

JCC CEO Data Report May 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 Capacity
 - 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

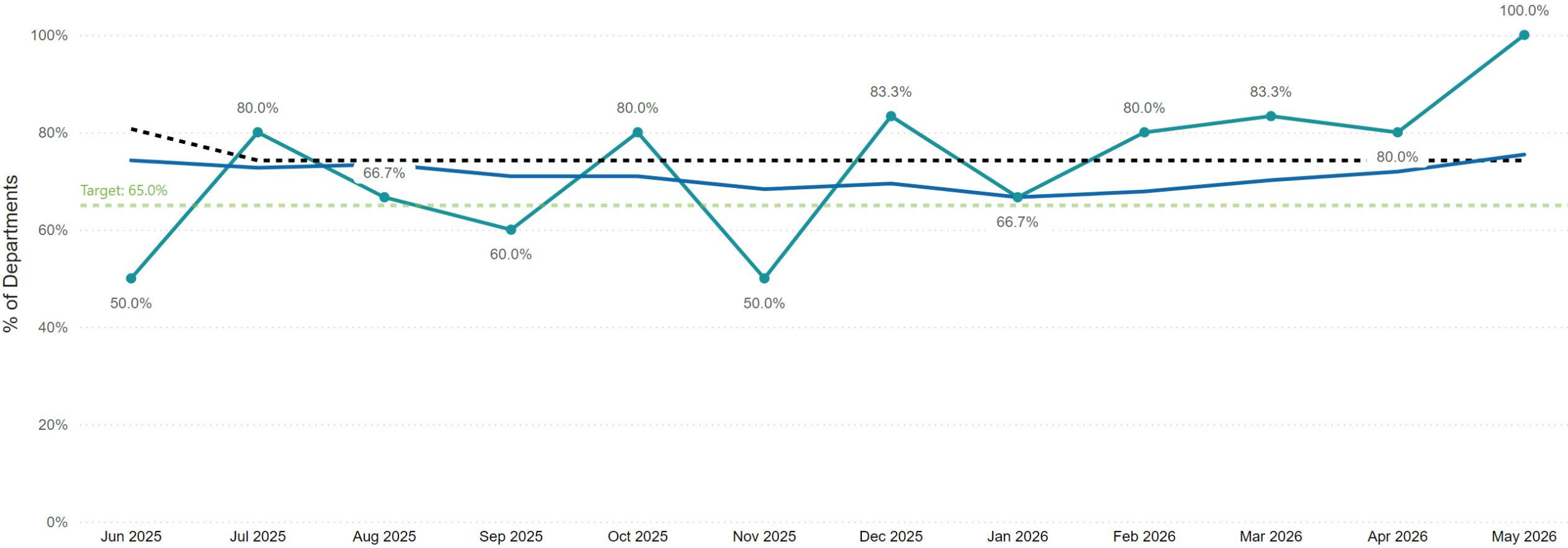
Owner: Susan Ehrlich



Rolling 12 Month	75.4%
Target	65%
Previous FY Baseline	74.2%



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



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Safety: Sepsis Bundle Compliance (SEP-1)

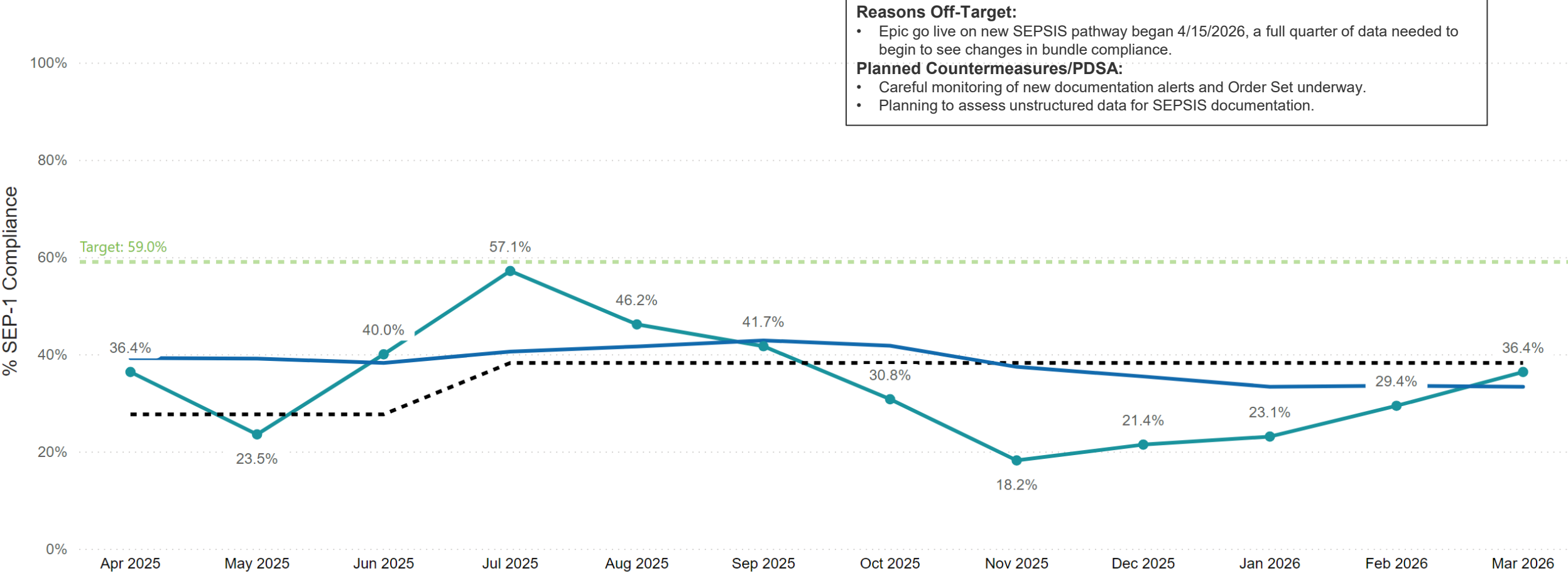
(due to manual abstraction, data is delayed)

Rolling 12 Month	33.3%
Target	59%
Previous FY Baseline	38.2%



Owners: Adrian Smith, Mary Mercer

● % 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.
- Planning to assess unstructured data for SEPSIS documentation.

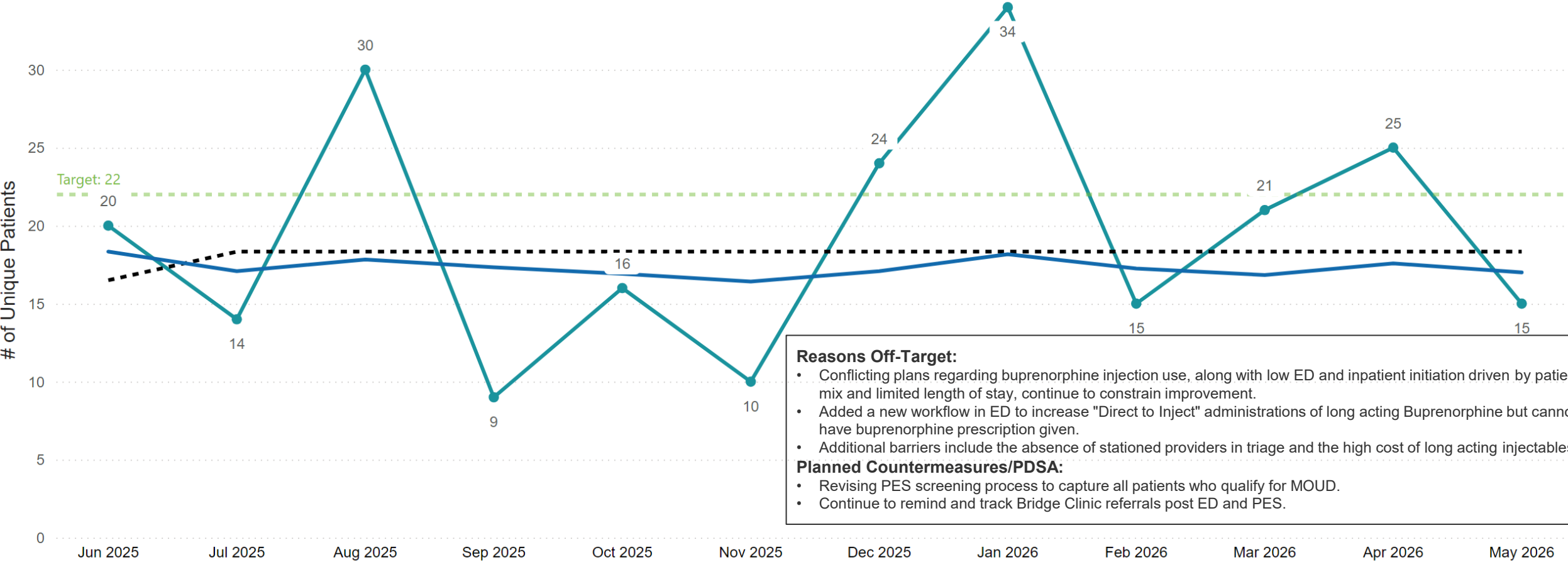
Safety: Medication for Opioid Use Disorder (MOUD)

Owners: Adrian Smith, Mary Mercer

Rolling 12 Month	17.00
Target	22
Previous FY Baseline	18.33



● # 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, continue to constrain improvement.
- 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:

- Revising PES screening process to capture all patients who qualify for MOUD.
- Continue to remind and track Bridge Clinic referrals post ED and PES.

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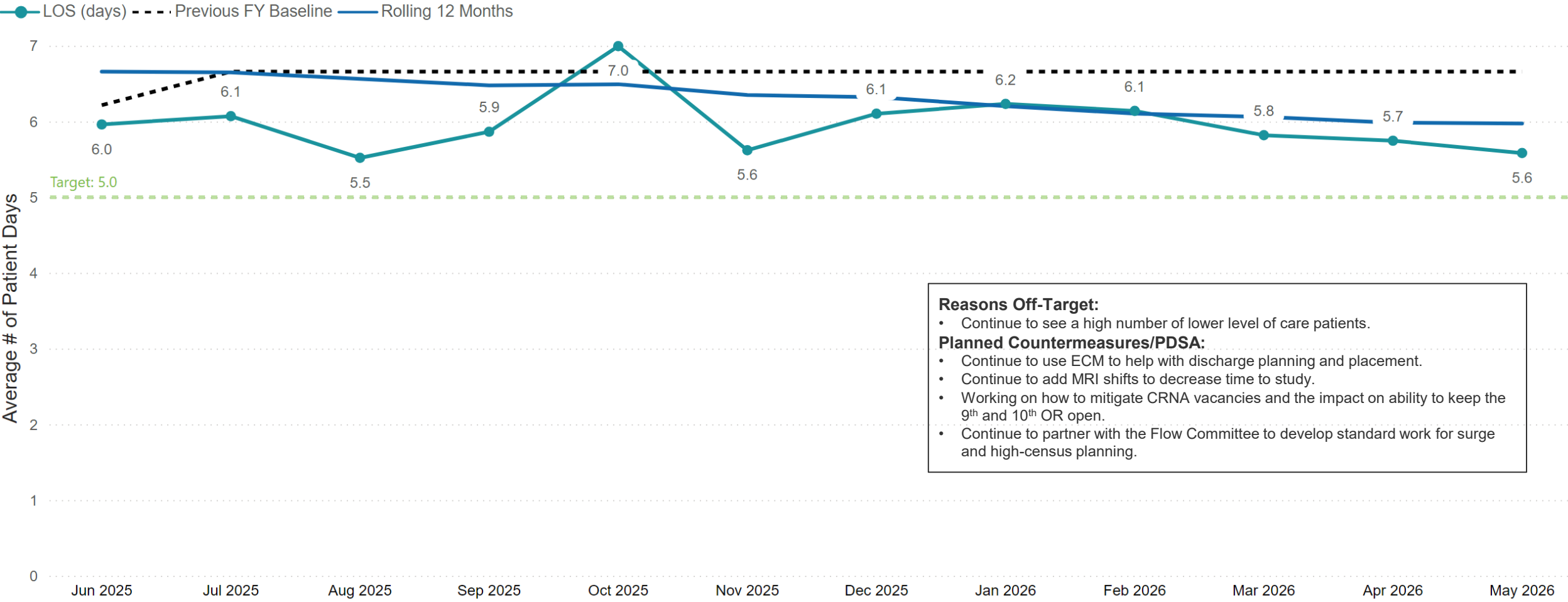
Quality: Adult Hospitalized - Operational Physical Health LOS (Inpatient & Observation)



Rolling 12 Month	5.97
LOS Target	5.0
Previous FY Baseline	6.66



Owners: Gabe Ortiz, Gillian Otway



Reasons Off-Target:

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

Planned Countermeasures/PDSA:

- Continue to use ECM to help with discharge planning and placement.
- Continue to add MRI shifts to decrease time to study.
- Working on how to mitigate CRNA vacancies and the impact on ability to keep the 9th and 10th OR open.
- Continue to partner with the Flow Committee to develop standard work for surge and high-census planning.

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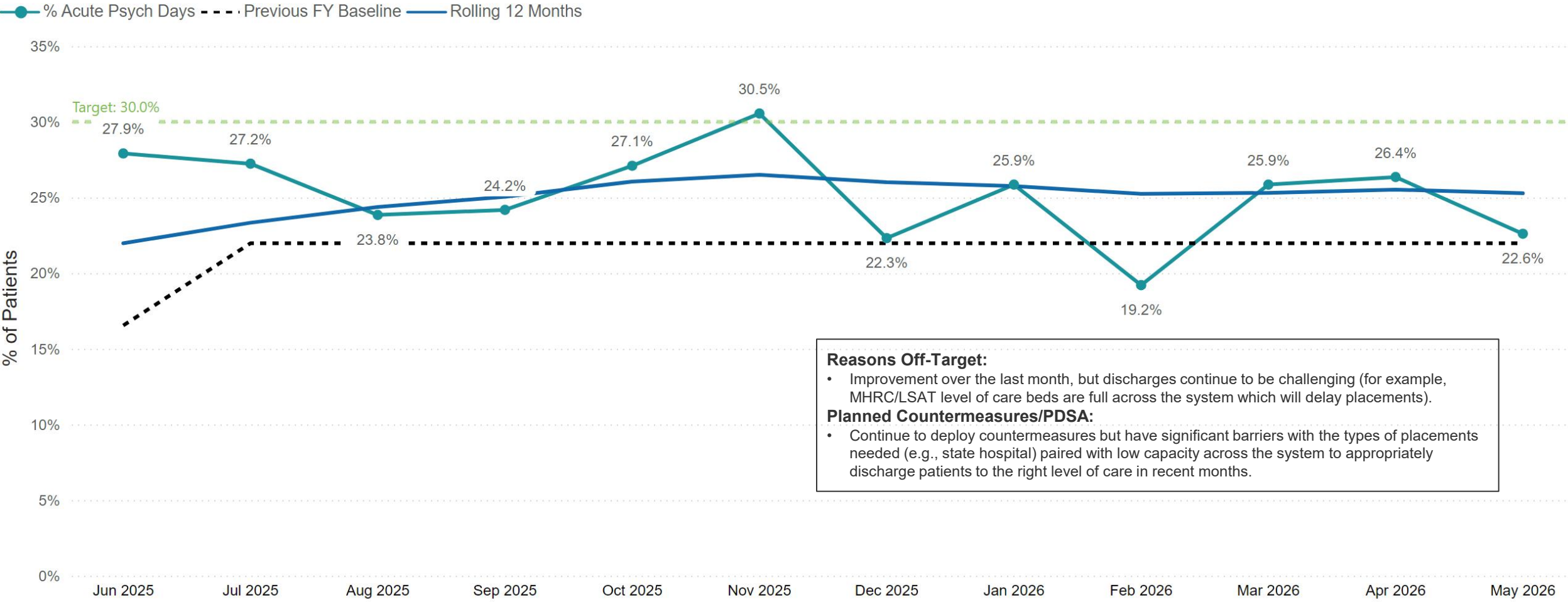


Quality: Psychiatric - % Acute Patients Days

Owner: Angelica Almeida



Rolling 12 Month	25.3%
Target	30.0%
Previous FY Baseline	22.0%



Reasons Off-Target:

- Improvement over the last month, but discharges continue to be challenging (for example, MHRC/LSAT level of care beds are full across the system which will delay placements).

Planned Countermeasures/PDSA:

- Continue to deploy countermeasures but have significant barriers with the types of placements needed (e.g., state hospital) paired with low capacity across the system to appropriately discharge patients to the right level of care in recent months.

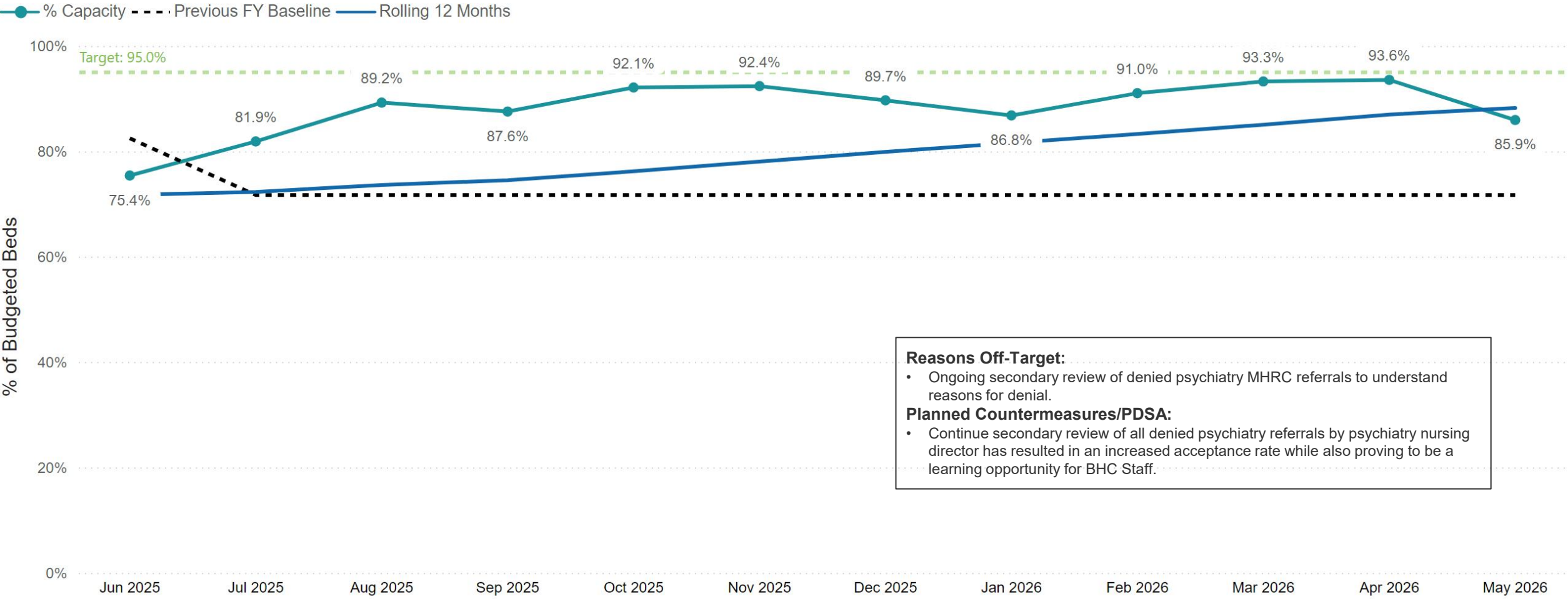
Quality: Psychiatric - MHRC Inpatient Bed Occupancy (Mental Health Rehabilitation Center)



Rolling 12 Month	88.2%
Target	95.0%
Previous FY Baseline	71.7%



Owner: Angelica Almeida



Reasons Off-Target:

- Ongoing secondary review of denied psychiatry MHRC referrals to understand reasons for denial.

Planned Countermeasures/PDSA:

- Continue 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.

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

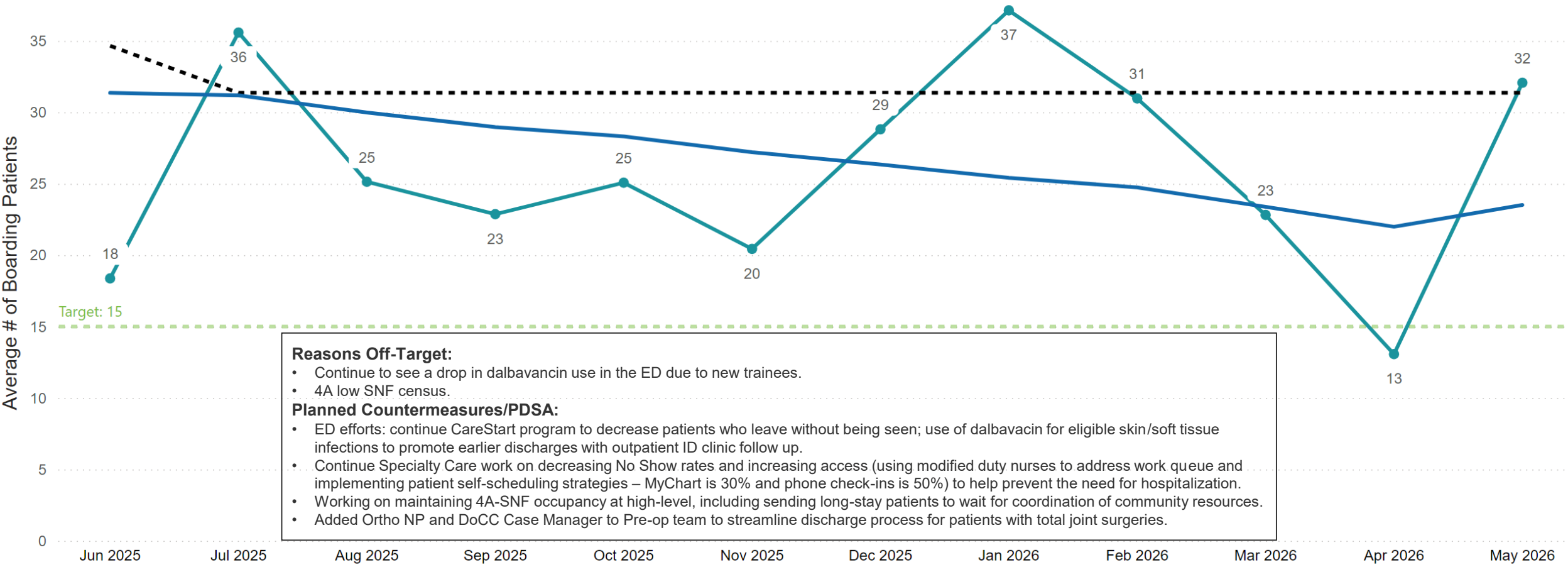
Owners: Gabe Ortiz, Gillian Otway



Rolling 12 Month	23.5
Boarding Target	15
Previous FY Baseline	31.4



● Average Peak Boarding - - - Previous FY Baseline — Rolling 12 Months



Reasons Off-Target:

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

Planned Countermeasures/PDSA:

- ED efforts: continue CareStart program to decrease patients who leave without being seen; use of dalbavacin for eligible skin/soft tissue infections to promote earlier discharges with outpatient ID clinic follow up.
- 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 – MyChart is 30% and phone check-ins is 50%) to help prevent the need for hospitalization.
- Working on maintaining 4A-SNF occupancy at high-level, including sending long-stay patients to wait for coordination of community resources.
- Added Ortho NP and DoCC Case Manager to Pre-op team to streamline discharge process for patients with total joint surgeries.



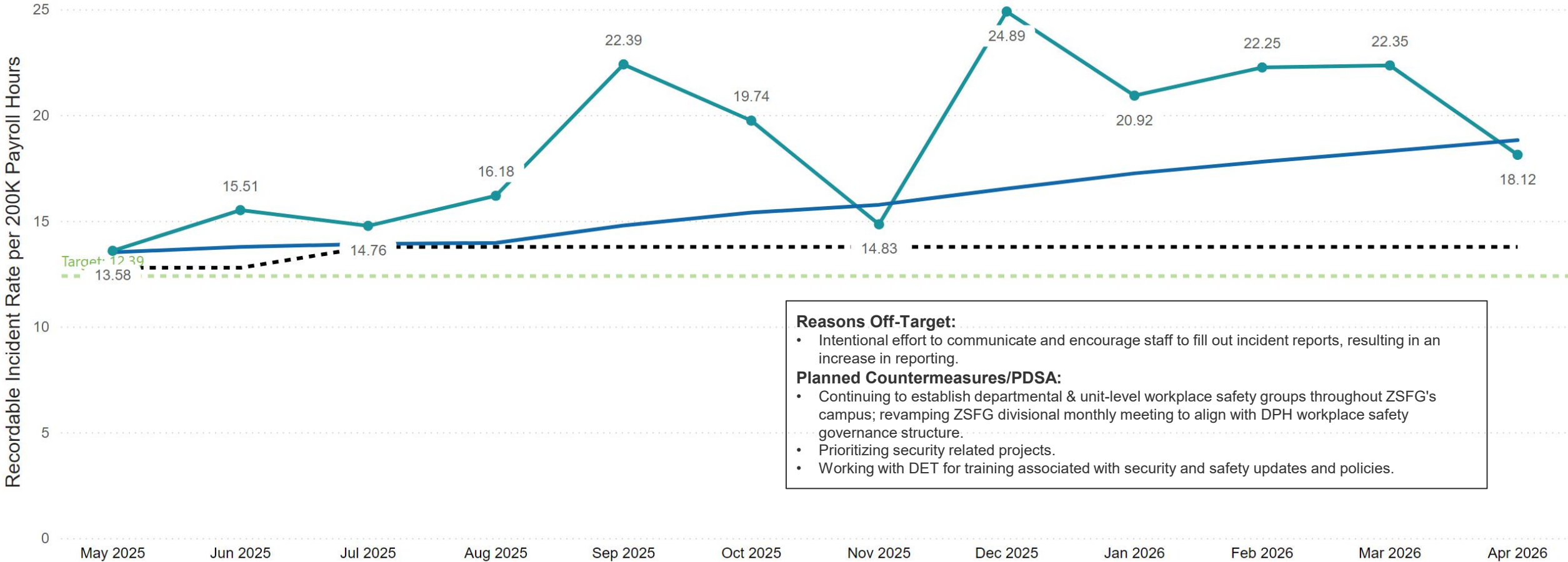
Rolling 12 Month	18.81
Target	12.39
Previous FY Baseline	13.76



People: Total Recordable Incident Rate (Hospital Wide)

Owners: Sabrina Robinson, Angelica Journagin

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



Reasons Off-Target:

- Intentional effort to communicate and encourage staff to fill out incident reports, resulting in an increase in reporting.

Planned Countermeasures/PDSA:

- Continuing to establish departmental & unit-level workplace safety groups throughout ZSFG's campus; revamping ZSFG divisional monthly meeting to align with DPH workplace safety governance structure.
- Prioritizing security related projects.
- Working with DET for training associated with security and safety updates and policies.

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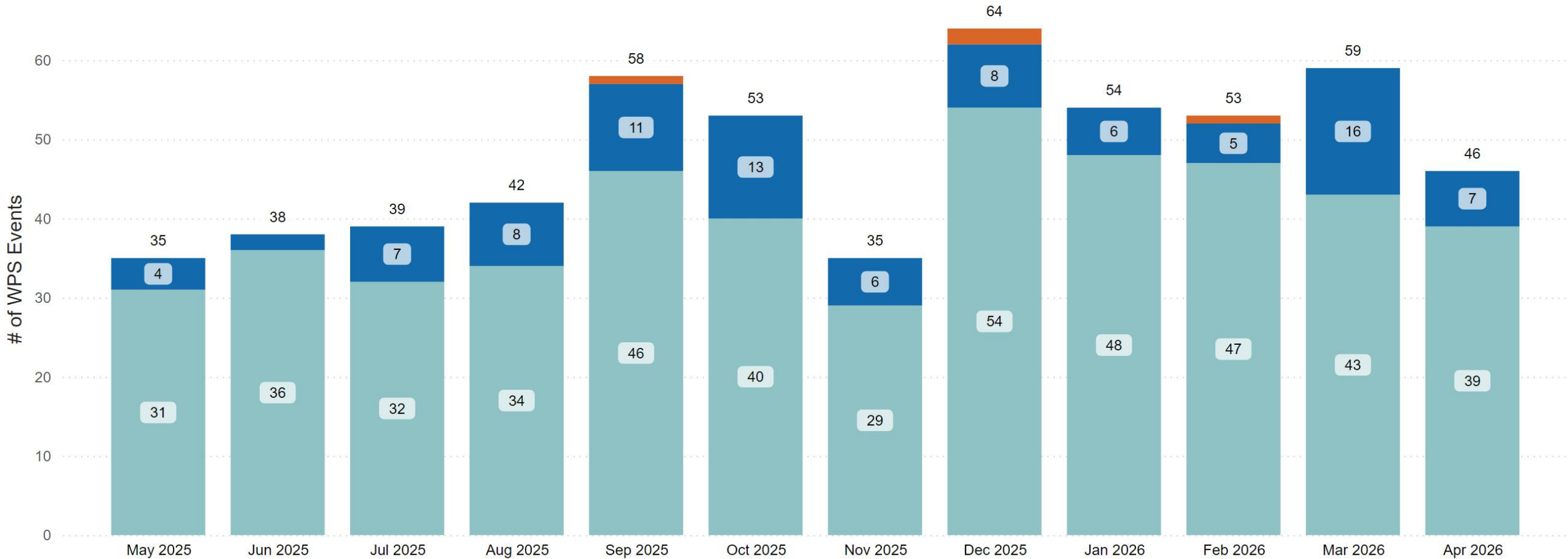


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People: Workplace Safety Events by Harm Level

Owners: Sabrina Robinson, Angelica Journagin

WPV Harm Level ● 1 Low ● 2 Mod ● 3 High



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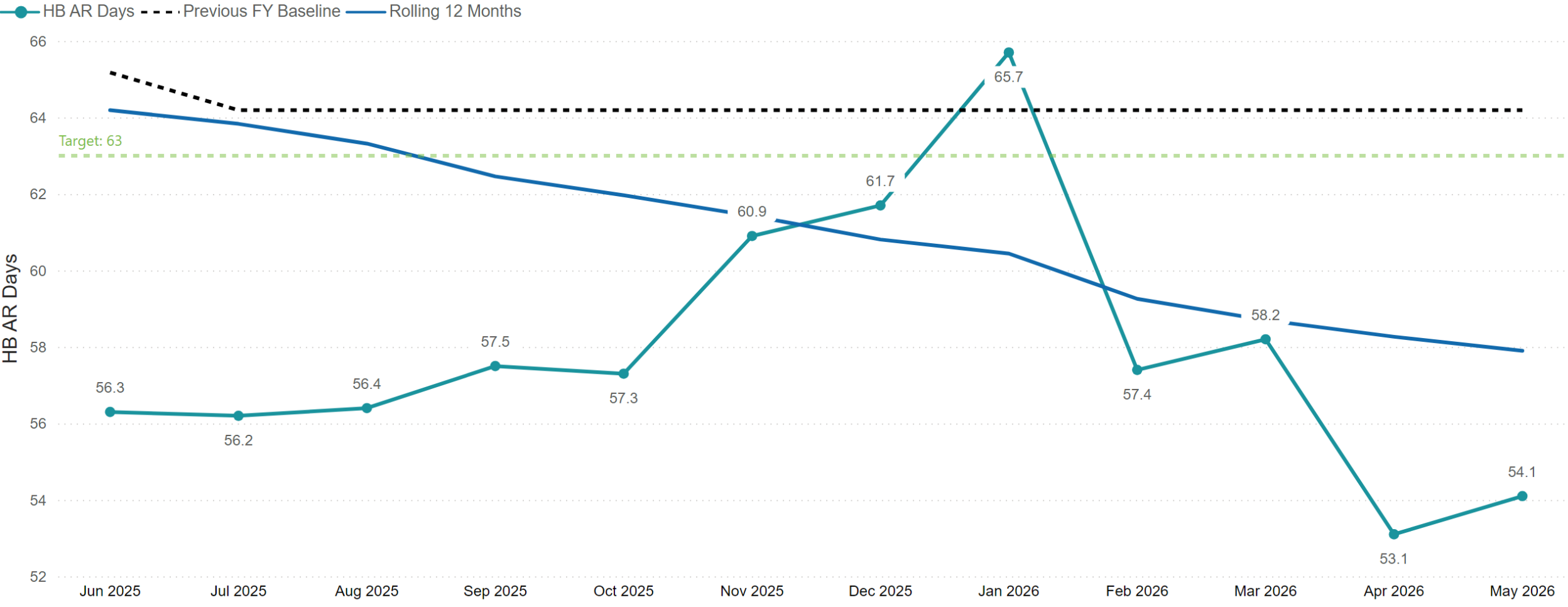
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Financial Stewardship: Account Receivable Days

Owners: Eric Wu, Hemal Kanzaria

Rolling 12 Month	57.9
Target	63
Previous FY Baseline	64.2



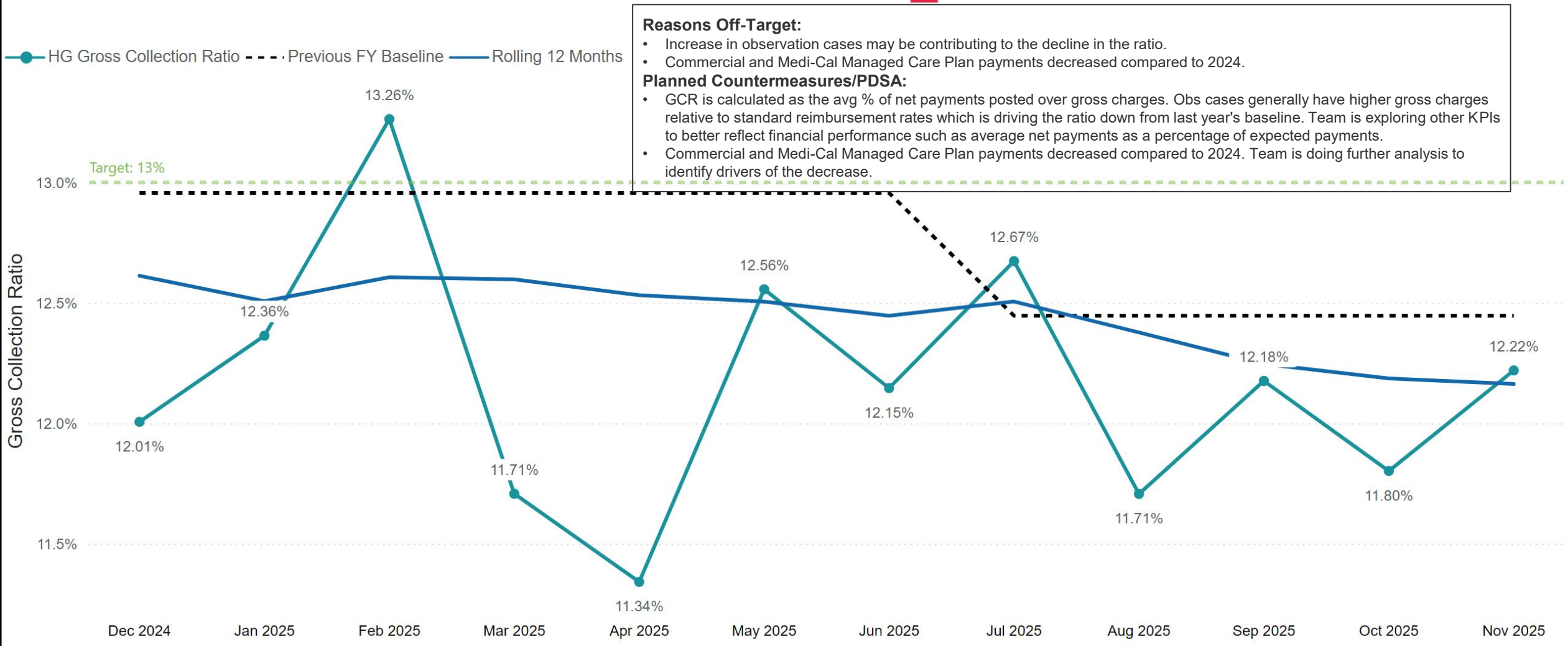
Financial Stewardship: Gross Collection Ratio

(due to collection timeline, 6 month lag)

Owners: Eric Wu, Hemal Kanzaria



Rolling 12 Month	12.16%
Target	13.0%
Previous FY Baseline	12.45%



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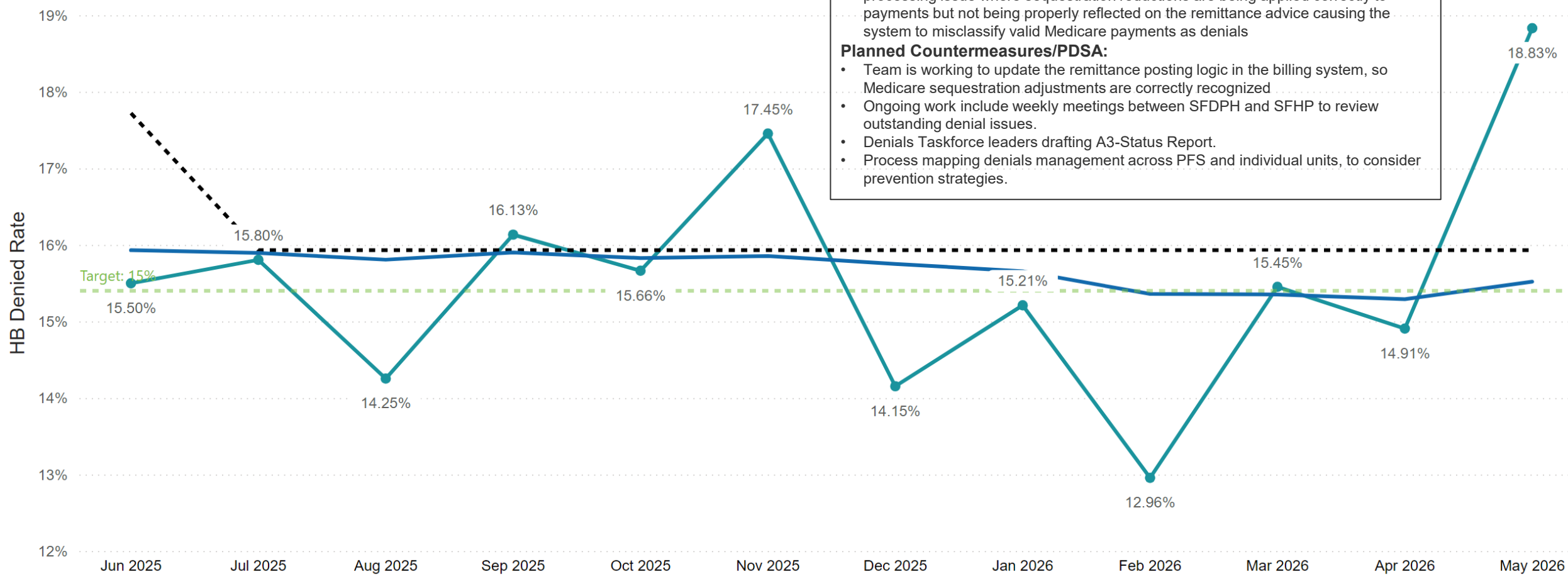
Financial Stewardship: Denied Rate - Hospital Billing

Owners: Eric Wu, Hemal Kanzaria

Rolling 12 Month	15.52%
Target	15.4%
Previous FY Baseline	15.93%



● HB Denied Rate - - - Previous FY Baseline — Rolling 12 Months



Reasons Off-Target:

- Spike in denials this month is primarily being driven by a Medicare remittance processing issue where sequestration reductions are being applied correctly to payments but not being properly reflected on the remittance advice causing the system to misclassify valid Medicare payments as denials

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 include 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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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.

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.

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Part 2: Flow Data

1. Input (Emergency Volume)

- ED, ED Diversion, PES

2. Throughput

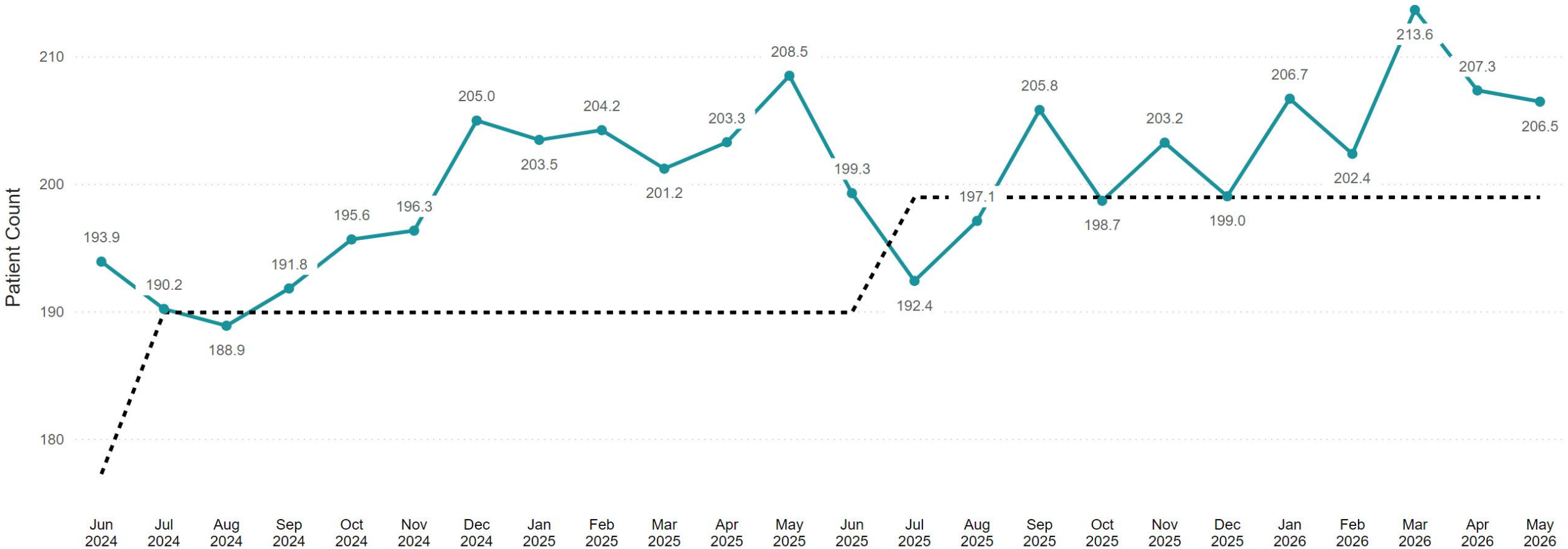
- Regulatory Length of Stay - Physical Health, Psychiatry, Maternal Child
- Operational Length of Stay - Physical Health, Physical Health and Observation, Observation
- LLOC - Physical Health and Psychiatry

3. ZSFG to LHH Transfers

Input - Medical ED Avg Daily Volume

Owners: Gabe Ortiz, Gillian Otway

● Average Daily Volume - - - Prior FY Baseline



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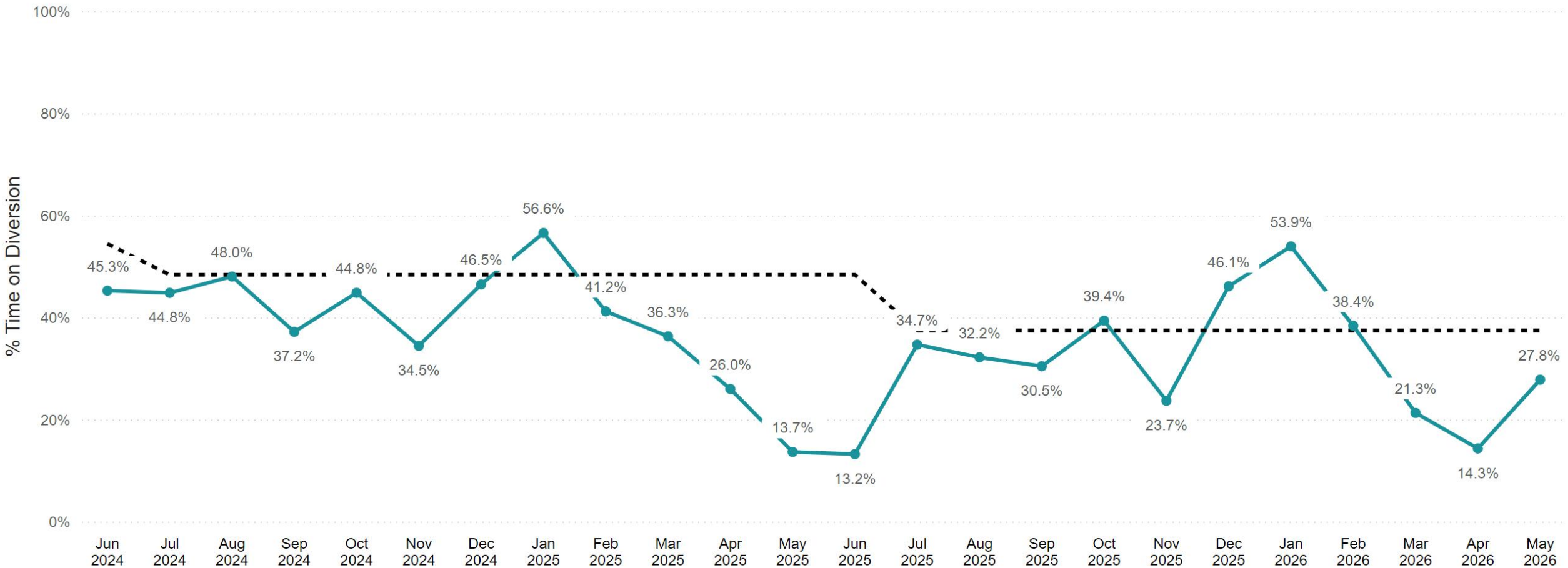


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Input - Percent of Time on ED Diversion

Owners: Gabe Ortiz, Gillian Otway

● % Time on Diversion - - - Prior FY Baseline



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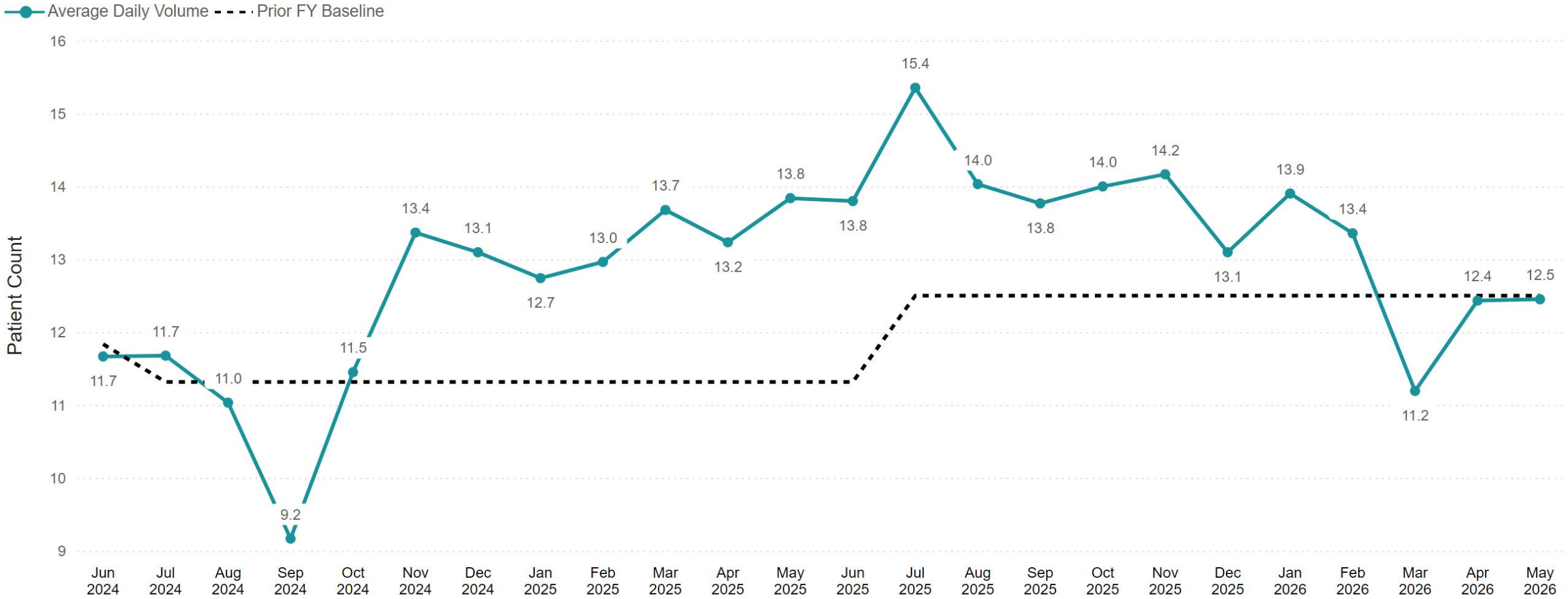
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Input - Psychiatric ED Avg Daily Volume

Owner: Angelica Almeida



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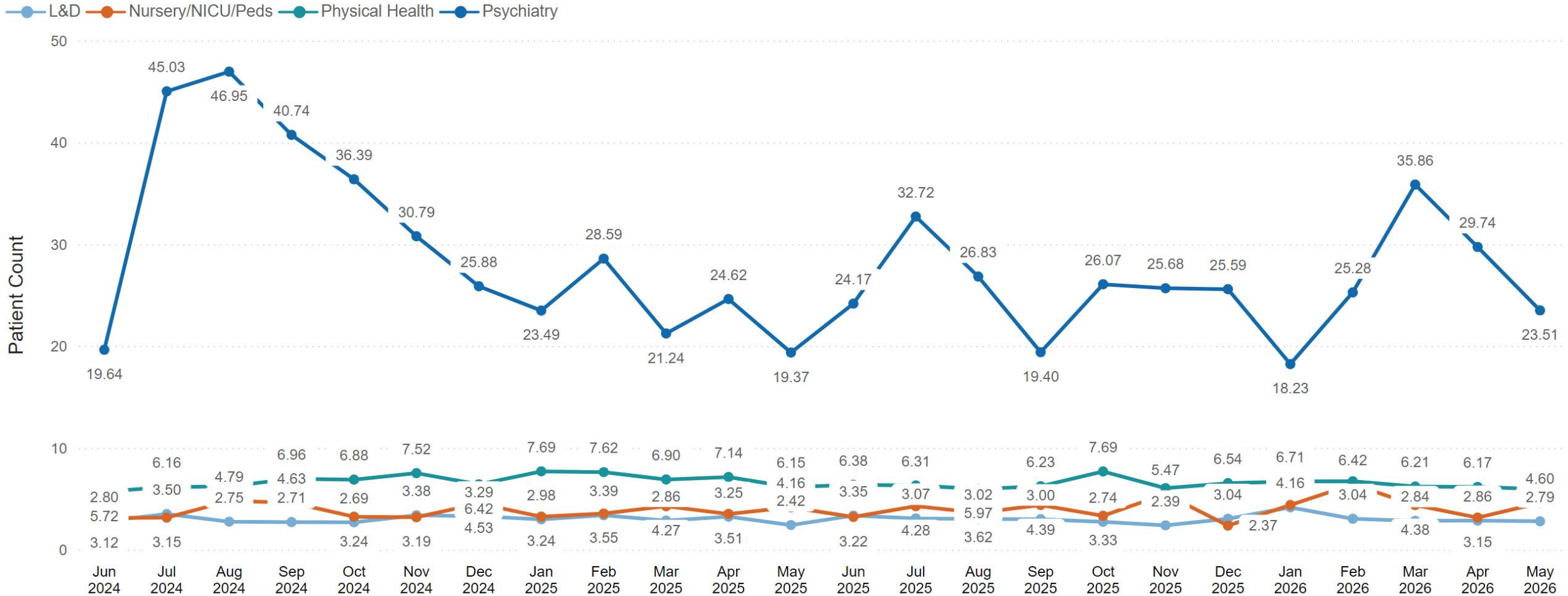
validated

Median LOS Days

L&D	2
Nursery/NICU/Peds	2
Physical Health	4
Psychiatry	12

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

Owners: Gabe Ortiz, Gillian Otway, Angelica Almeida



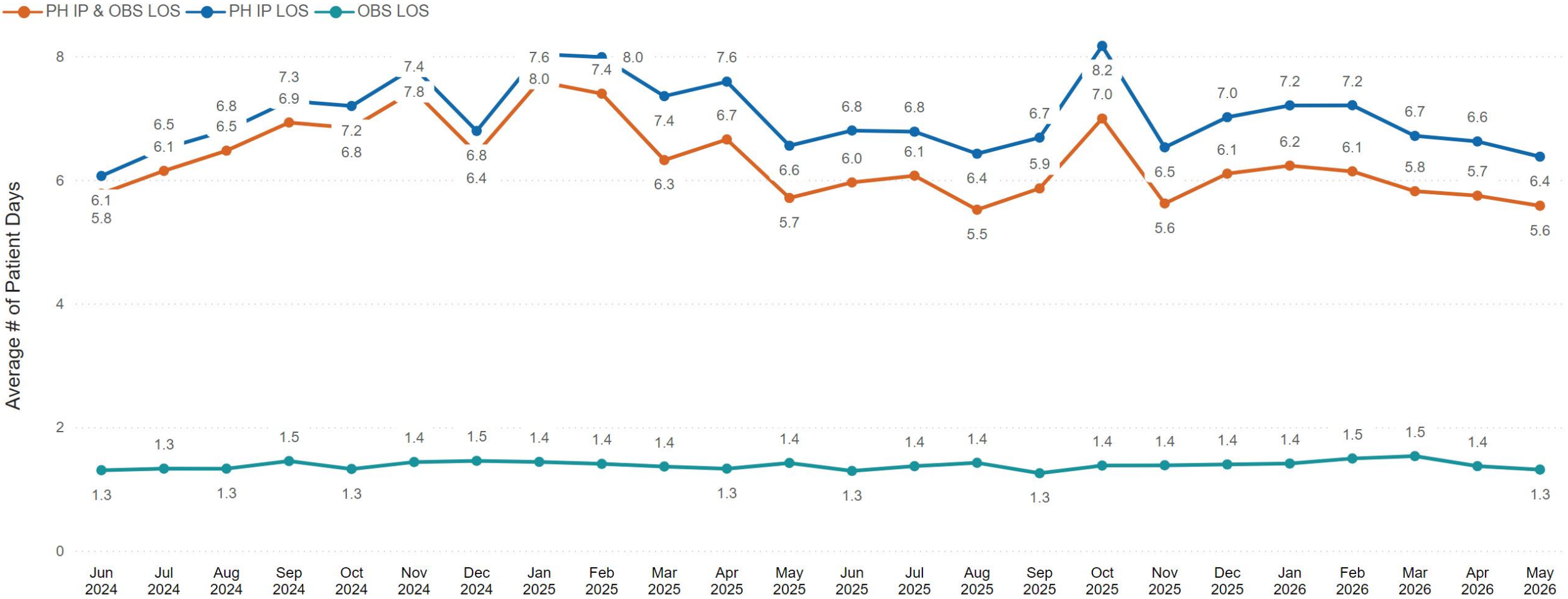
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Throughput - Operational Physical Health Hospitalized Patient Length of Stay (in Days) Stratified by Observation Status

Owners: Gabe Ortiz, Gillian Otway



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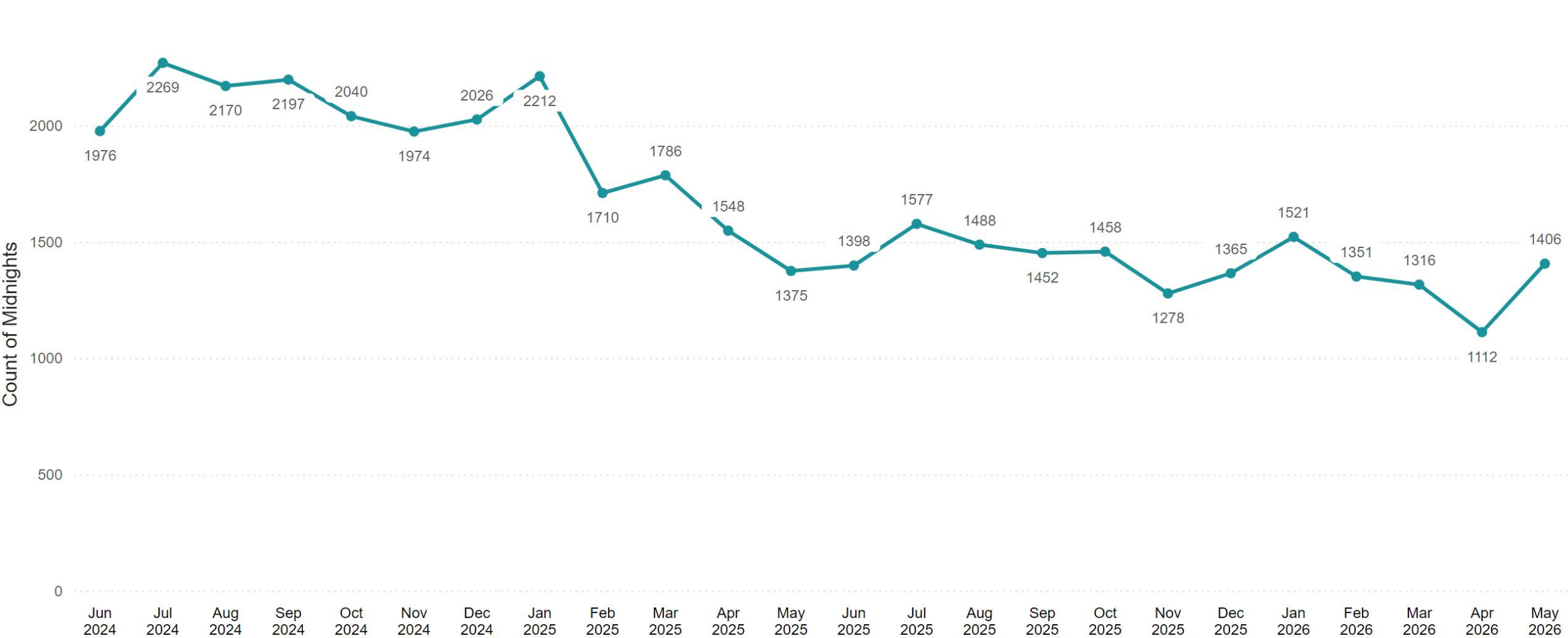
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Throughput - MedSurg Lower Level of Care (Bldg 25, except 2nd Floor and H52)



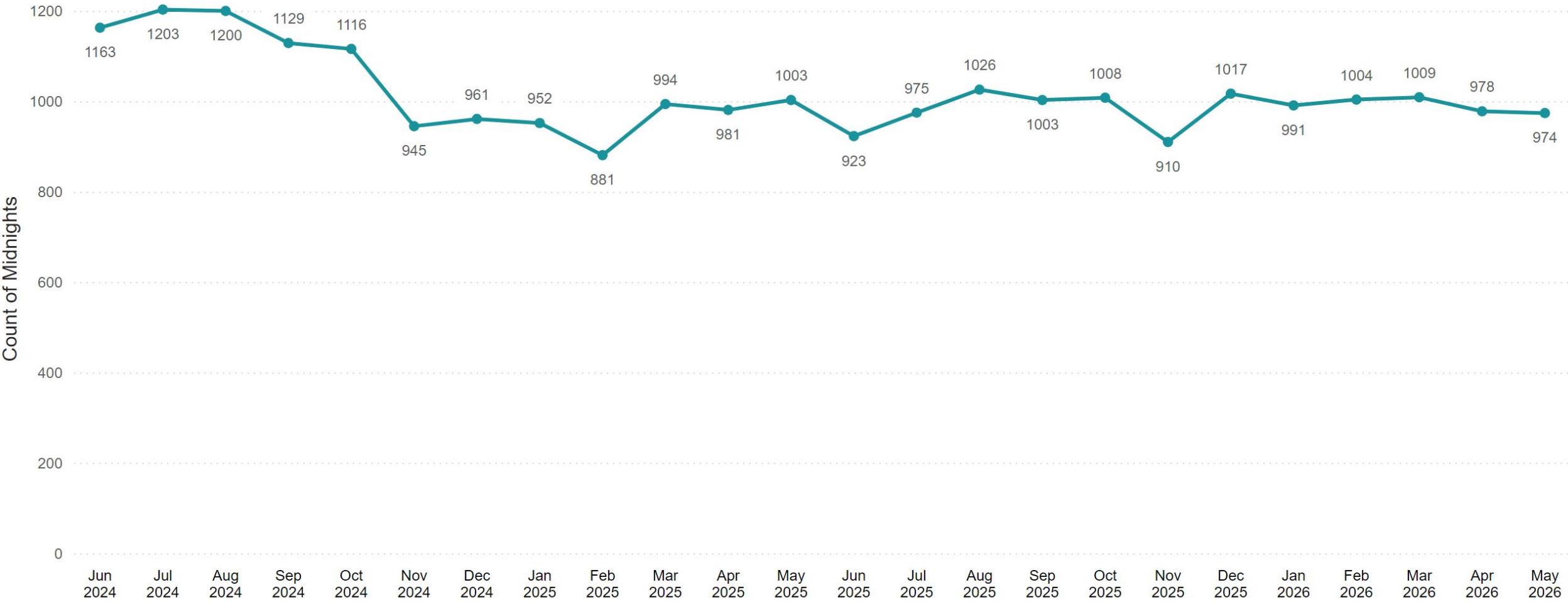
Owners: Gabe Ortiz, Gillian Otway



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

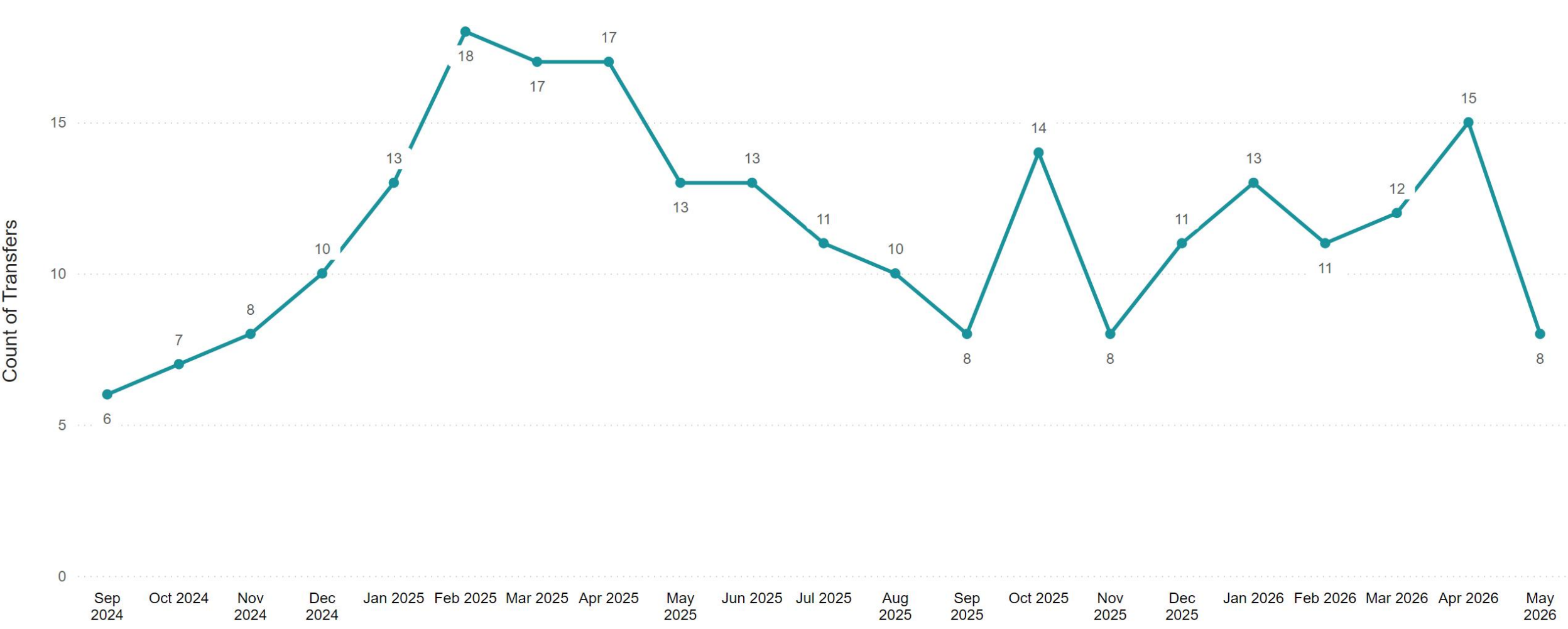


Owner: Angelica Almeida



ZSFG to LHH Transfers

Owners: Gabe Ortiz, Gillian Otway



Flow Data Definitions

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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.

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