

| Patient Experience | | Performance | | FY18 Goals | Benchmark | |
|--|--|------------------------------|-----------------|--------------------------------------|---|-------------------------------------|
| | | FY17 | FY18 | | | |
| Would Recommend Hospital (% of units, practices, services improving) | | 62% (42/68) | 59% (45/76) | *FY18 IAP Goal Target: 59% | *Detailed Experience Report on Back Page | |
| Physician Communication (% of units, practices, services improving) | | 63% (44/70) | 67% (50/75) | *FY18 IAP Goal Outstanding: > 62% | | |
| Quality & Safety | | Performance | | FY18 Goals | Benchmark | |
| | | FY17 | Month | | | FY18 |
| Clinical Outcomes | Inpatient Mortality (O/E index) | 0.83 | 0.84 | 0.90 | 0.80 | 0.75 |
| | | | Jun-18 | | | Vizient 1st decile |
| | Sepsis Mortality Index (O/E index) | 1.11 | 1.05 | 1.16 | 1.08 | 0.96 |
| | | | Jun-18 | | | Vizient 1st decile |
| | 30-day All-Cause Readmissions (per monthly discharges) | 11.4% | 11.11% | 11.39% | < 11% | 8.06% |
| | | | May-18 | | | Vizient 1st decile |
| Ambulatory Quality (% of metrics meeting benchmark) | 5/9 | NA | *8/9 | 9/9 | NCQA/HRSA 1st decile * Detailed Report on Back Page | |
| Zero Harm | Harm Events (actual # of harm events) | 89 (monthly) 1,070 (FY17) | 85 | 1,001 | *FY18 IAP Goal Outstanding: eliminate 100 (*with volume adjustment) | * Detailed Harm Report on Back Page |
| | | | Jun-18 | | | |
| Our People | | Performance | | FY18 Goals | Benchmark | |
| | | FY17 | FY18 | | | |
| Staff | Gallup Engagement Survey (grand mean) | 3.87 | 3.88 | 4.07 | 4.13 | |
| | | | | | 50th %ile Gallup Healthcare | |
| Provider | UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100) | -4 | 1 | 6 | 22 | |
| | | Mar-17 | Mar-18 | | Bain Survey, Front Lines of Healthcare, 2017 | |
| | UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100) | 13 | 21 | 21 | NA | |
| | | Mar-17 | Mar-18 | | External Comparison | |
| Financial Strength | | Performance | | FY18 Goals | | |
| | | FY17 | Month | | | FY18 |
| Net Income UCSF Health West and East Bay | | \$163.6M | \$60M | \$322M | \$72M | \$153M |
| | | | Jun-18 | | Jun-18 | |
| Net Income with actuarial adjustment for retirement benefits | | (\$27.6M) | \$52M | \$206M | \$62M | \$27M |
| Operating Cost per Case (Adjusted for outpatient activity and acuity) | | \$23,336 | \$26,330 | \$24,211 | *FY18 IAP Goal Outstanding: \$24,622 | |
| | | | Jun-18 | | | |
| Strategic Growth | | Performance | | FY18 Goals | Benchmark | |
| | | FY17 | Month | | | FY18 |
| Ambulatory Visits *Faculty Practices | | 1,412,110 | 125,998 | 1,492,918 | 132,887/1,508,990 *FYTD18 goals | 5% increase compared to FY17 |
| Ambulatory Access (% of practices meeting unit goal) | | | Jun-18 | | | |
| Inpatient Discharges | | 36,004 | 3,042 | 36,615 | 3,148/36,395 FYTD18 goal | 1.7% increase compared to FY17 |
| Length of Stay (O/E index) | | | Jun-18 | | | |
| Average Daily Bed Opportunity (# of beds created if LOS = 1.0) | | 46 | 30 | 49 | 0 | 0.93 |
| | | | Jun-18 | | | -34 |
| Learning Health System | | Performance | | FY18 Goal | Benchmark | |
| | | FY17 | FY18 | | | |
| % of True North Boards with LHS Pillar populated | | NA | 54% (68/126) | 80% | NA | |