<table>
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<th>GOAL</th>
<th>WHY THIS IS IMPORTANT</th>
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| QUALITY & SAFETY (20%) | Health care consumers, payers, media, regulatory bodies and health systems are increasingly focused on preventable harms* to patients and staff. Reducing harm has significant implications on the quality, experience and cost of our care. Each unit or clinic will receive their specific harm event data, enabling solutions most relevant to their areas.  
*Harm events include: CLABSI (Central Line-Associated Bloodstream Infection), CAUTI (Catheter-Associated Urinary Tract Infection), VAP (Ventilator-Associated Pneumonia), patient falls with injuries, serious safety events, C-diff infection (Clostridium difficile), reportable privacy breaches, workplace injuries to employees, infection exposures and medication-related harms. | Decrease harm events from FY20 baseline (1,104 harm events). These events will be adjusted for volume.  
**Threshold:** Decrease 21 events  
**Target:** Decrease 36 events  
**Outstanding:** Decrease 52 events |
| PATIENT EXPERIENCE (20%) | **For Staff:** we evaluate: top box of Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys, or mean score of Press Ganey surveys for the “Recommend” survey question.  
**For MD/Providers:** we evaluate: Top box of CAHPS surveys, or mean score of Press Ganey surveys for “MD/Provider Communication” survey section.  
Our patients’ experience is the combined result of all their interactions with UCSF Health, and this influences their perceptions of care. Scores impact our Medicare reimbursement and indicate our patients’ loyalty to UCSF Health, as well as our reputation in the community. | Percent of Hospital Areas (Units/Service Area) and Outpatient Areas (Practices/Clinics) that improve performance from FY20 baseline by at least .1, or exceed 75thile National Ranking of top box of CAHPS surveys, or mean score of Press Ganey surveys or maintain at least a 95% top box or mean score.  
**Staff:**  
**Threshold:** Either Hospital or Outpatient achieve at least 55% of units improving or maintaining high performance  
**Target:** Both Hospital and Outpatient achieve at least 55% of units improving or maintaining high performance  
**Outstanding:** Both Hospital and Outpatient achieve at least 60% of units improving or maintaining high performance  
**MDs/Providers:**  
**Threshold:** Either hospital or outpatient achieve at least 59% of units improving or maintaining high performance  
**Target:** Both hospital and outpatient achieve at least 59% of units improving or maintaining high performance  
**Outstanding:** Both hospital and outpatient achieve at least 64% of units improving or maintaining high performance |
| FINANCIAL STRENGTH (20%) | Achieve Target Modified EBIDA Margin*  
**Threshold**: Achieve COVID-19 adjusted FY21 budget for UCSF Health (West Bay only) EBIDA Margin (4.50%)  
**Target**: Achieve FY20 results for UCSF Health (West Bay only) EBIDA Margin (7.52%)  
**Outstanding**: Achieve midpoint of pre-COVID-19 and COVID-19 adjusted FY21 budgets for UCSF Health (West Bay only) EBIDA Margin (8.65%) |
| --- | --- |
| Improve financial performance | Modified EBIDA Margin is a good representation of the financial performance of our organization’s core operations. Looking at only cost does not represent the true financial health of UCSF Health, as certain increases in expenses have corresponding increases in revenue. The focus is on operations and controllable revenue and costs.  
Achieving the Modified EBIDA Margin goal will allow UCSF Health to continue to invest in overall strategic plans, meet necessary capital financial requirements and debt obligations, and support UCSF Health’s mission of caring, healing, teaching and discovering.  
*Modified EBIDA Margin is defined as (Operating Earnings before Interest, Depreciation, and Amortization) / Operating Revenue. This metric is modified by eliminating actuarial based non-cash expenses for pension/post-retirement health benefits. Strike costs will be excluded from expenses. Earnings will include federal and state stimulus dollars and/or recovery funds related to COVID-19, such as the CARES Act.* |