ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

UCSF
University of California
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ZSFG Access and Flow Update

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San Francisco
Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco
Department of Public Health

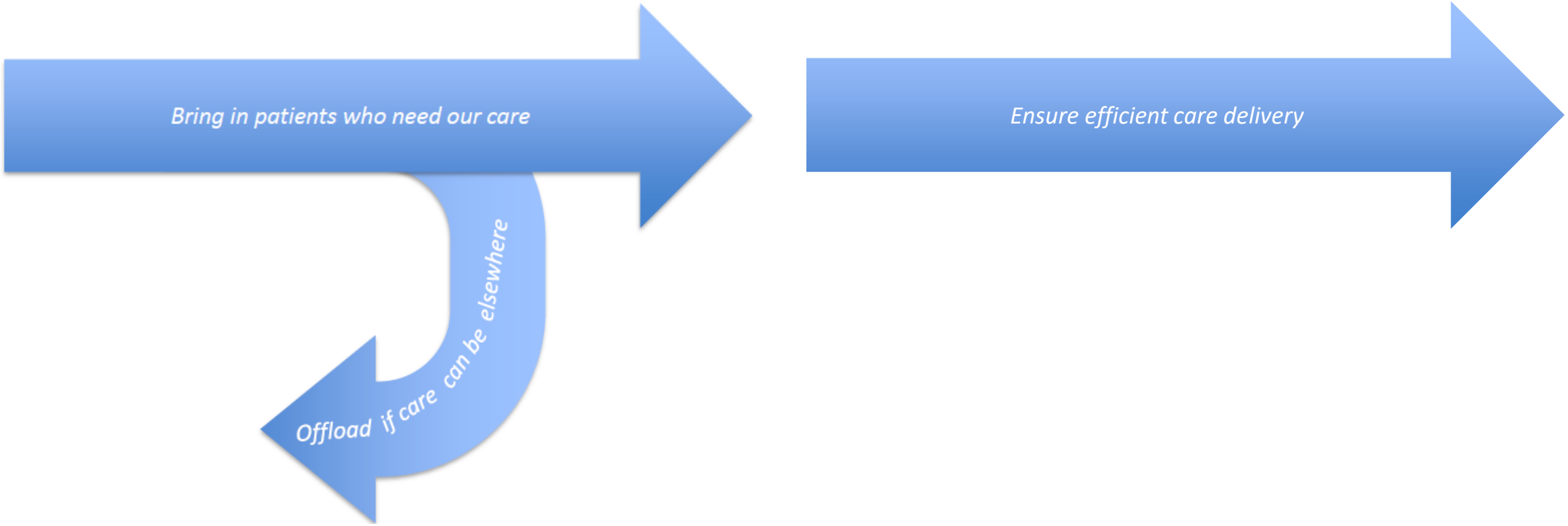
Agenda

1. Flow strategy drivers
2. KPI Table, Run Charts, and Operational Alignment
3. Successes in FY26
4. Future directions

Flow Strategy Drivers Schematic

RIGHT CARE, RIGHT PLACE

RIGHT TIMING

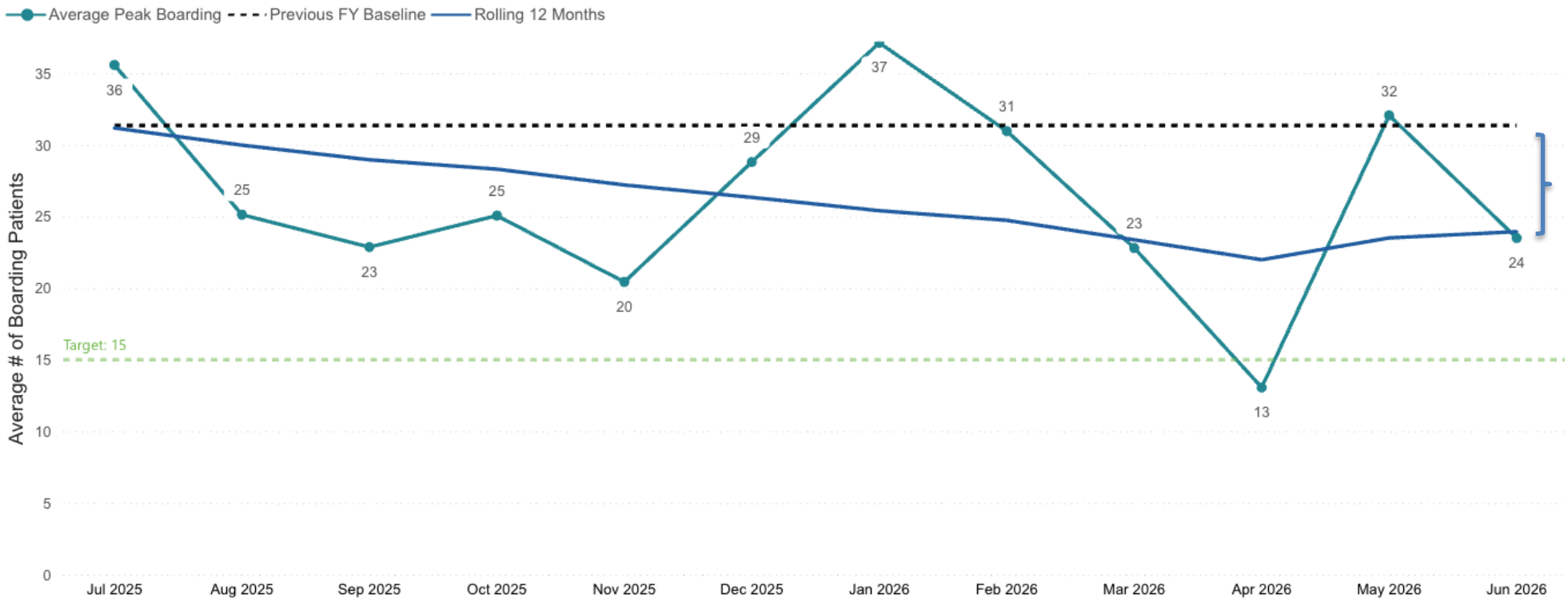


KPI Table – defining and measuring success

Strategic Driver	KPI Metrics	Baseline FY25	Benchmark	Targets by Dec 2026
RIGHT CARE, RIGHT PLACE	PHYSICAL HEALTH: Peak # of boarding pts/day (ED, ICU, and PACU)	31 pts	0	≤15 pts
	PSYCHIATRY: MHRC Occupancy Rate	71.7%	100%	95%
RIGHT TIMING	PHYSICAL HEALTH: Adult hospitalized medical patient LOS (days)	6.6 days	5.1	≤5.0 days
	PSYCHIATRY: Inpatient psychiatric acute days (% of total days)	16.5%	44.4% (CA state median)	≥30%

Boarding – Medical Patients (ED, PACU, ICU)

Rolling 12 Month	23.9
Boarding Target	15
Previous FY Baseline	31.4

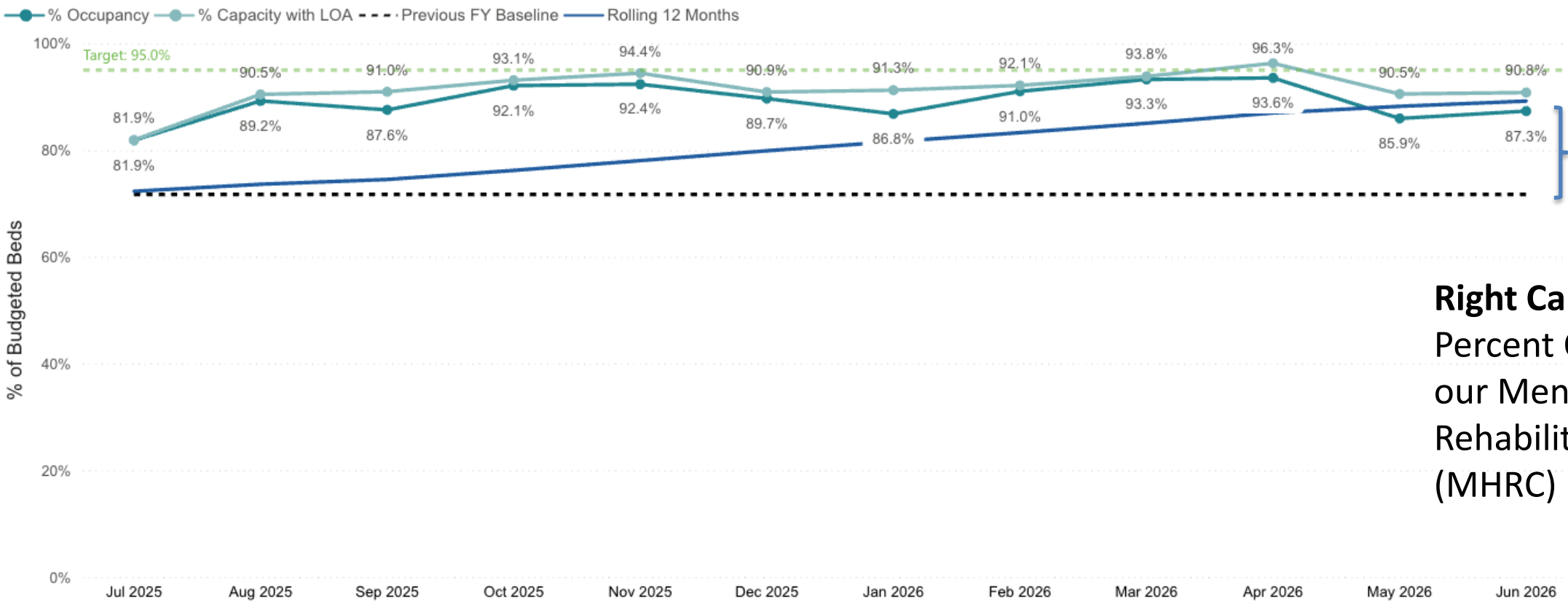


Net -7 boarding patients

Right Care, Right Place: # of boarding medical patients/day in ED, ICU, and PACU (Peak # of boarding patients each day, then averaged for the month)

MHRC Occupancy

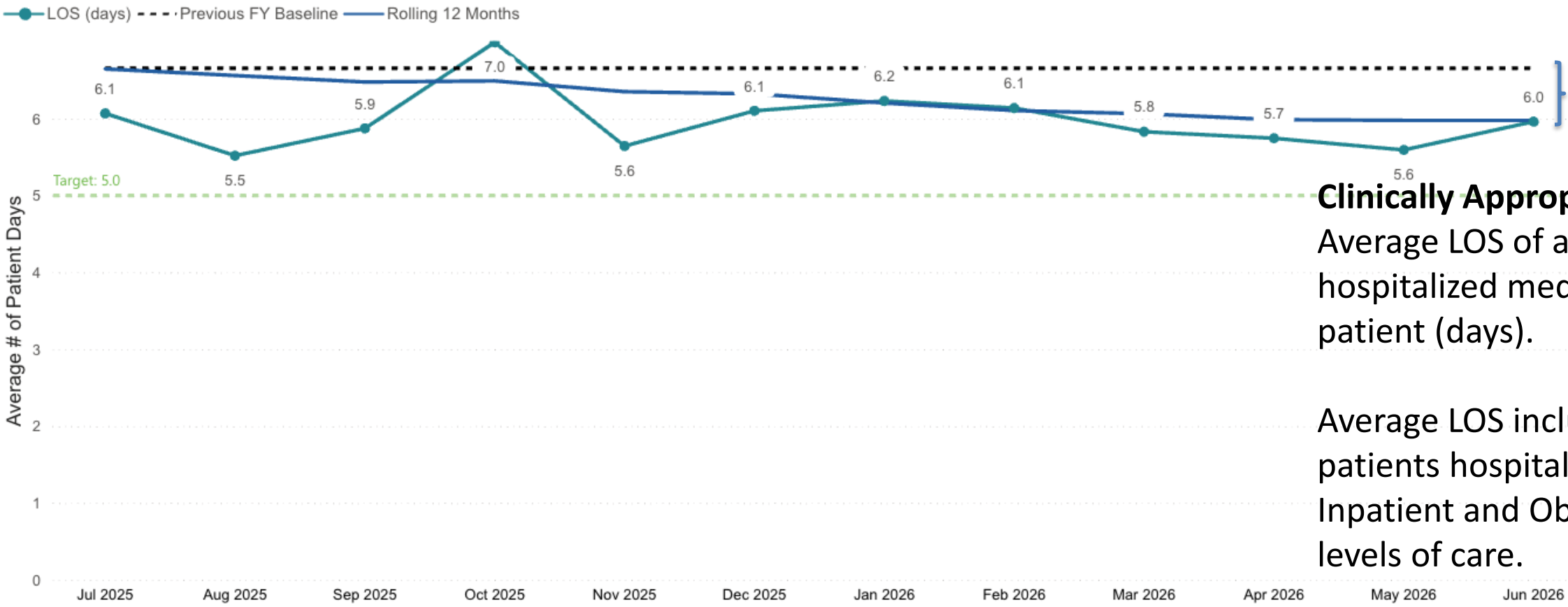
Rolling 12 Month	89.2%
Target	95.0%
Previous FY Baseline	71.7%



Right Care, Right Place: Percent Occupancy of our Mental Health Rehabilitation Center (MHRC)

Adult Hospitalized Patient LOS

Rolling 12 Month	5.98
LOS Target	5.0
Previous FY Baseline	6.66



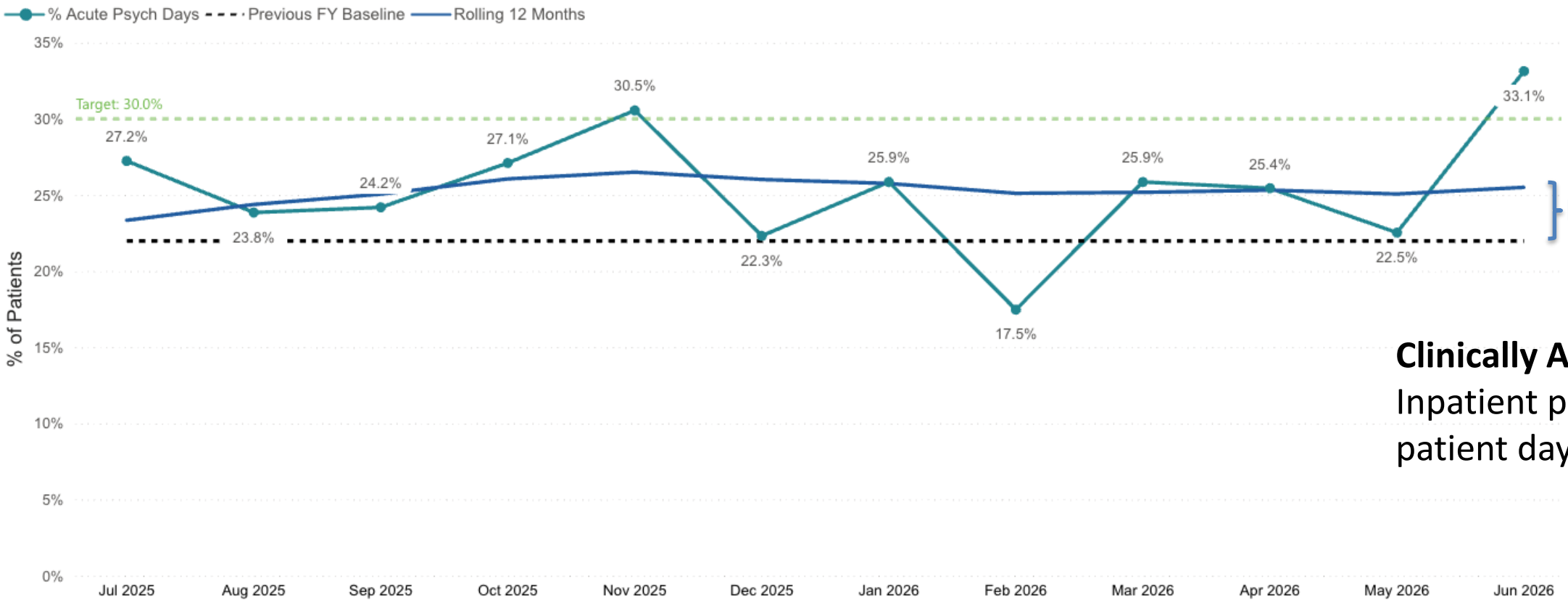
Net -0.68 days

Clinically Appropriate LOS: Average LOS of adult hospitalized medical patient (days).

Average LOS includes <u>both</u> patients hospitalized for Inpatient and Observation levels of care.

Inpatient Psychiatry - % Acute Care Days

Rolling 12 Month	25.5%
Target	30.0%
Previous FY Baseline	22.0%



Net +3% acute days

Clinically Appropriate LOS:
Inpatient psychiatric acute patient days (% total days)

Scorecard showing top Operational KPIs in alignment with the Access and Flow Strategy

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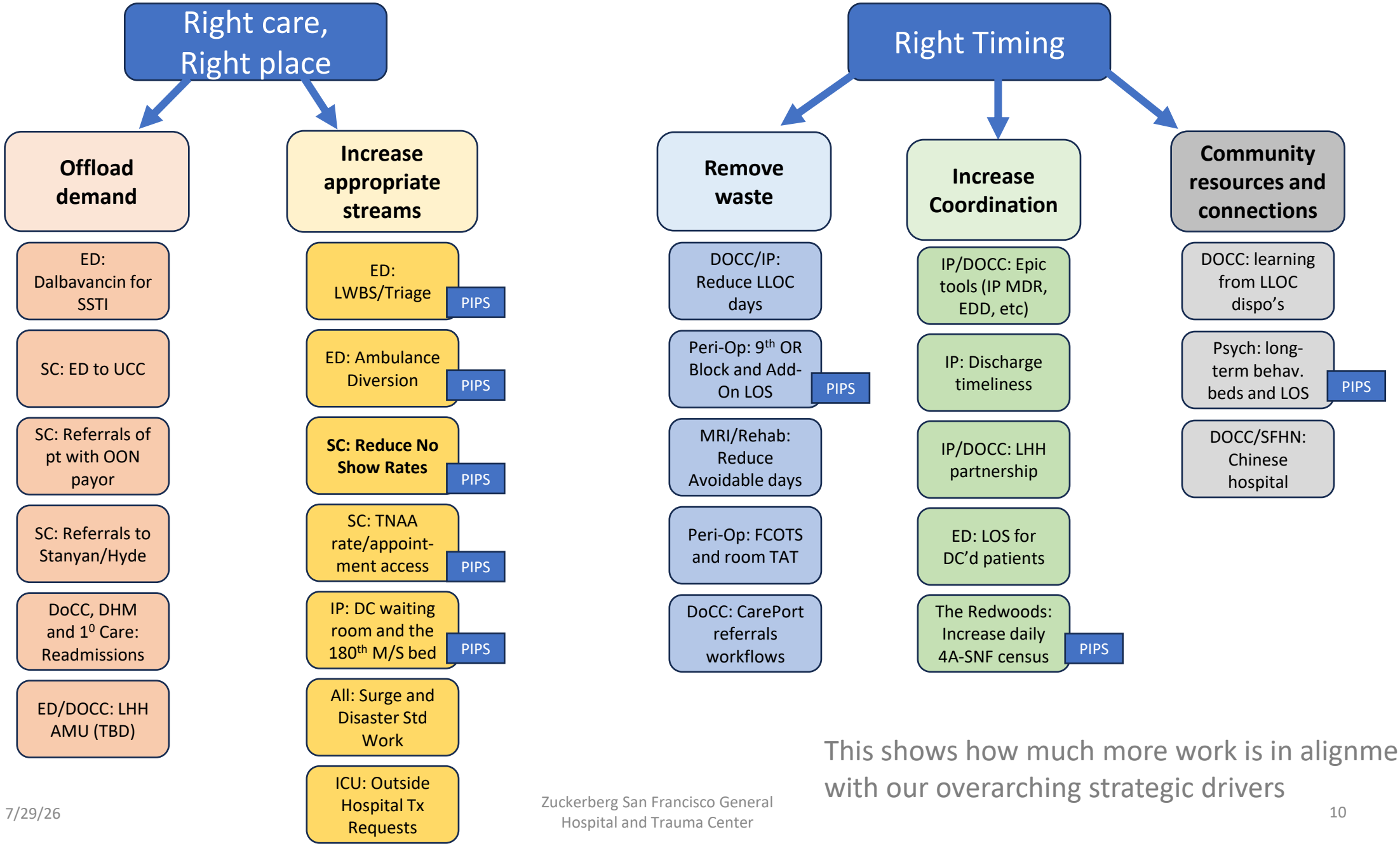
Hospital and Trauma Center

Unit/Dept: Flow & Access Committee
Updated: 07/24/2026

Purpose Statement: To track our performance in achieving True North, using focused driver metrics aligned with Flow & Access strategic A3.

Driver Metric	Owner	True North Pillar	Measure Unit	Baseline	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	FYTD	Improvement Direction & On/Off Target	Target
Clinics <= 21 Days TNAA (%)	Specialty Care - S. Patel & M. Roca	Quality	% Clinics	91.8%	86%	86%	84%	89%	85%	84%	89%	89%	72%	81%	79%	76%	**83%**	↑	100%
Add-on Cases Complete < 24 hrs (%)	Peri Op - P. Coggan & D. Palaniappa	Quality	% Cases	61%	54%	58%	69%	54%	62%	62%	68%	64%	66%	69%	71%	72%	**64%**	↑	70%
ED LOS for Discharged Patients (minutes)	ED - S. Straube & C. Colwell	Quality	Minutes	308	308	302	313	317	293	312	299	309	289	276	283	299	**300**	↓	278
MedSurg LLOC (midnights)	DOCC - P. Coggan, A Ou, N. Iverson, R. Mourgos	Quality	Days (Midnights)	1862	1577	1488	1452	1458	1278	1365	1521	1351	1316	1112	1304	1212	**1370**	↓	1200
Average Daily Patients in The Redwoods / 4A	The Redwoods - T. Bhakta & T. Villela	Quality	# Patients	n/a	20.4	16.2	18.6	23.3	19.7	19.7	18.4	21.3	24.3	23.1	16.8	20.1	**20.16**	↑	20
Discharge Room Utilization per Month	Med-Surg - T. Bhakta & L. Winston	Quality, Financial Stewardship	# Patients	n/a	1	8	6	8	2	3	22	20	14	23	16	26	**12.42**	↑	40
Median LOS of Patients on IP Psych with LSAT/MHRC as Discharge Dispo (midnights)	Psychiatry - J. Torres	Quality	Days (Midnights)	86	88	44.5	40	38.5	70	182	104	75.5	45	91	92.5	124	**82.9**	↓	77

Flow Strategy Driver Diagram



This shows how much more work is in alignment with our overarching strategic drivers

Recent Successes - more examples

- **Emergency Department:** LWBS rates sustained <2% over the last year. Ambulance diversion decreased to 32% in FY26. Around 25% of patients discharged from the ED are cared for in waiting room/triage.
- **Inpatient Care Areas:** our teams have been successful in discharging high total numbers of patients. Discharge waiting room efforts have saved acute bed time, averaging around 24hours of bed time saved per month.
- **Critical Care:** These teams have been working hard to meet census demands while maintaining safe and high-quality care. They are exploring the transfer of polytrauma patients to our hospital from outlying counties.
- **Peri-Operative Services:** The 9th operating room block has reduced LOS for hospitalized patients awaiting surgical procedures, saving an estimated 2,889 days each year and necessitating fewer "bumps". These teams are also working on efficient use of our procedural area, like room turnover and first case on-time starts. The 10th room has launched in pilot, limited form, hampered by staffing limitations.
- **The Redwoods (aka: 4A-SNF):** Average census has been maintained over 20 patients over the last year.
- **Specialty Care:** Our teams have been working on decreasing no-shows, decreasing out-of-network appointments, and decreasing the backlog of referrals, while increasing clinic access. New workflows allow patients to self-schedule, including automated messaging to patients 7 days/week.
- **Inpatient Psychiatry:** The discharge rate remains high, improving flow from all parts of our campus, especially through PES, where boarding is down from 78 hours to 62 hours in FY26.
- **MHRC:** Occupancy is being driven upwards. The team is working hard to stabilize patients who otherwise would require higher levels of care (e.g., LSAT) so that they can be discharged to MHRC level of care.
- **Department of Care Coordination:** This team supports all of our care areas, especially by identifying plans for our most complex patients. LLOC days are down to 1300 per month in FY26. They continue to partner with LHH.

Future directions

- Diagnostic Imaging embedded into Flow Committee
- Rehabilitation embedded into Flow Committee
- 10th Operating Room
- Disaster and Surge standard work optimization
- Project Phoenix Flow Navigator tool development and testing
- Ongoing support of current work to ensure gains can be sustained while additional work is advanced

Thank you!