Stanford Health Care’s Value Equation

Value equals quality plus service divided by cost, amplified by the engagement of our employees

Mortality
Mortality Index: <0.70

Safety
- Acute Care Hospital Acquired Conditions (HACs):
  - Reportable HAPI Rate: ≤0.62/1,000 Patient Days
  - Inpatient Falls with Injury Rate: ≤0.40/1,000 Patient Days
- Hospital Associated Infections (HAI):
  - CLABSI SIR: ≤0.90
  - CAUTI SIR: ≤0.62
  - CDI SIR: ≤0.62
  - Postoperative Sepsis (PSI-13) Index: ≤0.71

Effectiveness and Efficiency
30-Day Readmission Rate: ≤1%
Length of Stay Index: <0.91
Advance Care Plan Rate: >25%

* Data sources: Vizient, NMDQI, NHSH, and SHC Internal Data

Patient Centeredness in Budget Quality by Cycle divided Location O
Inpatient Falls with Injury Rate: ≤0.40/1,000 Patient Engaged T
Medicine*

Overall Ratings
Likelihood to Recommend: 86.2% Video Visits Overall Experience: 85.0%

Timely, Appropriate Access
- Improve Access for Urgent/Emergent Patients (as Defined by SoM and SHC):
  - Emergency Department and Inpatient Discharge Follow-ups
  - Clinically Appropriate Patients That Can Be Seen in Lower Acuity Settings – Avoidable ED Visits: <65.9%
  - Increase Post-Discharge Follow-Up Within 7 Days for Ambulatory Care Sensitive Admissions: 48.2%
- Improve Access for Clinically Appropriate New Patients Towards Median Benchmark
  Ease of Scheduling: 73.5%
  * Tied to Inpatient Violent rank within Quality domain – Patient Centeredness HCAHPS Domains

Employee Engagement
I have a Chance to Use My Strengths Every Day at Work*: >50% Employees Responding 5.0
At work, I Clearly Know What Is Expected of Me*: >57% Employees Responding 5.0

Employee Engagement Pulse: Joy in Medicine

Diversity and Inclusion
Aspire to Expand Underrepresented Talent**
Represented in Leadership Roles
Increase Underrepresented Talent ** fully engaged 31% baseline
**Defined as American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian, Other Pacific Islander, Southeast Asian (Filipino, Hmong, Cambodian, Thai, Vietnamese), Sexual Orientation and Disability

Culture of Sustainability
Improve Air Quality by Reducing Single Occupancy Vehicle (SOV) 5.7%

Create a Respectful Work Environment for All
Fully Implement Violence and Mistreatment in the Workplace Strategic Plan (6 Initiatives)

Optimize Procedural Environment for Patient Care and Support Teams
Cases Accurately Scheduled: 80%
Shorten OR Turnaround Time: Meet Specified
Turnover Goal by Location 60% of Time

Optimize Clinicians’ Time in Ambulatory Practice Environment
Implement 3 Enterprise Technology Supported Standards to Improve Inpatient Burden
Decrease Physician Inbox Burden by 10% in 4 Clinical Target Areas (Primary Care – Faculty and SLP, Neurology, Hematology, Endocrinology)

Clinical Improvement - Patient Flow
Improve SHC ALOS to 6.5 Days:
- Improve cost/discharge (CMI adjusted) from FY23
- Reduce ED Boarder Hours from FY23

Workforce Optimization
Labor Hours/Unit of Service (Adj Days): <FY23 Baseline
Reduce Wasted Effort and Simplify Daily Activities:
- Implement One or More Team Improvement Initiatives in FY24

Non-Labor Savings
Non-Labor Savings Program: All Departments Across SHC: $40 Million

Revenue Cycle
CDI & Coding: $30 Million

Health Equity
Annual Health Equity Report: Continue to identify and analyze disparities in Quality and Safety outcomes
Develop a written action plan to describe SHC’s approach to address at least one hospital and ambulatory-based health care disparity in our patient population
Make Equitable Access to Research: Perform baseline assessment of inclusion practices related to underserved populations/patients enrolled in hospital-based clinical trials

Sustainability/ Climate Health
Greenhouse Gas Emissions Reduced by 3% Waste Diversion from Landfill by 5%

Improve utilization of MyHealth/Digital Access by:
- 90% of patients enrolled
- 30% of appointments added to waitlist
- 20% of referrals lead to a scheduling ticket as appropriate

Communication
Communication about Medicines*: 65.4%, Nurse Communication*: 82.9%, Doctor Communication*: 84.3%

Culture: Inclusion, Diversity & Health Equity
Implement Phase 3: We Ask Because We Care
Accommodations
Care Coordination
Care Transitions*: 64.1%
Staff Worked Well Together: 82.4%
Patient Understood What To Do After Video Visit: 75.5%

Fiscal Performance
Meet or exceed FY24 Contribution Margin (CM) Dollar Targets.
- Improve Contribution Margin Efficiency by 0.5%
- Consider the following strategies:
  - Increase appropriate volumes
  - Implement evidence-based clinical pathways
  - Implement revenue cycle improvements
  - Reduce unintentional variation
  - Explore site-of-service improvements
  - Leverage the Ambulatory Access Complexes
  - Other DSLSL-specific Improvements

Improve Efficiency
- Improve Cost/Adjusted Discharge Benchmark from FY23

*CM dollar targets will be provided for each DSLSL
**Contribution Margin divided by Net Revenues

**Targets listed are at the organizational level. Targets for all local areas will vary accordingly.**