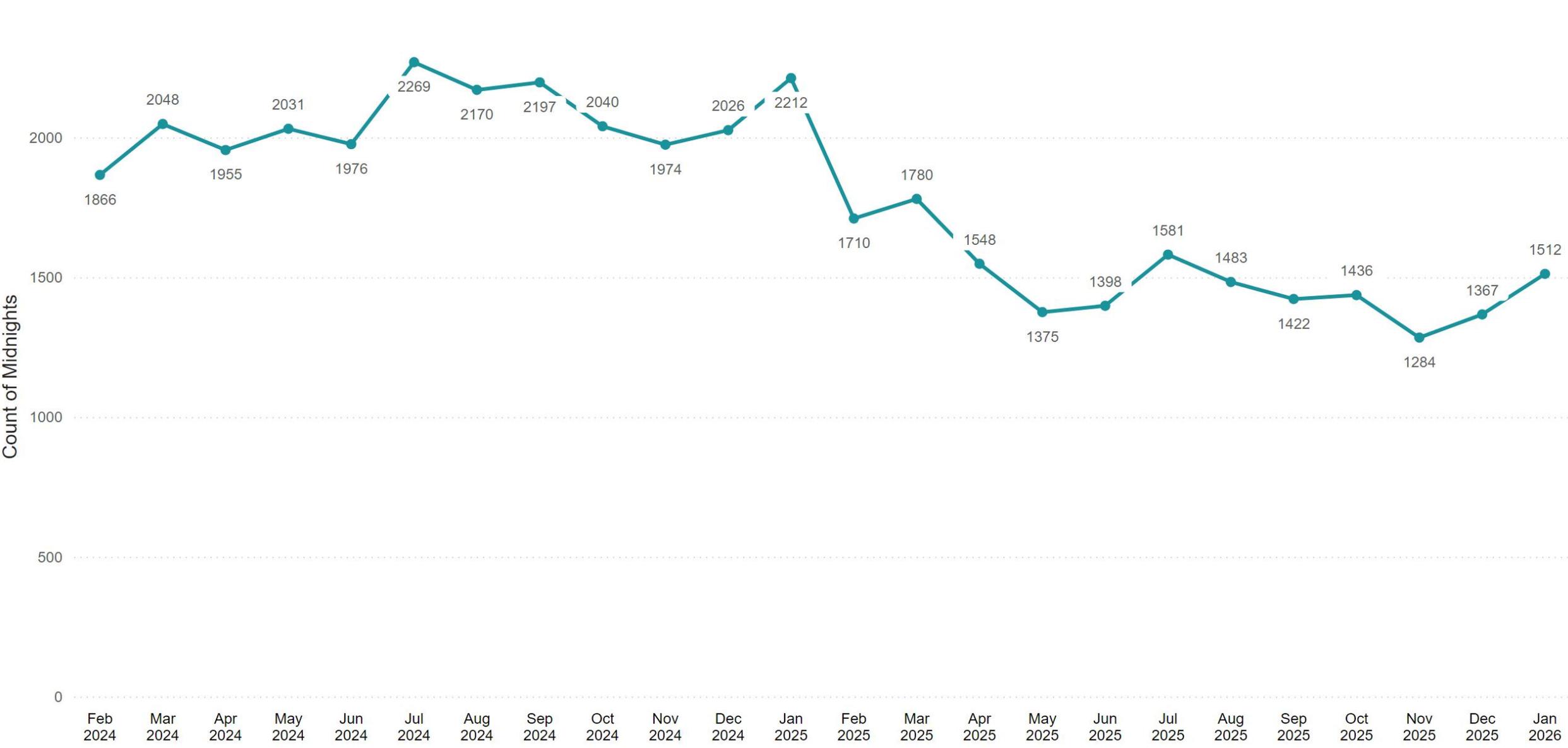
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Throughput - MedSurg Lower Level of Care (Bldg 25, except 2nd Floor and H52)



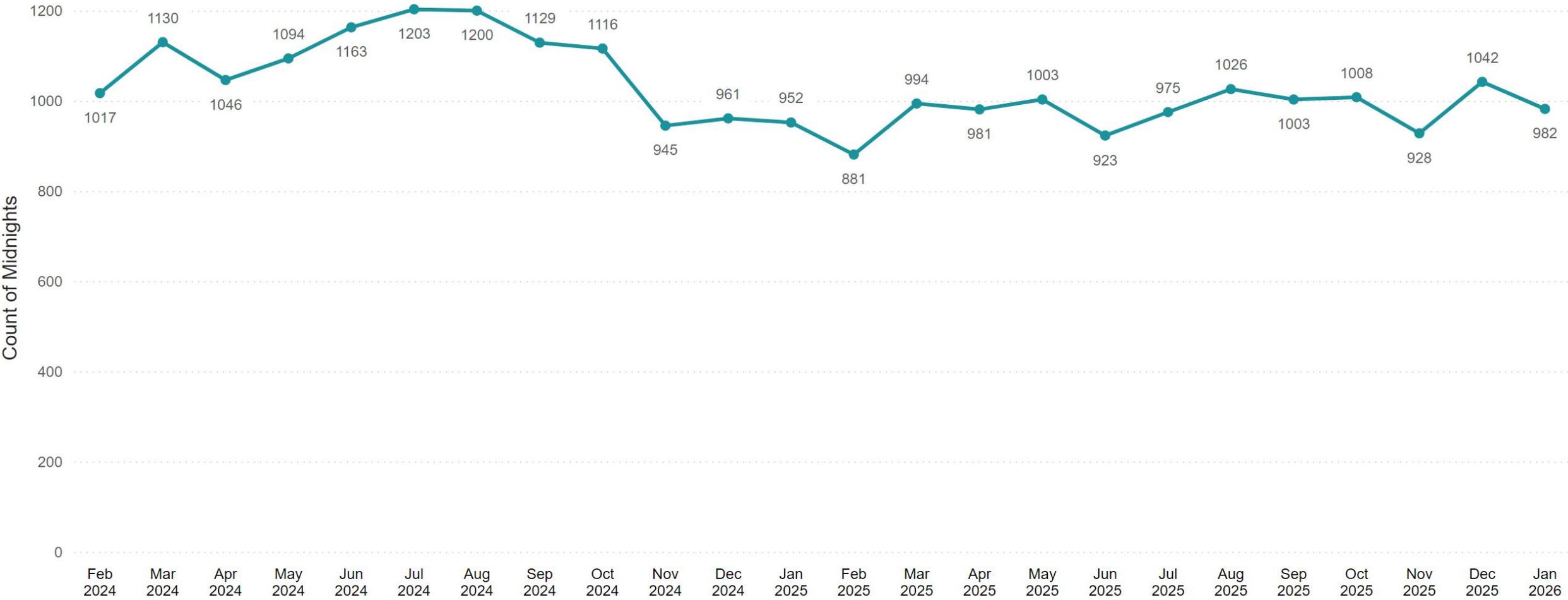
Owners: Gabe Ortiz, Gillian Otway



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

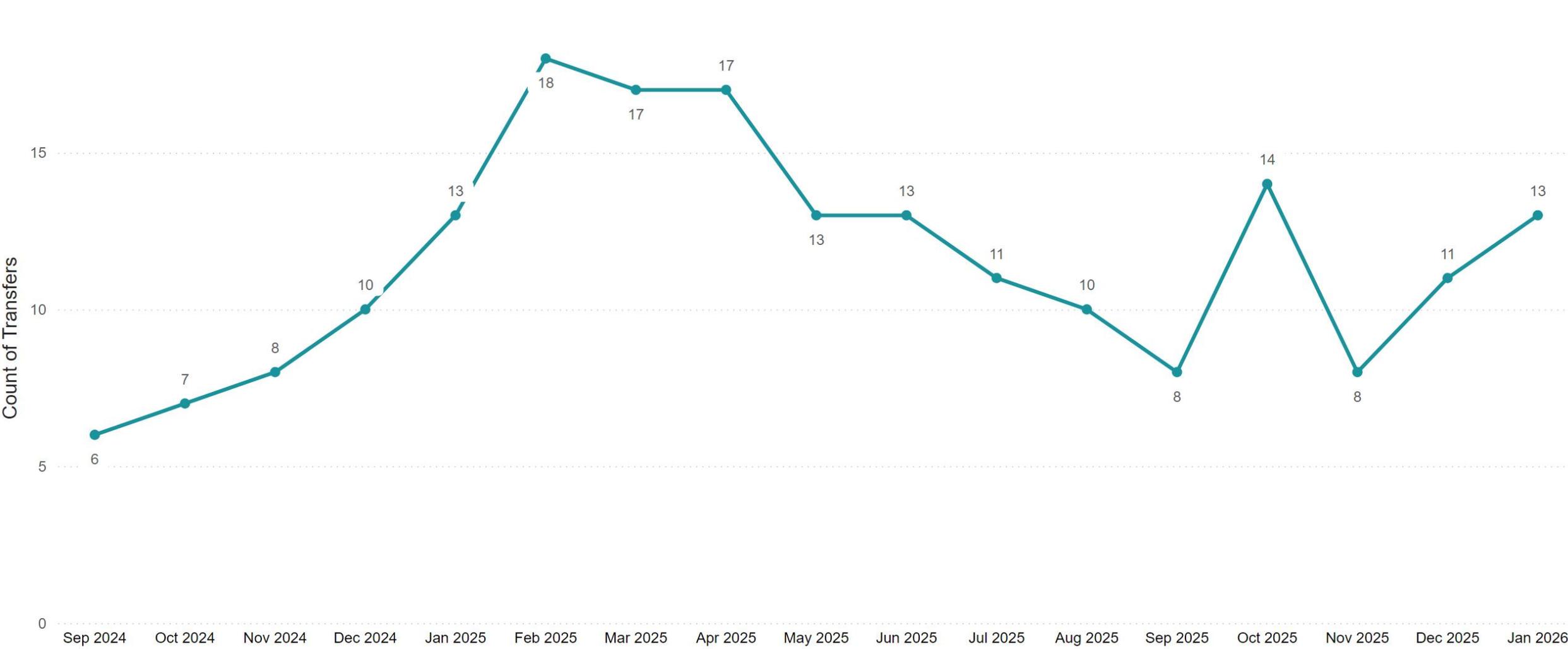


Owner: Angelica Almeida



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.

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.