FREE SCORECARD

Healthcare Performance Improvement Scorecard

Eight operating levers, 96 points, benchmarks on every line — find where the margin is leaking in one working session.

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How to use this scorecard

Health systems, physician groups and post-acute operators tend to know their margin is thin without knowing which of the eight operating levers is leaking. This scorecard puts a number on each lever using data you already report. Complete it with your CFO, COO and a clinical leader in the same room; the disagreement about the scores is the diagnosis.

> Score each line 0–4 (0 = not measured or well below benchmark; 2 = at benchmark; 4 = top quartile with a documented improvement process). 96 points possible.

1. Revenue cycle (max 16)

Metric	Benchmark reference	Your value	Score
Clean-claim rate	≥ 95%		
Days in A/R	< 40 days		
Initial denial rate	< 5–8%		
Point-of-service collection rate	≥ 60% of patient responsibility		

2. Cost & productivity (max 16)

Metric	Benchmark reference	Your value	Score
Labor cost as % of net revenue	Below peer median for setting		
Contract/agency labor as % of nursing hours	< 5%		
Supply cost per case / per visit	Trending down year over year		
Provider productivity (wRVUs vs specialty median)	≥ median		

3. Patient & consumer experience (max 12)

Metric	Benchmark reference	Your value	Score

CAHPS overall rating / likelihood to recommend	Top-box ≥ national average
Third next available appointment	< 7 days primary care; < 14 specialty
Online reviews average and response rate	≥ 4.3 stars; 100% responded within 48 h

4. Quality & safety (max 12)

Metric	Benchmark reference	Your value	Score
30-day readmission rate	Below CMS expected		
Hospital-acquired conditions / infection rates	Below national rate		
Core measure / quality program performance (MIPS, VBP, Stars)	No penalty; positive adjustment		

5. Access & capacity (max 12)

Metric	Benchmark reference	Your value	Score
OR / procedure-room utilization	70–80% of block time		
ED left-without-being-seen	< 2%		
Length of stay vs GMLOS	At or below		

6. Technology & data (max 12)

Metric	Benchmark reference	Your value	Score
EHR: single instance, current version, documented downtime	Yes		
Data: one source of truth for finance, quality and ops with monthly refresh	Yes		

Automation of scheduling, prior auth, and coding (RPA / AI-assisted)	At least two workflows automated

7. Organizational health (max 8)

Metric	Benchmark reference	Your value	Score
Clinical turnover (RN, physician, APP)	RN < 15%; physician < 7%		
Engagement / burnout survey completed and acted on within 90 days	Yes, annually		

8. Leadership & strategy (max 8)

Metric	Benchmark reference	Your value	Score
Three-year strategy with quarterly board review of 8–12 KPIs	Yes		
Service-line P&L and growth/exit decisions made annually	Yes		

Your result

Lever	Max	Score	Gap
Revenue cycle	16		
Cost & productivity	16		
Patient experience	12		
Quality & safety	12		
Access & capacity	12		
Technology & data	12		
Organizational health	8		
Leadership & strategy	8		
Total	**96**		

Reading the number

- **Under 55:** margin is typically being lost in revenue cycle and labor first; these are also the fastest to fix (60–120 days).
- **55–75:** operations are stable; growth is constrained by access, technology or experience.
- **76+:** the organization is ready for service-line expansion, partnerships or transaction activity.

The two lowest sections are where a 90-day improvement sprint returns the most; the highest section is what you should protect during any change.

Turn the gaps into a plan

Performance Improvement Assessment ($997): we validate your scores against your data, size the opportunity per lever and hand you a 90-day sprint plan.

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General management guidance for healthcare organizations. Not clinical, legal, billing-compliance or regulatory advice. Confirm CMS, HIPAA and state requirements with qualified counsel before changing any clinical or financial process.