

# SF Health Network Update

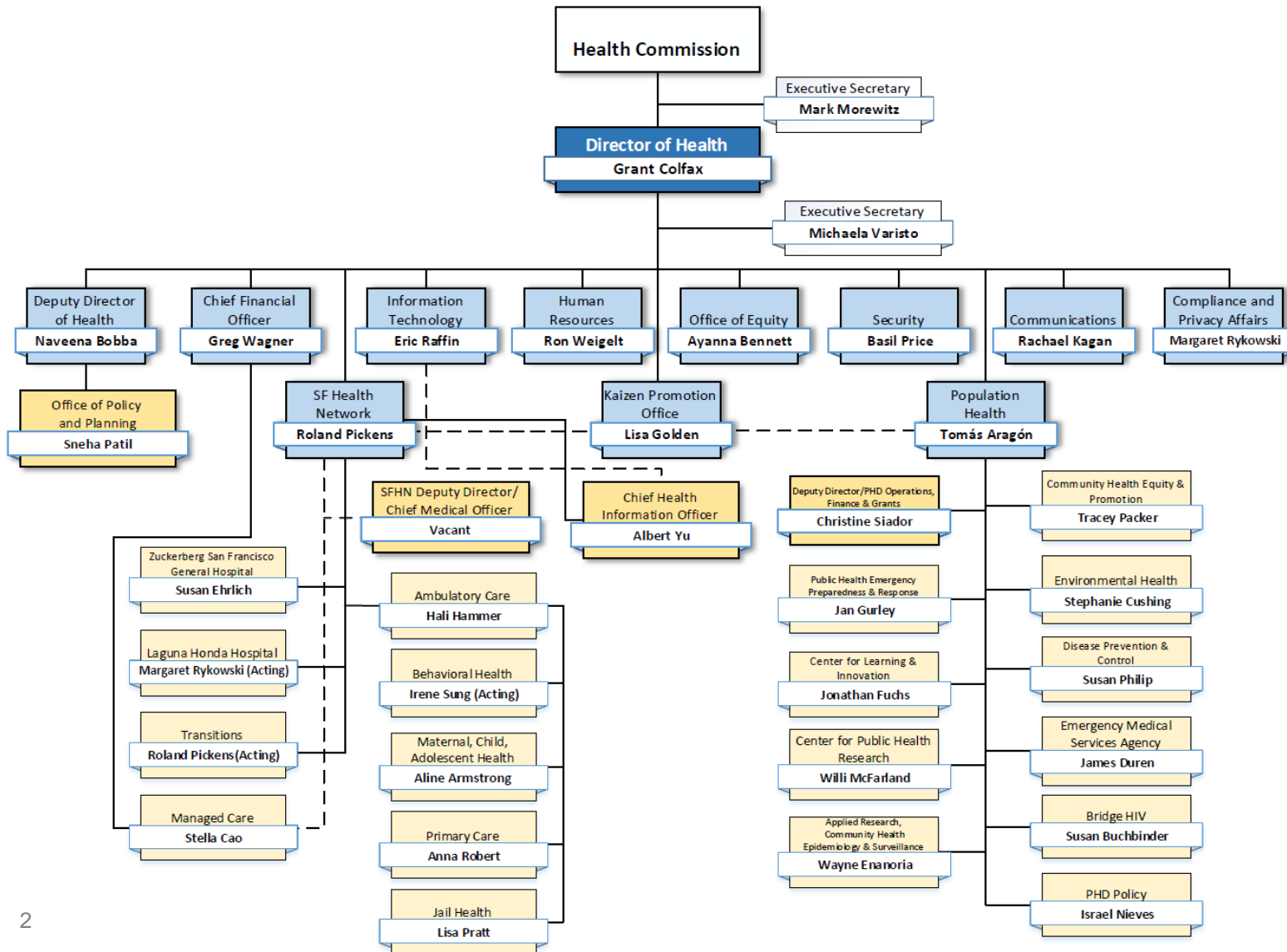
Health Commission | November 5, 2019



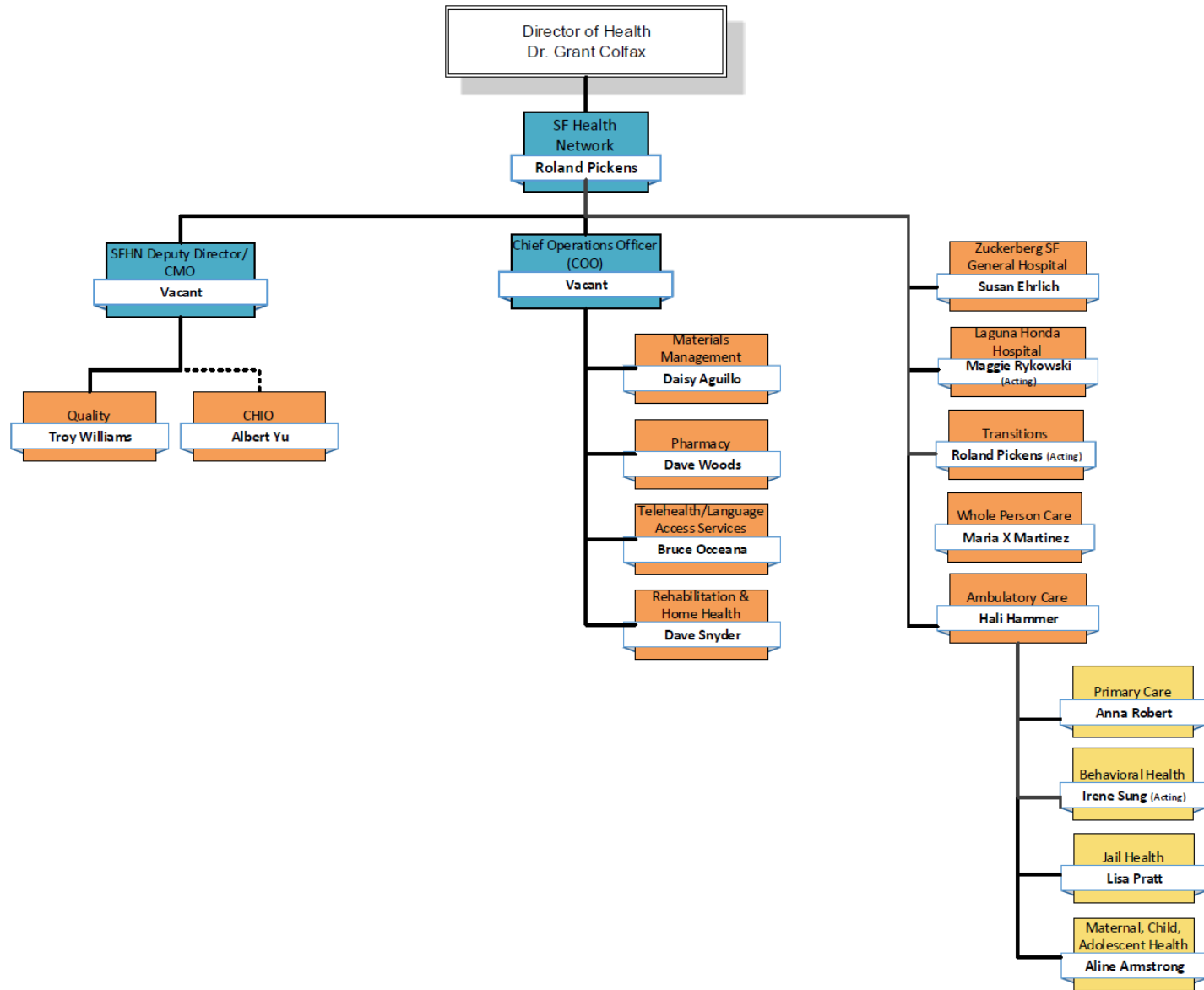
San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# DPH Leadership



# SFHN Leadership Org Chart



# True North and the X-Matrix

## True North

- Our set of universal ideals that describe DPH's future state

## X-Matrix

- The product of our discussions and decisions can be summarized in this Strategic Plan document, also known as an X-Matrix.
- The X-Matrix is designed to provide a visual description of our high level strategic initiatives, our accountability mechanisms, anticipated outcomes and how it all ties into our True North.





# True North Evolution

FY15-16

FY16-17

FY17-18

FY18-19

FY19-20



Quality



Safety



Care Experience



Workforce



Financial Stewardship



Equity

Alignment & Focus

Standardization

Synergy

Individualization

Financial Stewardship  
Workforce  
Safety

Equity

Quality  
Care Experience

FOCUS:  
  
Workforce

FY 16-17

49 metrics  
20% on target

FY 17/18

47 metrics  
27% on target  
A3 report outs

FY 18/19  
transition year

33 metrics  
36% on target  
A3 report outs

FY19/20

Epic stabilization year  
1 metric focus (Workforce)  
A3 report outs



# True North: FY18/19



QUALITY



SAFETY



CARE  
EXPERIENCE



WORKFORCE



FINANCIAL  
STEWARDSHIP



EQUITY

## Division/Section Metrics

|      |  |   |   |  |   |   |
|------|--|---|---|--|---|---|
| ZSFG | Decrease readmissions among the PRIME population     | Increase readiness for eHR Implementation |   | Increase the # of depts. with DMS Implementation                   | Decrease capital project slippage days  | Increase REAL data completeness   |
|      | Decrease % of time on diversion                      | Increase QIP measure reporting            | Increase iCare adoption   | Increase the % of Exec Leadership with at least 1 PDP A3 Targets   | Decrease salary variance  | Increase PIPS reporting   |
|      |  |   |   | Increase preparedness for EHR implementation                       |   |   |
| LHH  | Decrease pressure ulcers and falls with major injury | Decrease employee recordable injuries     | Likelihood to recommend care  | Likelihood to recommend working at LHH                             | Decrease overtime variance  | Adequate treatment of hypertension for Black/African American residents   |
| PC   | Increase Behavioral Health Signs screenings          | Increase 7-day post discharge follow up   | Improve patient satisfaction ratings                                | Improve staff coaching for progress                                | Decrease the time for unlocked notes  | Improve BP control among African American patients with hypertension      |
|      | Increase adolescent immunizations                    |   | Improve timely access to Primary care services                      |  |   |   |
| JHS  |  | Improve the rate of time of charting      | Increase overall patient satisfaction score                         | Decrease workplace stress  | Decrease mandated overtime  | Increase gonorrhea and chlamydia screening in African American population |
| BHS  |  | Improve completion of IIPP activities     | Improving timely access to care                                     | Improve staff perceived support for their professional development | Increase the % of non-enrolled Medi-Cal eligible clients who enroll in Medi-Cal | Increase % of clinicians who have completed SO/GI training                |
| MCAH | Increase % of enrollment in prenatal programs        | Increase IIPP trainings                   | Maintain enrollment in WIC program for children over 1 years of age | Increase staff ratings of race equity in the workplace             | Decrease redundancies in ordering through 5S                                    | Increase the recruitment/retention of African American field nurses       |

# True North: FY18/19 Scorecard

## TRUE NORTH SCORECARD FY18-19

↑ / ↓ Desired direction of improvement

On Target / Off Target / Data not available\*

### QUALITY

| Section | Measure  |                   | Baseline | Q1 2018 | Q2 2018 | Q3 2019 | Q4 2019 | FY 18-19 Target |
|---------|--|-------------------|----------|---------|---------|---------|---------|-----------------|
| ZSFG    | Decrease readmissions among the PRIME population         | ★ RRP             | 14.46% ↓ | 15.11%  | 14.97%  | 15.84%  | 15.67%  | 14.32%          |
| ZSFG    | Decrease % of time on diversion                          |                   | 52.80% ↓ | 43.30%  | 52.30%  | 51.40%  | 40.70%  | 40.00%          |
| LHH     | Reduce pressure ulcers and falls with major injury       | ★                 | 103.00 ↓ | 28      | 23      | 17      | 20      | 93              |
| PC      | Increase Behavioral Health Vital Signs (BHVS) screenings | PRIME, PIP, PHASE | 8.8% ↑   | 13.8%   | 21.9%   | 35.40%  | 42.70%  | 36.20%          |
| PC      | Increase adolescent immunizations                        | QIP, PIP          | 63.4% ↑  | 65.90%  | 67.70%  | 65.30%  | 67.80%  | 67%             |
| JHS     |  |                   |          |         |         |         |         |                 |
| BHS     |  |                   |          |         |         |         |         |                 |
| MCAH    | Increase % of enrollment in prenatal programs            |                   | 49.0% ↑  | 57%     | 46%     | 55.60%  | 61.90%  | 54%             |

### SAFETY

| Section | Measure                                   |              | Baseline | Q1 2018 | Q2 2018 | Q3 2019 | Q4 2019 | FY 18-19 Target |
|---------|---|--------------|----------|---------|---------|---------|---------|-----------------|
| ZSFG    | Increase QIP measure reporting            | ★ HAC VBP ?? | 0 ↑      | 0       | 12      |         |         | 12              |
| ZSFG    | Increase readiness for EHR Implementation |              | 0 ↑      | 7       | 6       | 8       | 8       | 8               |
| LHH     | Decrease employee recordable injuries     |              | 10.5 ↓   | 13.8    | 13.6    | 11      | 10.2    | 9.975           |
| PC      | Increase 7-day post discharge follow up   | PRIME, PIP   | 64% ↑    | 63.1%   | 63.0%   | 65.40%  | 63.90%  | 69.40%          |
| JHS     | Improve the rate of time of charting      |              | 89% ↑    | 89%     | 89%     | 88%     | N/A     | 98%             |
| BHS     | Improve completion of IIPP activities     |              | 34.00%   | 89%     | 66%     |         |         | 90%             |
| MCAH    | Increase IIPP trainings                   |              |          |         |         |         |         |                 |

### CARE EXPERIENCE

| Section | Measure   |                    | Baseline  | Q1 2018 | Q2 2018 | Q3 2019 | Q4 2019 | FY 18-19 Target |
|---------|---|--------------------|-----------|---------|---------|---------|---------|-----------------|
| ZSFG    | Increase iCare Adoption   |                    | 0 ↑       | 15      | 15      | 22      | 22      | 12              |
| LHH     | Likelihood to recommend care                                    |                    | 100.0% ↑  | 88.89%  | 100%    | 100%    | 94.40%  | 100%            |
| PC      | Improve patient satisfaction ratings                            | PIP                | 66.7% ↑   | 67.50%  | 65.80%  | N/A     | 65.60%  | 70%             |
| PC      | Improve timely access to primary care services                  | PIP, STATE MANDATE | 23 days ↓ | 23 days | 28 days | 27 days | 31 days | 14 days         |
| JHS     | Increase overall patient satisfaction scores                    |                    | 6.20 ↑    | N/A     | 6.3     | N/A     | N/A     | 6.8             |
| BHS     | Improving timely access to care                                 |                    |           |         |         |         |         |                 |
| MCAH    | Maintain enrollment in WIC program for children over 1 year old |                    | 58.0%     | 67%     | 68%     | 56.50%  | 58.00%  | 58%             |





# True North: FY18/19 Scorecard

↑ / ↓ Desired direction of improvement

On Target / Off Target / Data not available

| WORKFORCE |  |          |                         |         |         |         |                 |
|-----------|--|----------|-------------------------|---------|---------|---------|-----------------|
| Section   | Measure  | Baseline | Q1 2018                 | Q2 2018 | Q3 2019 | Q4 2019 | FY 18-19 Target |
| ZSFG      | Increase departments w/ DMS implementation                         | 0 ↑      | 0                       | 2       | 2       | 4       | 5               |
| ZSFG      | Increase expanded executives w/ PDP A3 targets                     | 29.0% ↑  | 92%                     | 89%     | 89%     | 95%     | 85%             |
| ZSFG      | Increase preparedness for EHR implementation                       | 58.0% ↑  | 63%                     | N/A     | N/A     | 54%     | 60%             |
| LHH       | Likelihood to recommend working at LHH                             | 82.0% ↑  | Data collected annually |         |         |         | 85%             |
| PC        | Improve staff coaching for progress                                | 59.4% ↑  | N/A                     | 65.70%  |         | 57%     | 63.50%          |
| JHS       | Decrease workplace stress  | 0 ↑      | -0.47%                  | N/A     | 2.67    | N/A     | 10%             |
| BHS       | Improve staff perceived support for their professional development |          |                         |         |         |         |                 |
| MCAH      | Increase staff ratings of race equity in the workplace             |          |                         |         |         |         |                 |

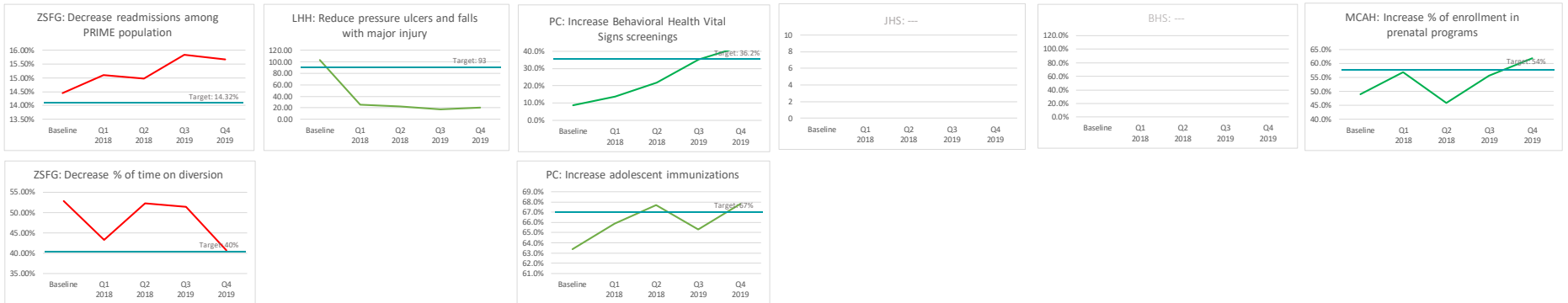
| FINANCIAL STEWARDSHIP |  |           |         |         |         |         |                 |
|-----------------------|--|-----------|---------|---------|---------|---------|-----------------|
| Section               | Measure                                      | Baseline  | Q1 2018 | Q2 2018 | Q3 2019 | Q4 2019 | FY 18-19 Target |
| ZSFG                  | Reduce slippage days in construction         | 11.00 ↓   | 12      | 11      | 17      | 14      | 10              |
| ZSFG                  | Decrease salary variance                     | -\$9.00 ↓ | -\$0.48 | -\$2.80 | -\$4.54 | -\$8.45 | \$0.00          |
| LHH                   | Decrease overtime variance                   | 10.4% ↓   | 5.90%   | 5.50%   | 4.30%   | 2.80%   | 2.00%           |
| PC                    | Decrease the time for unlocked notes         | 433 ↓     | 484     | 443     |         | 376     | 180             |
| JHS                   | Decrease overtime                            | 1.5% ↓    | 3.00%   | N/A     | N/A     | 0.15%   |                 |
| BHS                   | Increase Medi-Cal enrollment                 |           |         |         |         |         |                 |
| MCAH                  | Decrease redundancies in ordering through 5S |           |         |         |         |         |                 |

| EQUITY  |  |                                  |         |         |         |         |                 |
|---------|--|----------------------------------|---------|---------|---------|---------|-----------------|
| Section | Measure  | Baseline                         | Q1 2018 | Q2 2018 | Q3 2019 | Q4 2019 | FY 18-19 Target |
| ZSFG    | Increase REAL data completeness  | PRIME 54.0% ↑                    | 67.7%   | 68.3%   | 69.3%   | 70.0%   | 60.0%           |
| ZSFG    | Increase PIPS reporting  | 26.0% ↑                          | 50.0%   | 55.0%   | 66.7%   | 75.6%   | 35.0%           |
| LHH     | Adequate treatment of hypertension for Black/African American residents          | 68.0% ↑                          | 80.0%   | 76.6%   | 71.8%   | 73.4%   | 75.0%           |
| PC      | Improve blood pressure control among African American patients with hypertension | PRIME, PIP, PHASE, BAAHI 61.4% ↑ | 64.0%   | 63.4%   | 64.0%   | 67.0%   | 65.3%           |
| JHS     |  |                                  |         |         |         |         |                 |
| BHS     | Increase percentage of clinicians who have completed Transgender 101 training    |                                  |         |         |         |         |                 |
| MCAH    | Increase the recruitment/retention of African American field nurses              |                                  |         |         |         |         |                 |

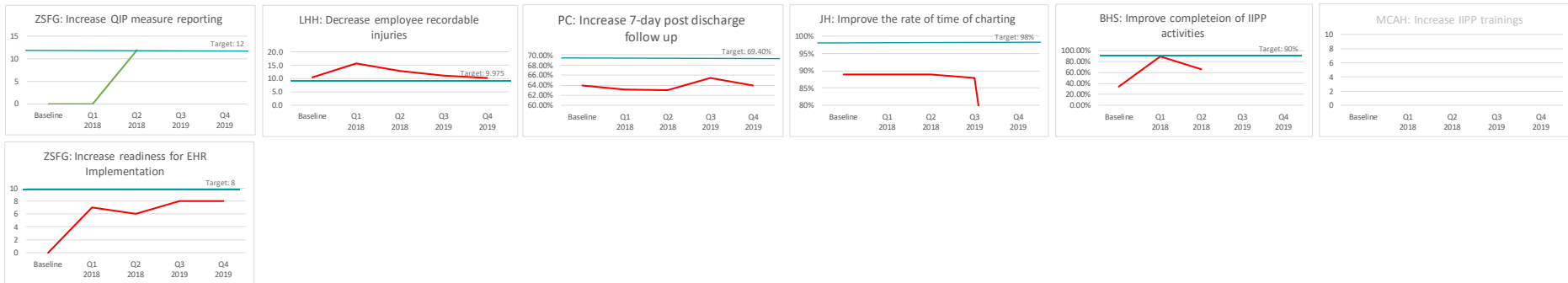


# True North: FY18/19 Scorecard

## Quality



## Safety

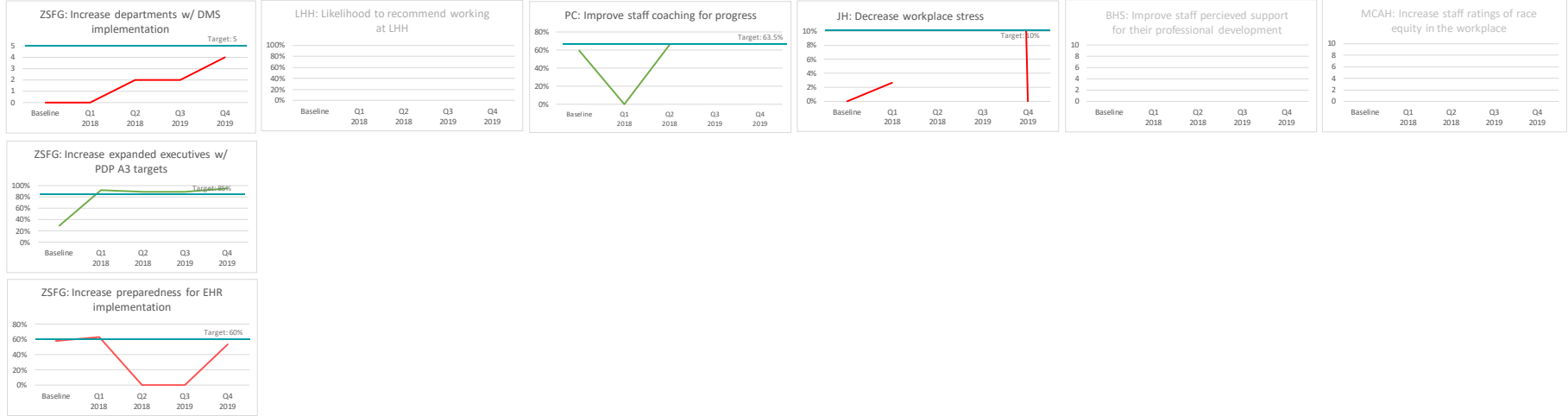


## Care Experience

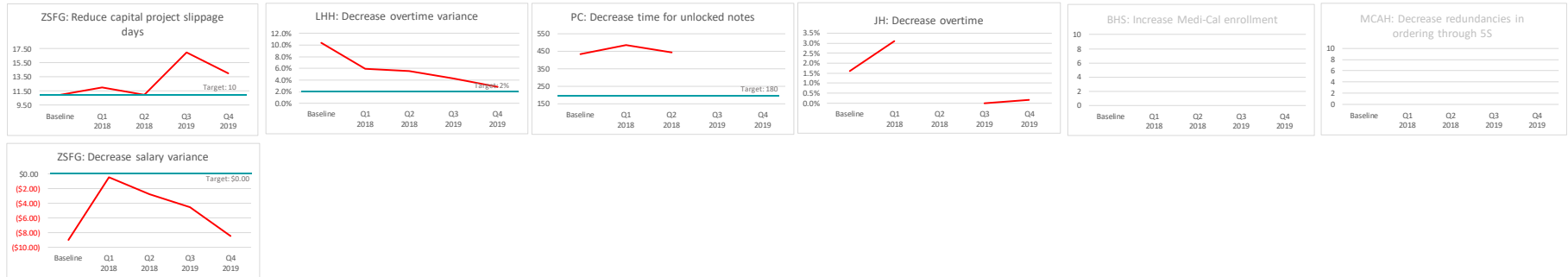


# True North: FY18/19 Scorecard

## Workforce



## Financial Stewardship



## Equity

