Accessibility Summary: JCC CEO Data Report for May 2026. Includes True North KPI scorecard and flow metrics.

JCC CEO Data Report June 2026

Part 1: True North Scorecard Key Performance Indicators

Part 2: Flow Data

Part 1: True North Scorecard

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

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 Dates
- 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

Equity: Departments Driving Equity

Owner: Susan Ehrlich

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

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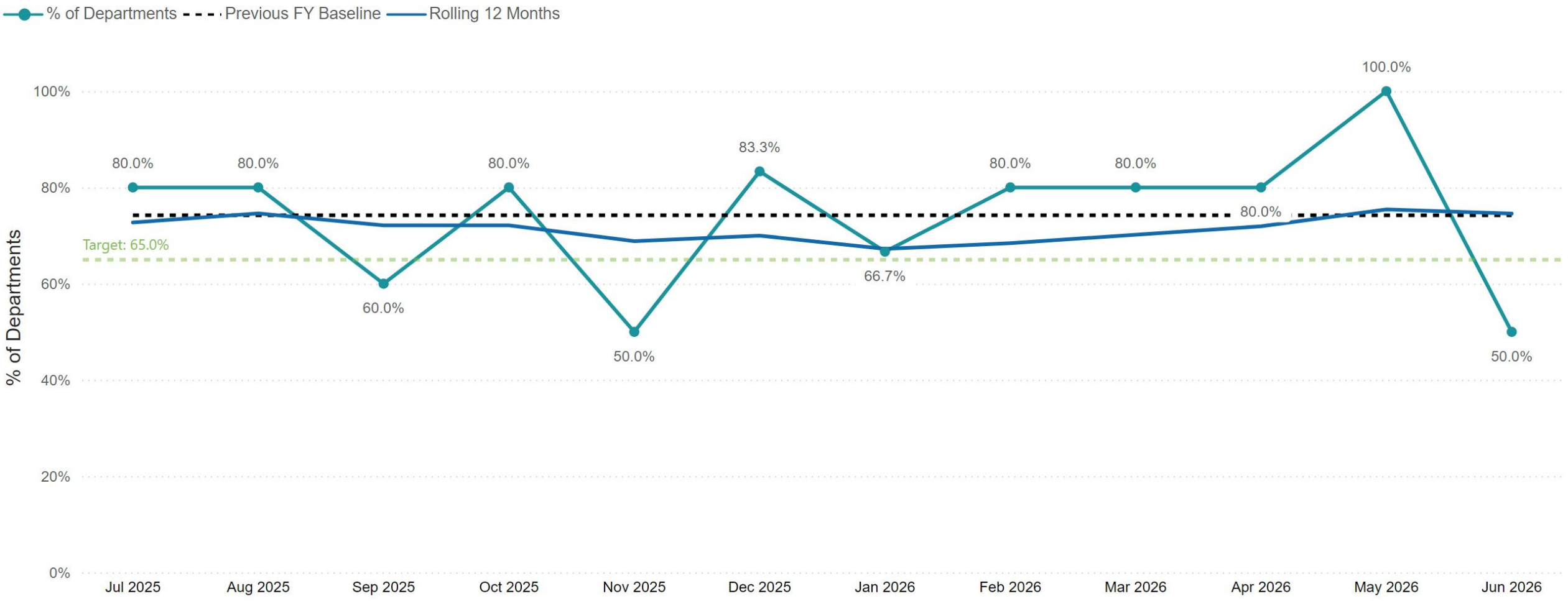

The data on the ZSFG JCC Dashboard has been validated by the KPO and the Quality Data Center and endorsed by business owner(s):Susan Ehrlich and developer: ZSFG QDC/KPO

validated

Safety: Sepsis Bundle Compliance (SEP-1)
(due to manual abstraction, data is delayed)

Owners: Adrian Smith, Mary Mercer

Rolling 12 Month	32.9%
Target	59%
Previous FY Baseline	38.2%

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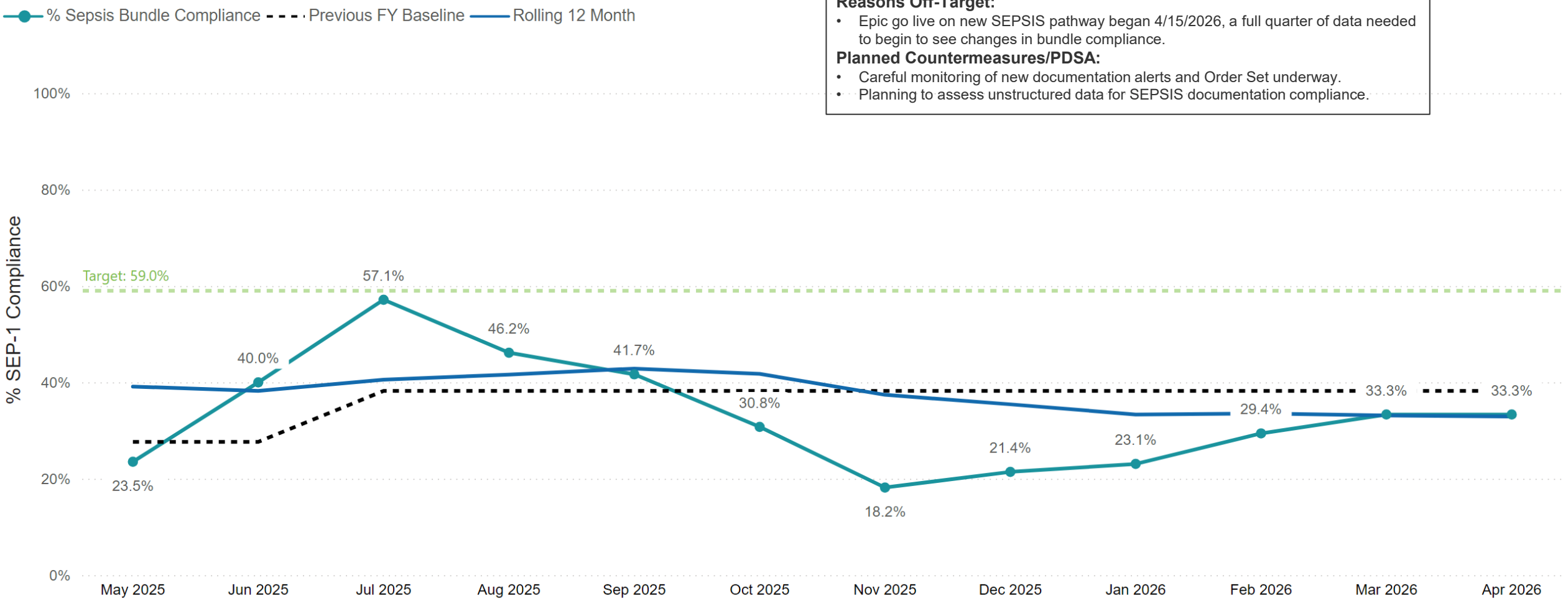
Reasons Off-Target:
- Epic go live on new SEPSIS pathway began 4/15/2026, a full quarter of data needed to begin to see changes in bundle compliance.

Planned Countermeasures/PDSA:
- Careful monitoring of new documentation alerts and Order Set underway.
- Planning to assess unstructured data for SEPSIS documentation compliance.



The data on the ZSFG JCC Dashboard has been validated by the KPO and the Quality Data Center and endorsed by business owner(s):Adrian Smith, Mary Mercer and developer: ZSFG QDC/KPO

validated

Safety: Medication for Opioid Use Disorder (MOUD)

Owners: Adrian Smith, Mary Mercer

Rolling 12 Month	16.50
Target	22
Previous FY Baseline	18.50

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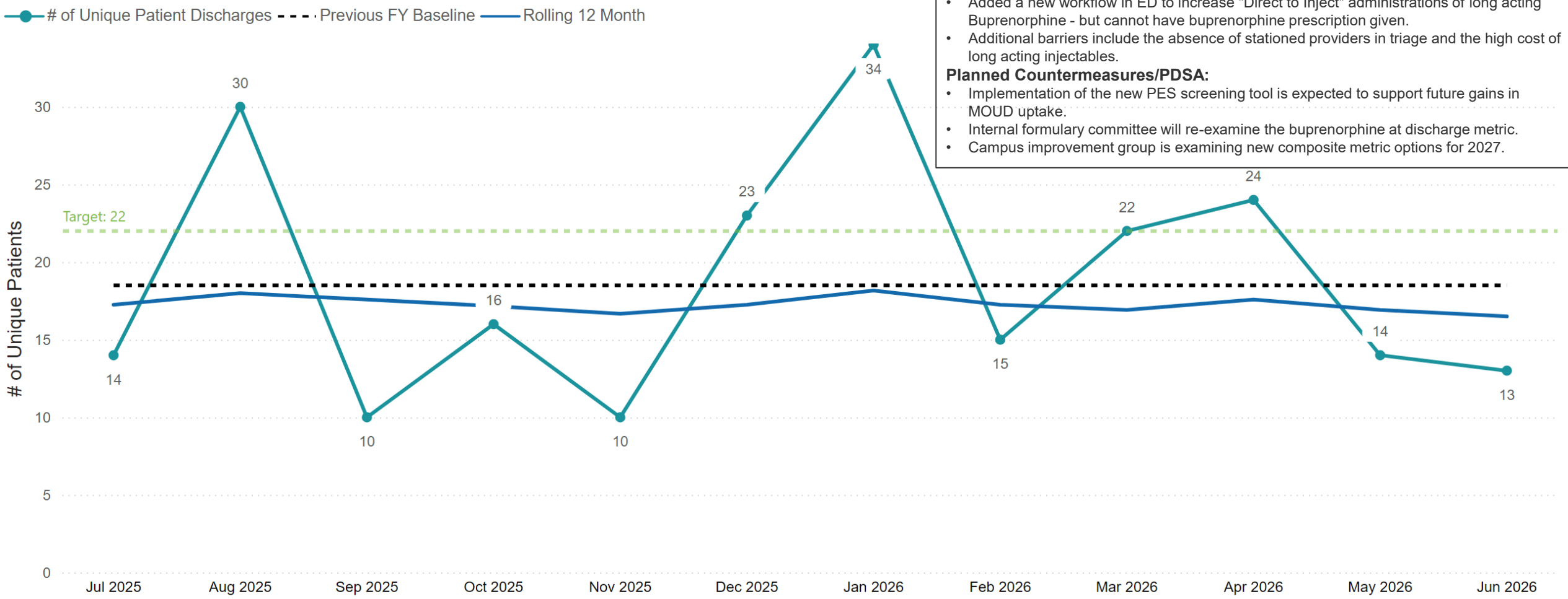
Reasons Off-Target:

- 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.



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

Rolling 12 Month	5.97
LOS Target	5.0
Previous FY Baseline	6.66

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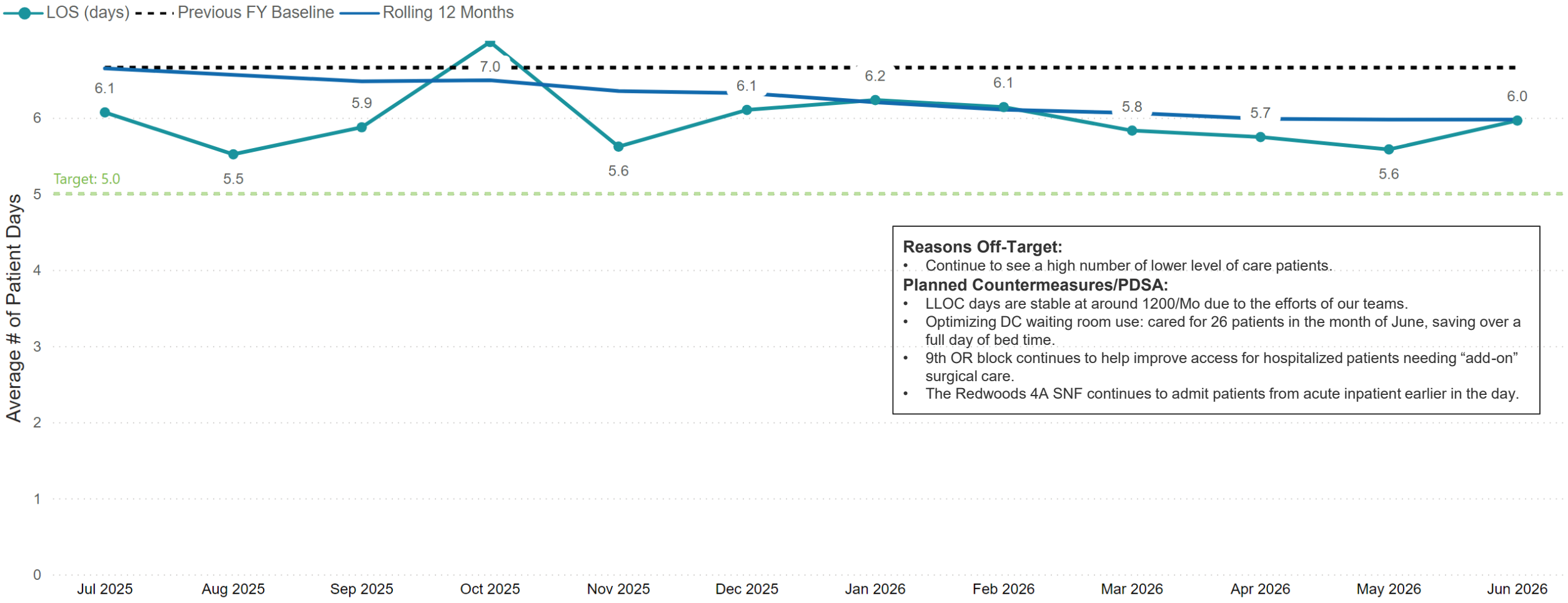
Owners: Gabe Ortiz, Gillian Otway



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.
- Optimizing DC waiting room use: cared for 26 patients in the month of June, saving over a full day of bed time.
- 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.

The data on the ZSFG JCC Dashboard has been validated by the KPO and the Quality Data Center and endorsed by business owner(s): Gillian Otway, Gabe Ortiz, and Angelica Almeida and developer: ZSFG QDC/KPO

validated

Quality: Psychiatric - % Acute Patients Days

Owner: Angelica Almeida

Rolling 12 Month	25.6%
Target	30.0%
Previous FY Baseline	22.0%

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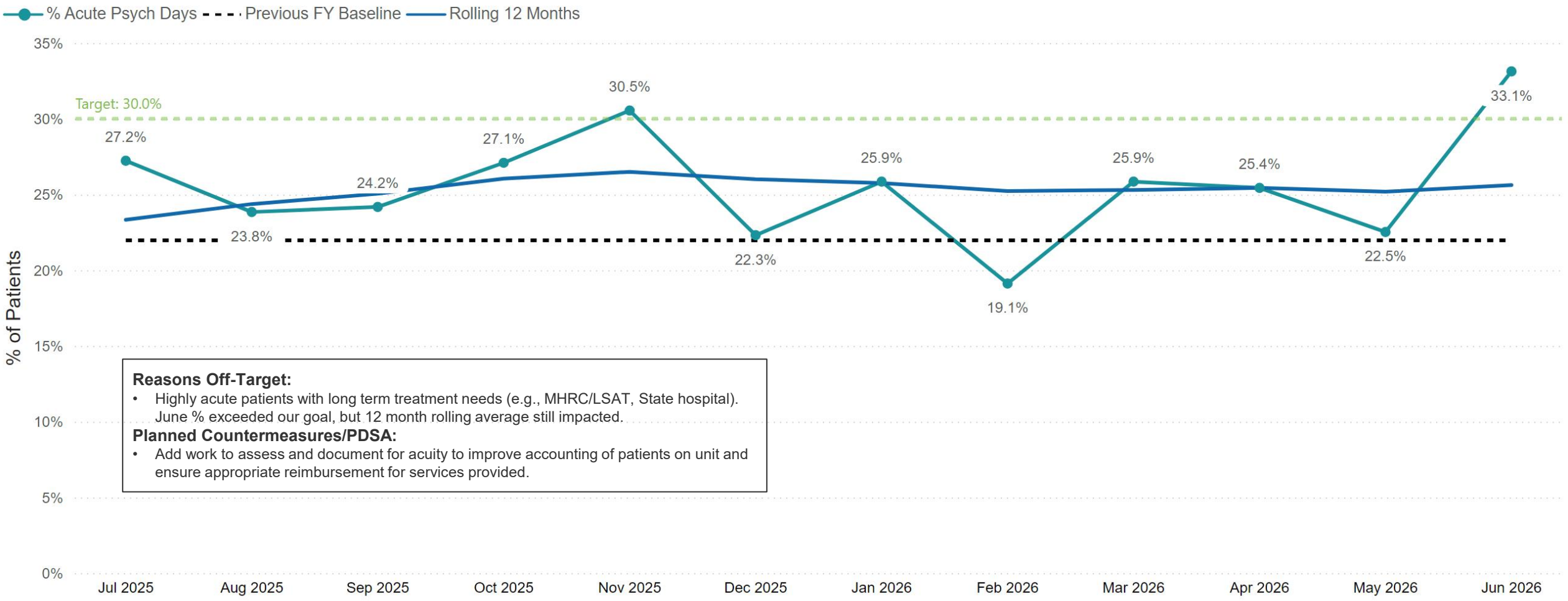

Reasons Off-Target:

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

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validated

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

Owner: Angelica Almeida

Rolling 12 Month	89.2%
Target	95.0%
Previous FY Baseline	71.7%

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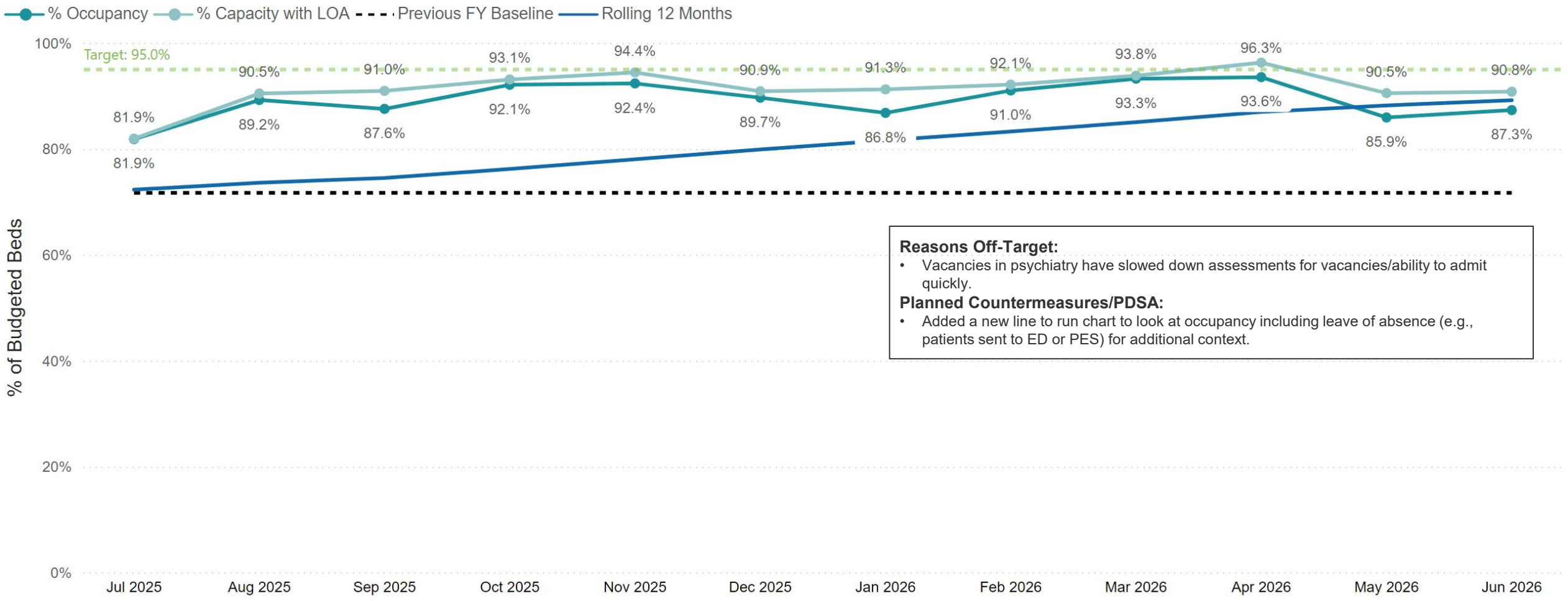

Reasons Off-Target:

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

Planned Countermeasures/PDSA:

- Added a new line to run chart to look at occupancy including leave of absence (e.g., patients sent to ED or PES) for additional context.

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

Owners: Gabe Ortiz, Gillian Otway

Rolling 12 Month	23.9
Boarding Target	15
Previous FY Baseline	31.4

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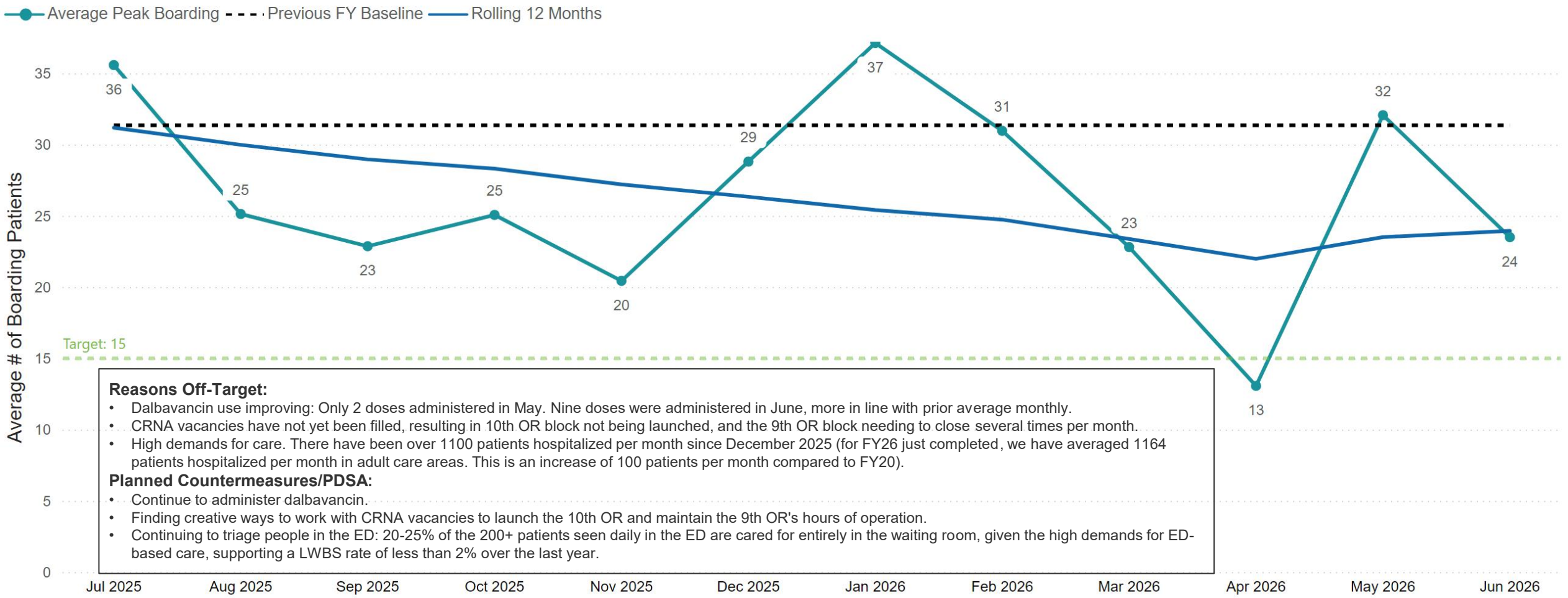

Reasons Off-Target:

- Dalbavancin use improving: Only 2 doses administered in May. Nine doses were administered in June, more in line with prior average monthly.
- CRNA vacancies have not yet been filled, resulting in 10th OR block not being launched, and the 9th OR block needing to close several times per month.
- High demands for care. There have been over 1100 patients hospitalized per month since December 2025 (for FY26 just completed, we have averaged 1164 patients hospitalized per month in adult care areas. This is an increase of 100 patients per month compared to FY20).

Planned Countermeasures/PDSA:

- Continue to administer dalbavancin.
- Finding creative ways to work with CRNA vacancies to launch the 10th OR and maintain the 9th OR's hours of operation.
- Continuing to triage people in the ED: 20-25% of the 200+ patients seen daily in the ED are cared for entirely in the waiting room, given the high demands for ED-based care, supporting a LWBS rate of less than 2% over the last year.

People: Total Recordable Incident Rate (Hospital Wide)

Owners: Sabrina Robinson, Angelica Journagin

Rolling 12 Month	19.62
Target	12.39
Previous FY Baseline	13.76

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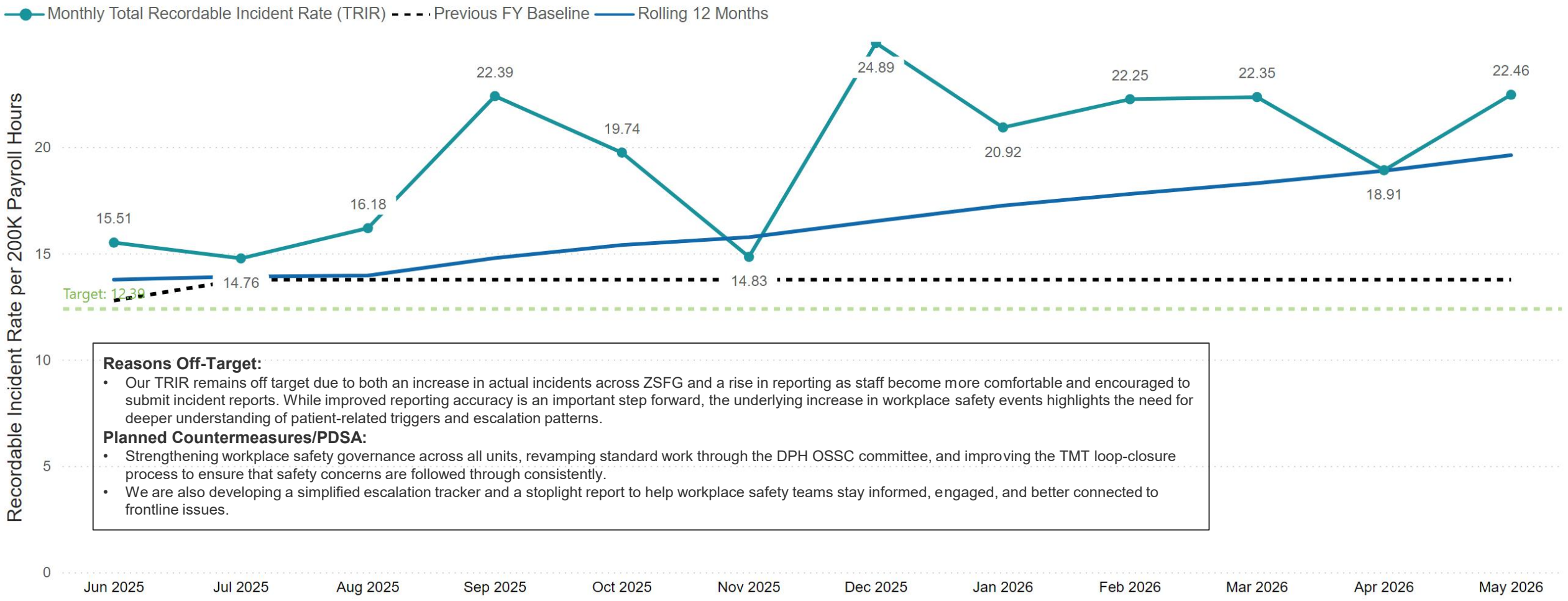


Reasons Off-Target:

- Our TRIR remains off target due to both an increase in actual incidents across ZSFG and a rise in reporting as staff become more comfortable and encouraged to submit incident reports. While improved reporting accuracy is an important step forward, the underlying increase in workplace safety events highlights the need for deeper understanding of patient-related triggers and escalation patterns.

Planned Countermeasures/PDSA:

- Strengthening workplace safety governance across all units, revamping standard work through the DPH OSSC committee, and improving the TMT loop-closure process to ensure that safety concerns are followed through consistently.
- We are also developing a simplified escalation tracker and a stoplight report to help workplace safety teams stay informed, engaged, and better connected to frontline issues.

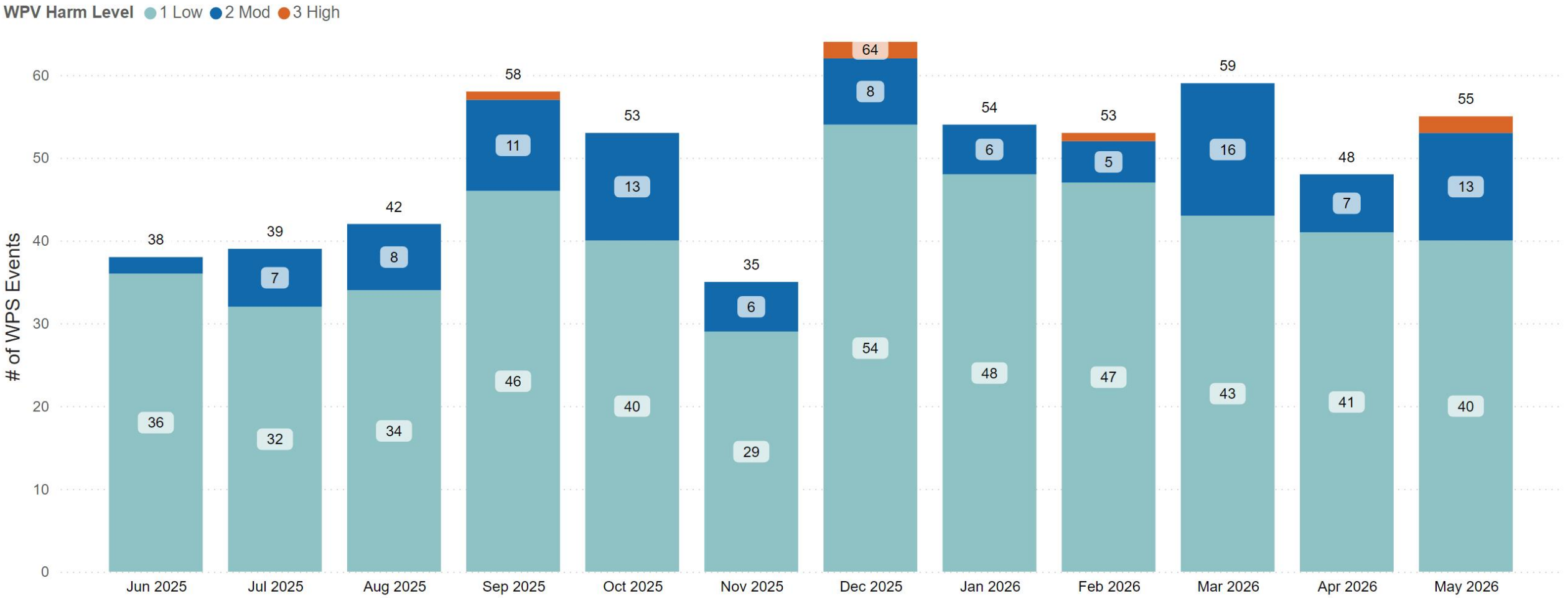
The data on the ZSFG JCC Dashboard has been validated by the KPO and the Quality Data Center and endorsed by business owner(s): Sabrina Robinson, Angelica Journagin and developer: ZSFG QDC/KPO

validated

People: Workplace Safety Events by Harm Level

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Owners: Sabrina Robinson, Angelica Journagin



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validated

Financial Stewardship: Account Receivable Days

Owners: Eric Wu, Hemal Kanzaria

Rolling 12 Month	57.8
Target	63
Previous FY Baseline	64.2

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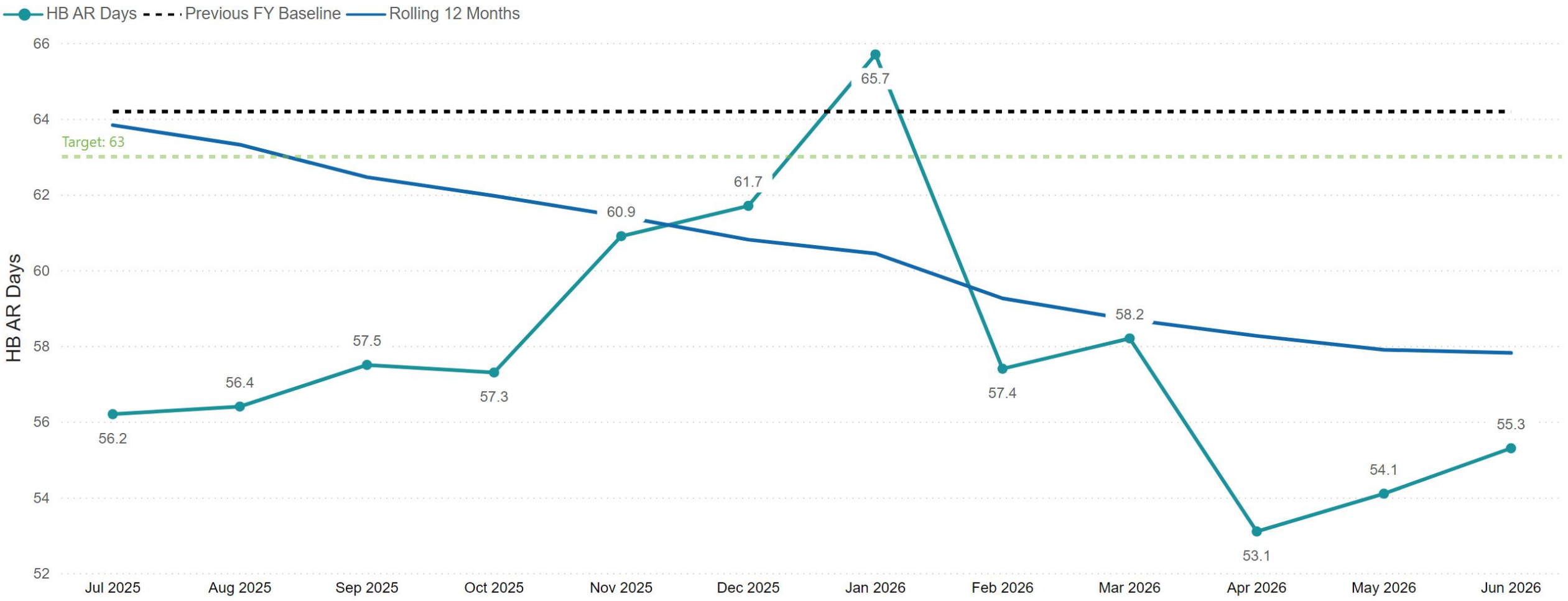


The data on the ZSFG JCC Dashboard has been validated by the KPO and the Quality Data Center and endorsed by business owner(s): Eric Wu, Hemal Kanzaria and developer: ZSFG QDC/KPO

validated

Financial Stewardship: Gross Collection Ratio
(due to collection timeline, 6 month lag)

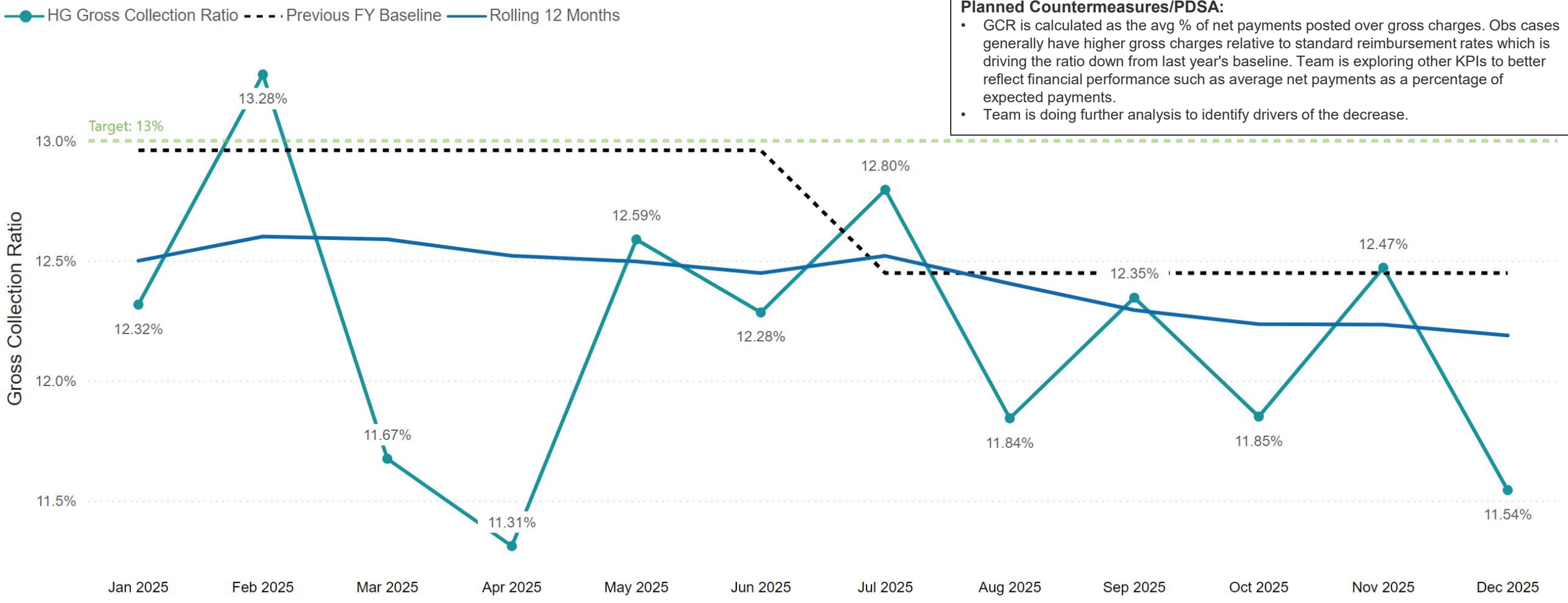
Owners: Eric Wu, Hemal Kanzaria

Rolling 12 Month	12.19%
Target	13.0%
Previous FY Baseline	12.45%

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

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 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. Team is 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.



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validated

Financial Stewardship: Denied Rate - Hospital Billing

Owners: Eric Wu, Hemal Kanzaria

Rolling 12 Month	15.42%
Target	15.4%
Previous FY Baseline	15.93%

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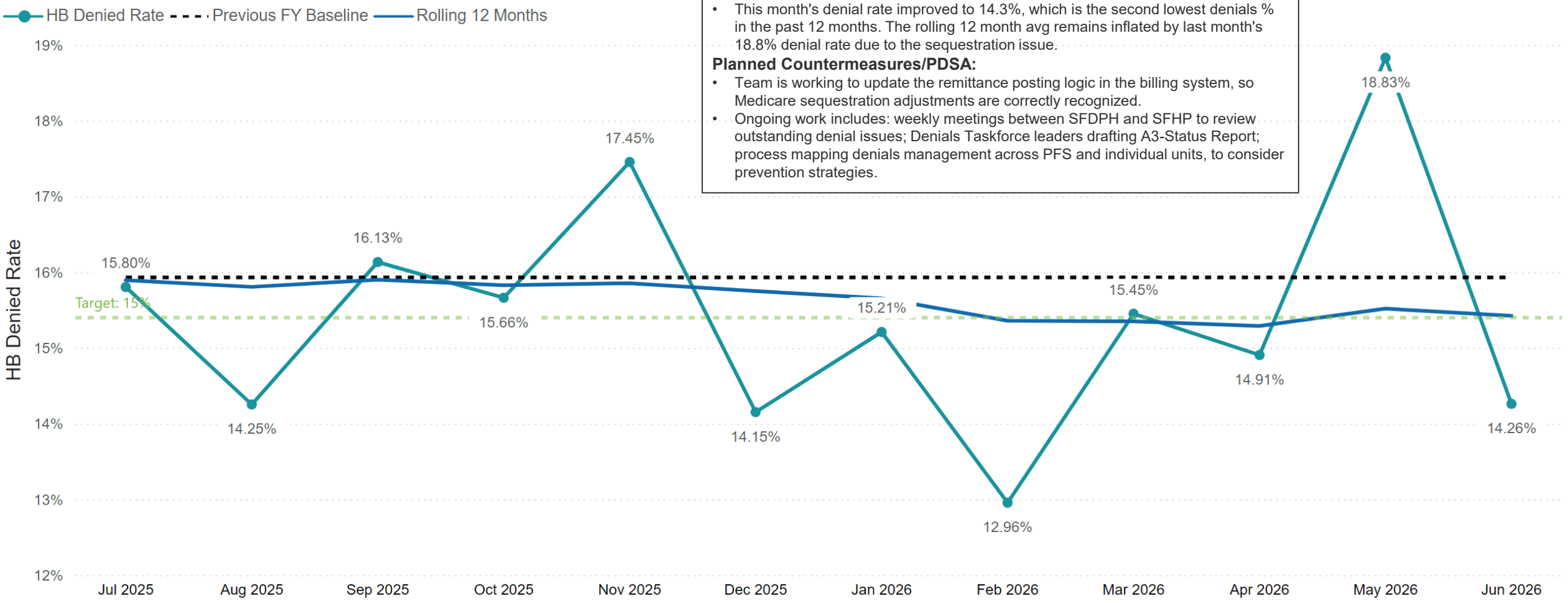
Hospital and Trauma Center

Reasons Off-Target:

- This month's denial rate improved to 14.3%, which is the second lowest denials % in the past 12 months. The rolling 12 month avg remains inflated by last month's 18.8% denial rate due to the sequestration issue.

Planned Countermeasures/PDSA:

- Team is working to update the remittance posting logic in the billing system, so Medicare sequestration adjustments are correctly recognized.
- Ongoing work includes: weekly meetings between SFDPH and 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.



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validated

Data Definitions

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Where This Data Comes From:

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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.

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

validated

Part 2: Flow Data

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

1. Input (Emergency Volume)

- ED, ED Diversion, PES

2. Throughput

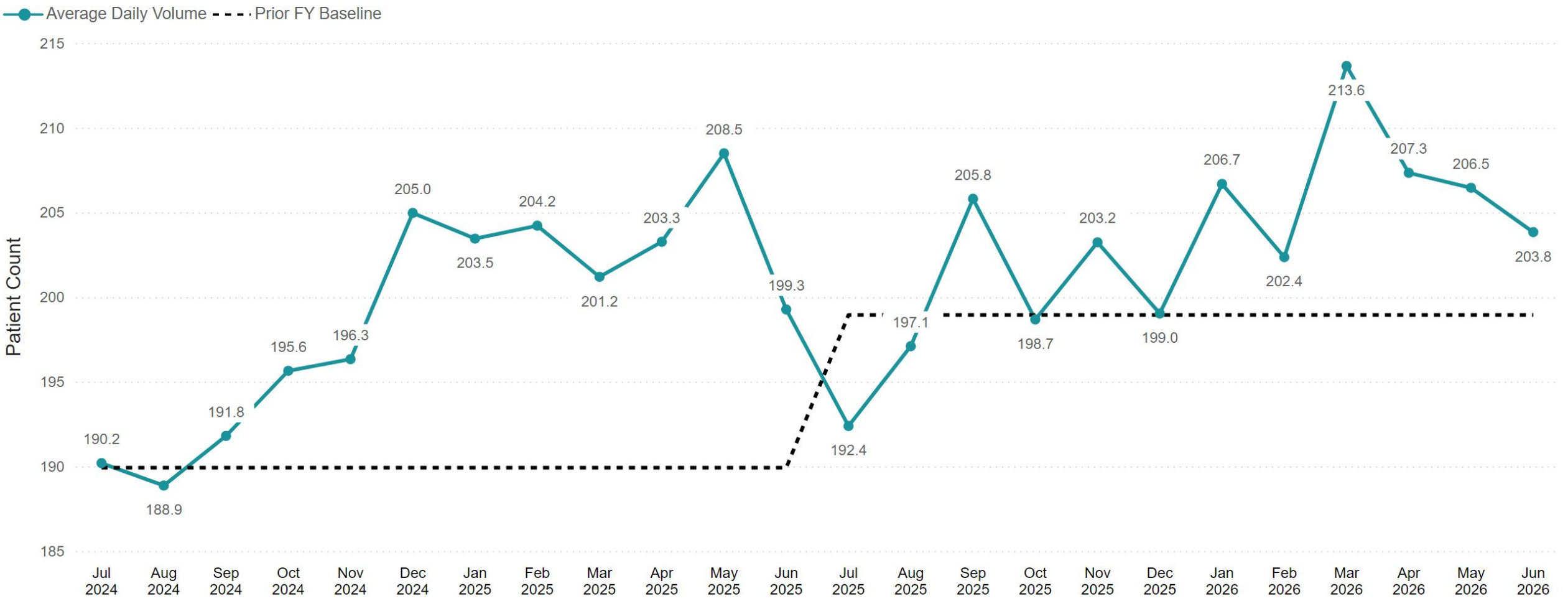
- Regulatory Length of Stay - Physical Health, Psychiatry, Maternal Child
- Operational Length of Stay - Physical Health, Physical Health and Observation, Observation
- LLOC - Physical Health and Psychiatry

3. ZSFG to LHH Transfers

Input - Medical ED Avg Daily Volume

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Owners: Gabe Ortiz, Gillian Otway



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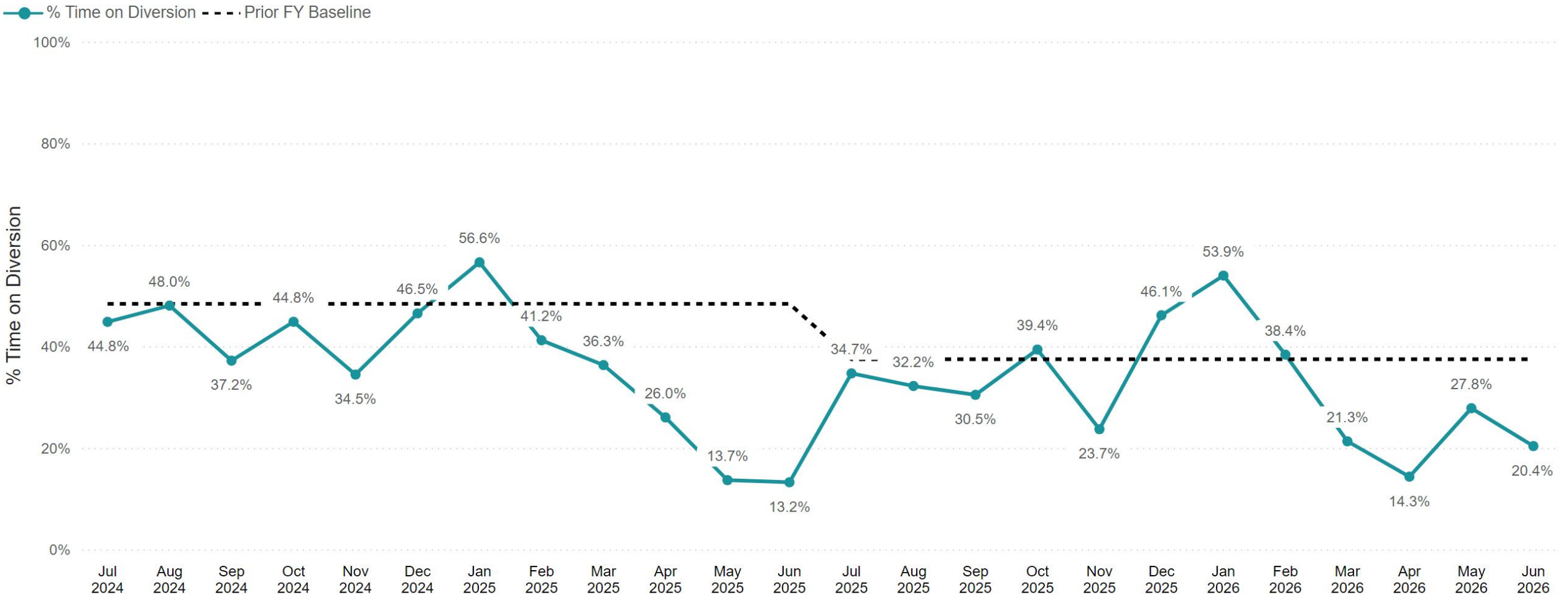
Input - Percent of Time on ED Diversion

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Owners: Gabe Ortiz, Gillian Otway



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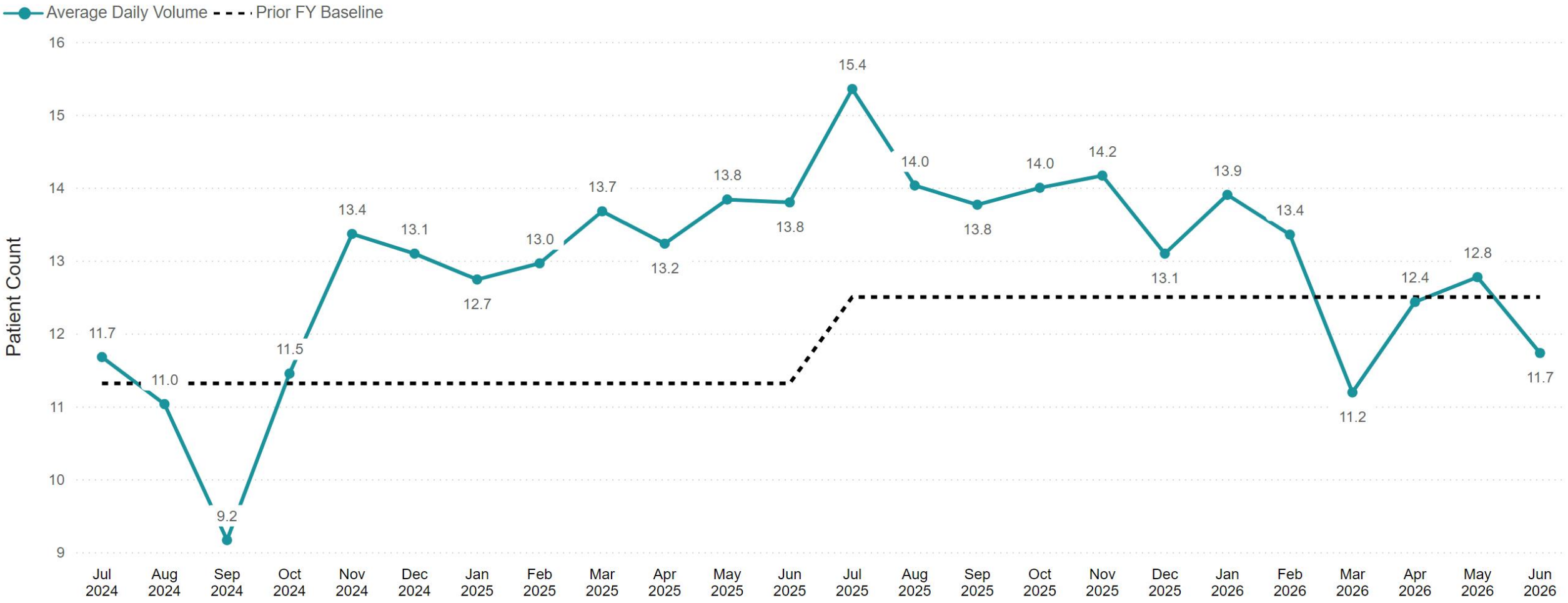
Input - Psychiatric ED Avg Daily Volume

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Owner: Angelica Almeida



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validated

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	4
Psychiatry	14

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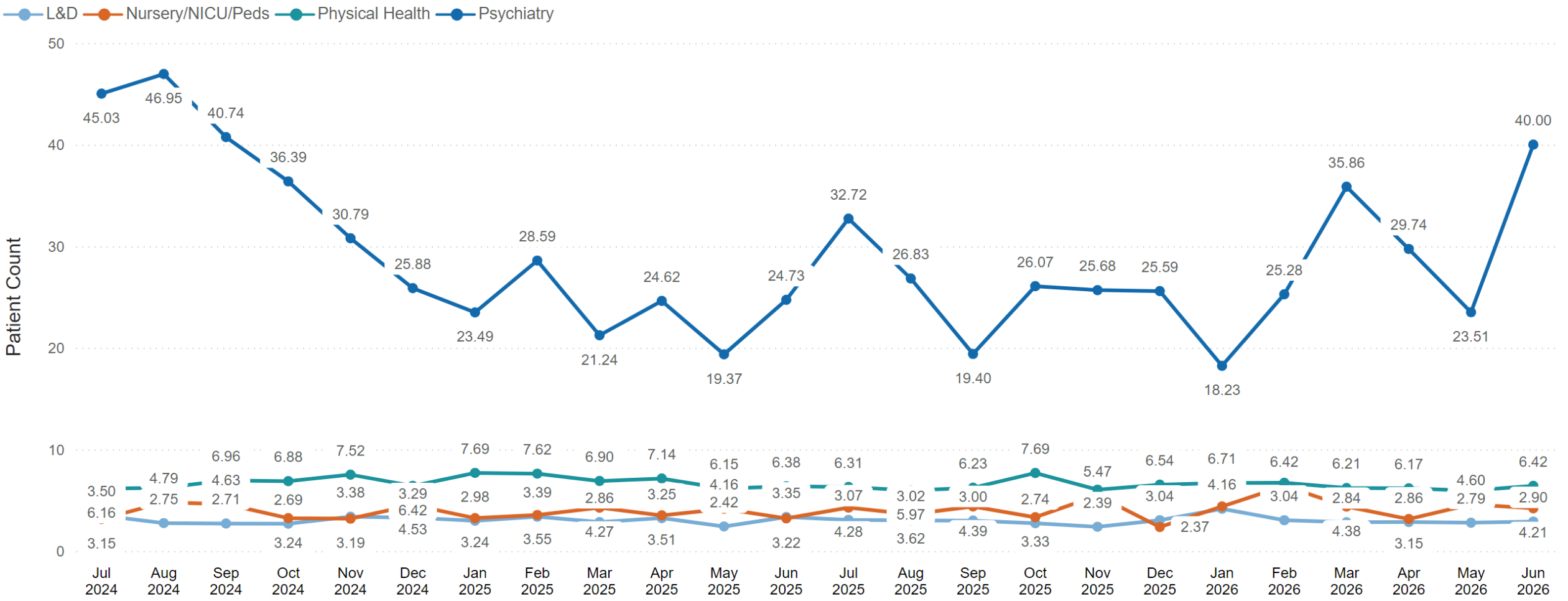

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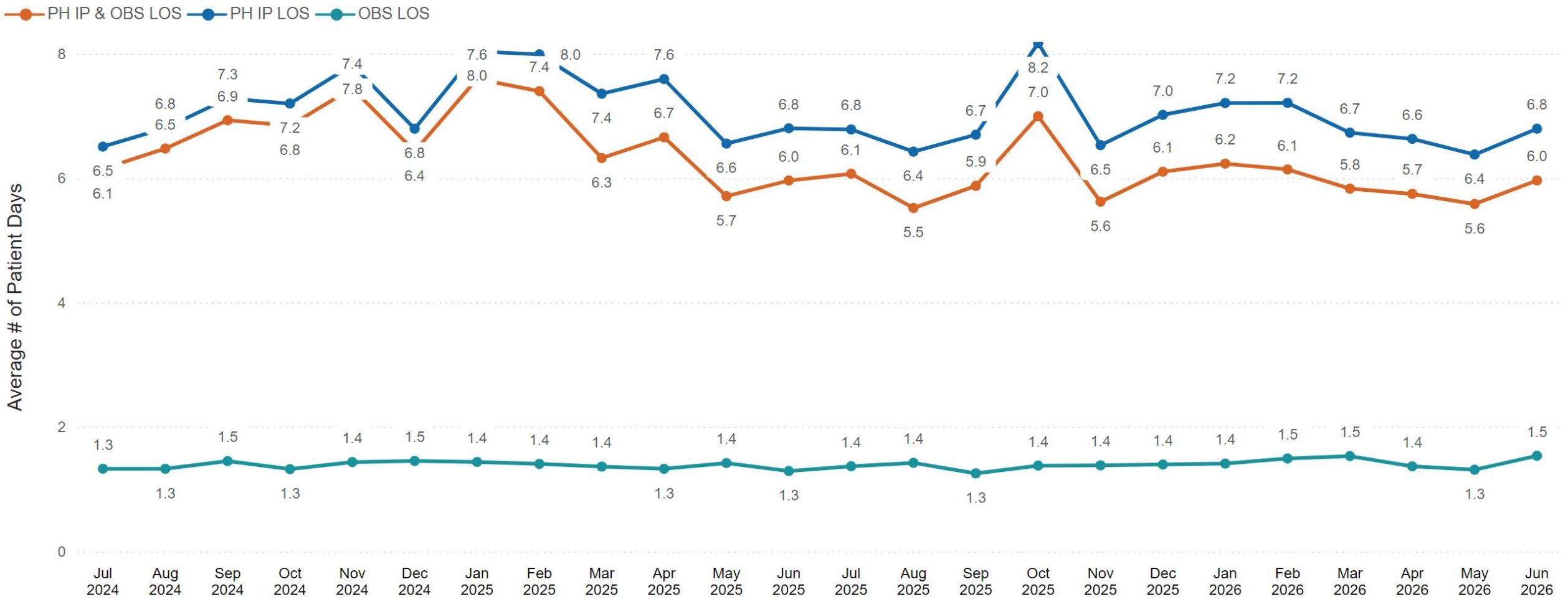
Throughput - Operational Physical Health Hospitalized Patient Length of Stay (in Days) Stratified by Observation Status

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Owners: Gabe Ortiz, Gillian Otway



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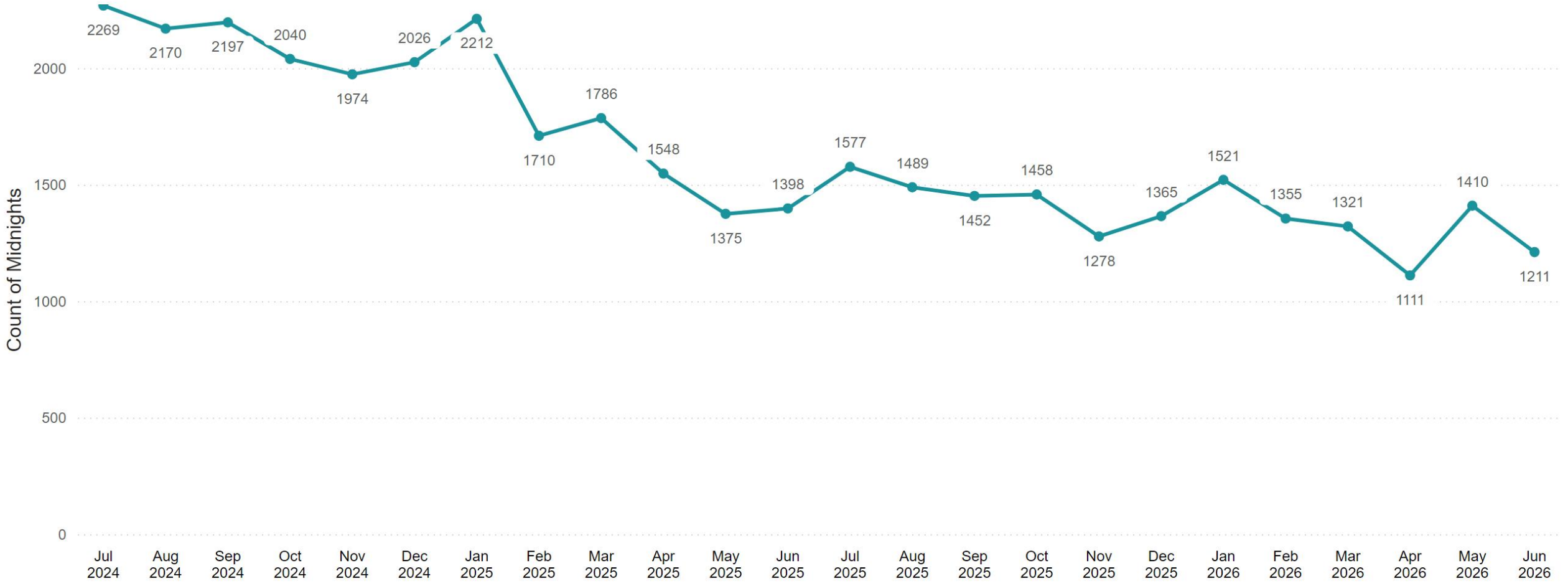
validated

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

ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

Owners: Gabe Ortiz, Gillian Otway



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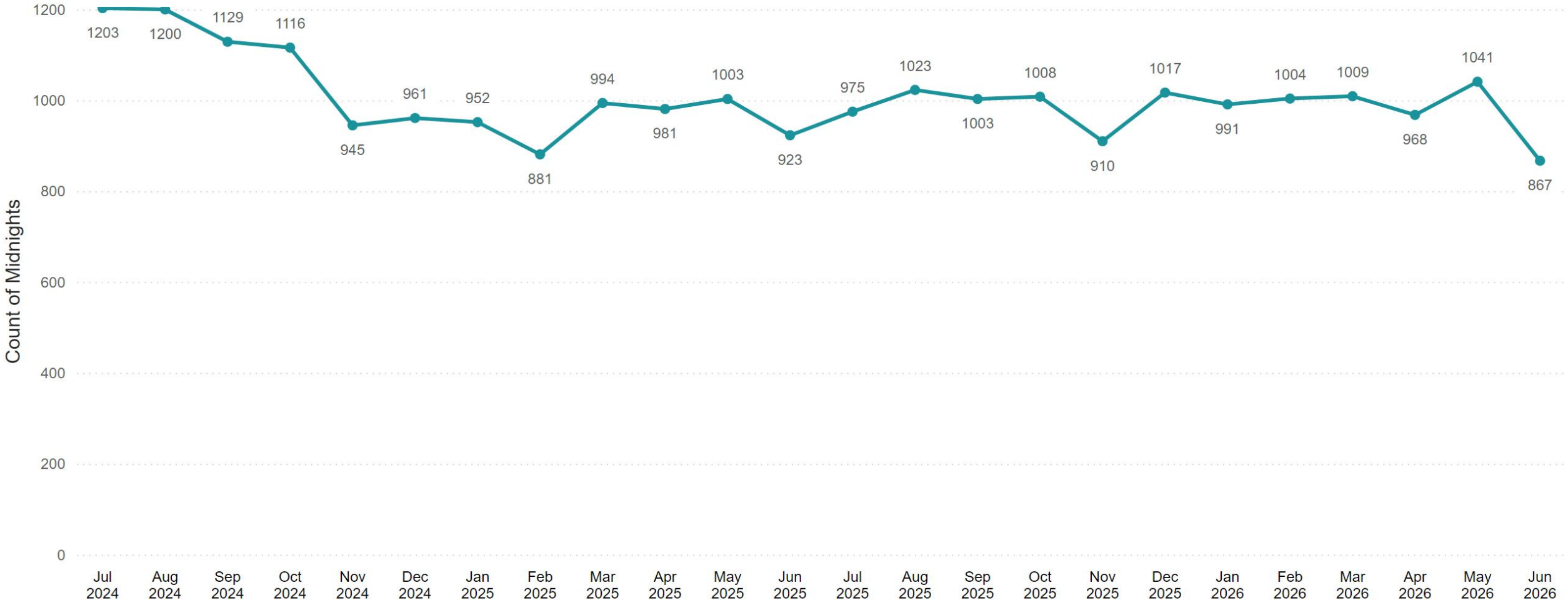
validated

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

ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

Owner: Angelica Almeida



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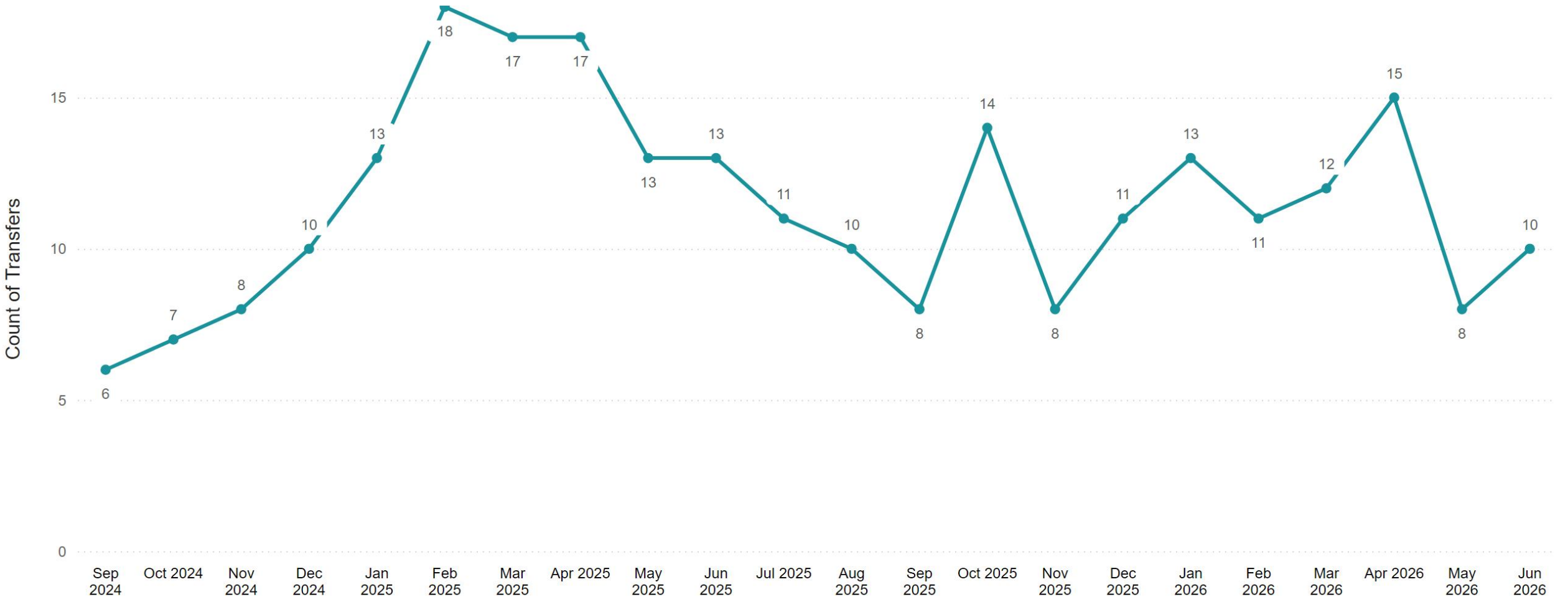
ZSFG to LHH Transfers

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Owners: Gabe Ortiz, Gillian Otway



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validated

Flow Data Definitions

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

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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.