

Health Commission Employee Recognition

Zuckerberg San Francisco General

November 21, 2017

CHEARS Committee

The Care and Hospital Employees' Activities, Recognition, and Service (CHEARS) is an employee-directed organization—solely volunteer—whose mission is to promote staff engagement and recognition through sponsoring and/or providing recreational, cultural, and ceremonial events for the benefit of the Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) staff.

In existence since 1995, CHEARS collaborates with stakeholders ZSFG-wide, including Facilities, Food and Nutrition Services, Environmental Services, the Wellness Center and the Care Team to organize or financially support events such as the 2017 Chinese New Year Parade (where they were awarded First Place in the Community Organization Group Category, the Black History Month celebration, Fall Fest, the employee Halloween party, musical events and the annual employee recognition dinner.

CHEARS's level of commitment cannot be over-emphasized; they embody the ZSFG True North goal of workforce care and development. CHEARS fosters an environment of staff encouragement and value, and help to create a sense of family among staff. The positive impact of the work that CHEARS performs on behalf of is significant.

The Kaizen Promotion (KPO) Office

Members: Brent Costa, Will Huen, Jenna Bilinski, Joseph Clement, Jessica To, Christopher Ross, Shalisha Maddela, Samantha Shapiro, Aldon Mendez, Natalie Bates, Dr. Hemal Kanzaria, Paymon Bagheri, Sabrina Lim, Zachary Mar, and David Smith

The Kaizen Promotion Office (KPO) has provided leadership in the improvement of several True North strategies, including: Quality, Safety and Financial Stewardship. The team did this through coaching and teaching executive, director and manager level leaders in the use of Lean tools and systems.

In the area of Quality, the KPO led the Emergency Department in sustaining improvement in the care of low acuity patients in the fast track care model. The team has formed lasting relationships with the Emergency Department leadership team, allowing them to continue to drive improvement work at the frontline. This includes reducing diversion hours, overall ED length of stay and new improvement work on producing a care model for patients with high social determinants of health. The KPO has demonstrated an extraordinary expertise in their ability to acquire, and use data to drive improvement, through both analysis and communication with clinical teams.

In the area of Safety, the KPO provided education, training and coaching on Lean tools, such as continuous improvement (PDSA), standard work, process mapping and A3 thinking to groups around the organization working on initiatives such as fall prevention. This work has accelerated our development of problem solvers throughout ZSFG.

In the area of Financial Stewardship, the KPO supported revenue cycle's value stream mapping. The team brought together teams from across ZSFG, the Health Network and DPH to map the flow of revenue for short stay patients who present in the Emergency Department. This work outlines critical improvements that must be made prior to going live with an integrated electronic health record. Following the value stream map, the team immediately developed an action plan to implement a management system and start improvement work through the use of A3 thinking across the departments associated with the revenue cycle. The KPO has unique and extraordinary abilities to acquire, analyze and use data to drive improvement through A3 thinking, PDSA and engaging and coaching improvement teams.

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Nursing Executive Committee (NEC) Safety and Quality Team

Members: Sara Cole, Kathy Ballou, and Jennie Farr

We would like to recognize Sara Cole, Kathy Ballou, and Jennie Farr for their willingness, enthusiasm, and innovative thinking in their role with Nursing Executive Committee Quality and Safety (NEC Q&S). NEC Q&S is the quality arm for nursing staff and leaders.

During the Building 25 move, NEC Q&S was put on hold. Upon completion of the move, nursing leadership noticed a clinical communication gap between quality improvement leaders across nursing departments. Knowing Sara's commitment to continued excellence in care, leadership again asked her to co-chair NEC Q&S. Partnering with Nursing Administration co-chairs for support, the NEC Q&S team collaborated with the Chief Nursing Officer to review current state of quality work and communication and envision re-activation of our committee in a manner aligned with our True North Goals. The primary vision of NEC Q&S became a best practice for staff, providing educational presentations on Lean Leadership for patient care leadership and clinical staff and maintaining a forum for discussion and sharing the patient care stories told via Quality Improvement work.

Sara, Kathy, and Jennie have worked to establish NEC Q&S as a vital committee for enhancing the workplace, embracing the culture of excellence and inquiry. The meetings are interdisciplinary as it include staff and leadership from nursing, pharmacy, rehab, respiratory care and other disciplines. We are indebted to the NEC Q&S team for their work in ensuring multidisciplinary understanding of our shared goals for patient care.

Catheter Associated Urinary Tract Infections (CAUTI) Team

Members: Allyson Villaneueva, Rhonald Abitona, Jignasa Punchily, Amy Murphy

Reducing Catheter Associated Urinary Tract Infections (CAUTI) was identified as one of ZSFGs True North priorities within the domain of safety. ZSFG has historically struggled to reduce CAUTI in Critical Care and has shown overall poor performance as compared to other hospitals across the country. Utilizing A3 thinking, improvement teams from Critical Care and Quality Management partnered to develop an improvement model (A3 thinking) to truly understand our gaps in insertion, assessment and maintenance of indwelling urinary catheters. Through A3 thinking, this improvement team was able to identify our top contributor associated with the development of a CAUTI as the length of time a patient had a catheter inserted. The team learned that if we could discontinue the indwelling catheter as soon as it was no longer needed, the less likely patients would develop a CAUTI. The team developed, tested and implemented a standardized daily assessment for patients with indwelling catheters within the Medical Intensive Care Unit (MICU). Daily rounds are currently held to determine continued catheter necessity and catheters that do not meet indications are removed immediately. Due to the outstanding teamwork and innovation of this improvement team, the MICU has not had a CAUTI in 14 months and has greatly reduced the number of days patients can expect to have an indwelling catheter. The team is currently working to spread the MICU improvement work to the Surgical Intensive Care Unit.

This team has worked very diligently to protect our patients from harm associated with indwelling urinary catheters. We are so proud of what this team has accomplished. The way in which this team used A3 thinking to address this very challenging clinical issue serves as a model for our hospital-wide improvement work.

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Performance Improvement and Patient Safety (PIPS) Committee

Members: Dr. William Huen, Leslie Safier, and Jenny Chacon

Dr. William Huen, Leslie Safier, and Jenny Chacon have been instrumental in leading the Performance Improvement and Patient Safety (PIPS) Committee. The purpose of PIPS is to promote a culture of safety and provide a systematic, coordinated and continuous approach to optimizing clinical outcomes and patient safety.

Using A3 thinking, the team combined Quality Council and PIPS to promote and align hospital departmental and clinical service improvement efforts. Combining the two committee, has enabled ZSFG to promote cross collaboration and learning between the clinical and non-clinical departments and services.

A critical component of the work that went into the PIPS redesign was ongoing performance improvement coaching and the development of a leaning lab to assist clinical services and hospital departments with the development of their annual PIPS report. This partnership between Quality Management and our performance improvement champions has been instrumental with promoting A3 thinking, PDSA, and the use and presentation of data.

This work promotes alignment with true north by working with each hospital department and clinical service to identify metrics aligned with our true north goals as a component of each department's and clinical services 12 month performance improvement plan. This work was recognized by the Joint Commission this year during our survey as a best practice.