



Foundations

Values & Commitments

Selected List of Goals

PEOPLE

Clinical & Service Excellence

SERVICE EXCELLENCE

Create an organizational structure where staff are engaged - in partnership with patients and families - to achieve excellence in communication, patient-centered care, operational efficiency, and quality patient care.

CLINICAL QUALITY

Improve patient care through collaboration, accountability, and accurate measurement and reporting.

PROFESSIONAL & ACADEMIC EXCELLENCE

Create and sustain an environment of professional excellence in all disciplines. Ensure a supportive and enriching environment for training in clinical care.

SAFETY AND ACCOUNTABILITY

Enhance a culture of shared responsibility where SFGH is accountable for the systems it designs and for responding to the behaviors of staff in fair and just manner.

ENHANCING WELLNESS

Enhance the health of patients and staff through a Wellness Initiative that promotes healthy lifestyles, active living, and emotional, physical, and spiritual well-being.

SYSTEMS

Operational Efficiency & Coordination

EFFICIENT MANAGEMENT SYSTEM

Adopt an operational efficiency framework that promotes performance improvement, staff satisfaction, and patient-centered care while controlling costs.

INTEGRATION AND COORDINATION ACROSS SERVICES

Optimize coordination of care within SFGH and across the DPH system including primary care, specialty, diagnostics, acute, long-term care and rehab, and ensuring the integration of mental health and medical health

TECHNOLOGY

Meaningful use of Health Information Technology

DEVELOP AND EXPAND INFORMATION TECHNOLOGY

Develop a clinical informatics program that will implement and support new Health Information Technologies.

MOVING BEYOND "IMPLEMENTATION" TOWARDS "ADOPTION" OF HIT

Improve quality, safety, and efficiency through improved data collection, information exchange, and clinical decision support. Ensure that technologies align with SFGH principles of patient safety and quality of care.

Service Excellence:

1. Attain the 80th percentile for HCAHPS patient experience score by July 2016
2. Implement CG-CAHPS ambulatory care survey by March 2012; improve one measure by 40%

Clinical Quality:

1. Reduce harm by 40% from July 2011 to 2016 as measured by reductions in:
 - Preventable Sepsis mortality
 - Central Line Associated Blood Stream Infection
 - Surgical Site Infections
 - Stage III and IV Hospital Acquired Pressure Ulcers
 - Falls with Injuries
 - Ventilator Associated Pneumonia
2. Attain the 80th percentile on UHC Quality & Accountability Report, as measured by an improvement in:
 - Mortality
 - Effectiveness
 - Safety/Harm
 - Equity
 - Patient-Centeredness
 - Efficiency/Waste
3. Attain HEDIS 90th percentile on primary care measures (TBD)
 - Diabetes Care
 - Cancer Screening
 - Adolescent Immunizations

Professional & Academic Excellence:

1. Attain American Nurses Credentialing Center Magnet designation by July 2015
2. Improve trainee satisfaction by 20% while adhering to ACGME duty hour restrictions by July 2015

Safety and Accountability: Implement a Fair & Just Culture program and attain a 15% overall improvement in our Culture of Safety survey scores by July 2016

Enhancing Wellness:

1. Increase participation in Wellness Center programs by staff, patients & community by 20% annually
2. Increase rates of age-appropriate immunizations and cancer screening by 20% by July 2015

Integration and Efficient Management:

1. Reduce waste by 40% by July 2016 compared to 2011, as measured by a reduction in:
 - Patient Flow in the ED
 - Door to diagnostic evaluation and time from ED arrival to discharge for patients.
 - Decrease no-show rates in Ambulatory Care setting by 20%
2. Transform primary care clinics into Patient Centered Medical Homes by xxx
3. Achieve ambulatory care access mandates by xxx
4. Redesign delivery of specialty ambulatory care through eReferral and Telemedicine by 2015

Adoption of Meaningful Use of Health Information Technology by:

- Complete five-year development plan for electronic health records at SFGH by the end of 2011
- Attest to Stage 1 of Meaningful Use for fiscal year ending September 2012
- Complete roll-out of Computerized Provider Order Entry (CPOE) to all medical-surgical units (>90% orders on CPOE) by end of 2012
- Complete roll-out of MAK (electronic medication administration record) to all medical-surgical units and Psychiatry by end of 2012
- Successful implementation of Ambulatory Electronic Medical Record.
- Create Quality Data Center by summer 2012