

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH A3-X - Strategic Plan MISSION: We provide high quality health care that enables San Franciscans to live vibrant, healthy lives. **VISION:** To be every San Franciscan's first choice for health care and well-being. correlation / contribution 3 Value-based care (revenue, cost/value optimization) Develop our people through lean EHR readiness By [date], XX% of YYY SFHN practice in Daily Mgmt System Jenny Louie (DPH Budget Dir/SFHN BIL Kavoos Ghane Bassiri (Dir, Behavioral Hea By [date], XX% of YYY SFHN leaders attend A3 training Alice Chen (Deputy Director, SFHN) Kelly Hiramoto (Director, Transitions) Hali Hammer (Dir, Primary Care) strategic initiatives Valerie Inouye (Dir, Finance, SFHN) TBD (Dir, Clinical Operations, SFHN) Care Experience: Actionable knowledge Reena Gupta (Med Dir, PRIME) Safety: Actionable knowledge anytime, Mivic Hirose (Exec Admin, LHF True North themes Susan Ehrlich (CEO, ZSFG) Jim Marks (Chief Perf Exc, ZS Greg Wagner (CFO, DPH) Mary Hansell (Dir, MCAH) Lisa Pratt - Dir, Jail Health Albert Yu (CHIO, SFHN) By [date], XX% excellent communication an performance TBD (COO, SFHN) Workforce: Develop our people measures Financial Stewardship Quality Equity True North outcomes FY'18-'19 FY'19-'20 FY'17-'18 FY'20-'21 Financial Stewardship: 70% of targets TBD **TBD** 70% 70% Quality: 70% of targets TBD **TBD** 70% 70% TBD **TBD** Safety: 70% of targets = strong correlation or team leader 文 rona consulting group 70% 70% TBD **TBD** Care Experience: 70% of targets = important correlation or core team member 70% 70% Workforce: 70% of targets **TBD TBD** weak correlation or rotating team member 70% 70% Equity: 70% of targets **TBD TBD** 70% 70% © 2017 rona consulting group correlation / contribution



TRUE NORTH METRICS FY 17-18 - Overview

BASE LINE: July 1, 2016 - June 30, 2017 COLLECTION PERIOD: July 1, 2017 - June 30, 2018

	QUALITY Improve the health of the people we serve	SAFETY Eliminate harm to patients and staff.	CARE EXPERIENCE Provide the best heatlh care experience	WORKFORCE Create an environment that values and	FINANCIAL STEWARDSHIP Provide financially sustainable health care	EQUITY Eliminate disparities
4/\\	\ vision/Section Metrics	<u> </u>	ПП	respects our people	services	<u> </u>
	educe ambulance diversion	Reduce incidence of preventable complications	Increase patient satisfaction ratings for courteous and respectful communication	Leaders adopting leader standard work	Meet monthly expediture targets	Develop standard work for capturing patient/client race, ethnicity, language, sexual orientation and gender identity
N	educe hospital admissions	Safe discharge home for joint replacement patients	Increase patient satisfaction ratings for food taste	Total leaders trained in A3 thinking		
	educe incidence of pressure eers	Reduce resident falls resulting in major injuries	Increase resident satisfaction ratings	Improve overall job satisfaction ratings among staff	Decrease overtime utilization	Develop standard work for capturing homeless data
Inc	crease staff flu vaccination	Reduce preventable staff injuries	Increase average monthly patient referrals to Acute Rehabilitation			Decrease disparities in resident satisfaction with LHH services among limited English speaking residents
	crease delivery of tobacco ssation counseling	Reduce hospital readmissions (SFHN PC patients)	Improve timely access to primary care services	Improve overall staff engagement ratings	Improve quality of clinical documentation	Improve blood pressure control among patients with hypertension, including a specific focus on African American hypertensive patients
PO			Improve patient satisfaction ratings			Develop standard work for capturing data about LGBT patients
	prove care transitions for scharged HIV patients	Improve medication safety Improve hospital and ED discharge follow-up	Improve access to nurse triage services	Reduce workplace stress	Appropriate medical staff allocation to get the patient the right care at the right place and right time.	Develop standard work for capturing data about LGBT patients
	crease successful transitions m Intensive Case Mgmt to OP re	Increase completion of quarterly Illness & Injury Prevention Program requirements	Reduce no-shows within first 3 months of treatment	Improve staff preceived support for their professional development	Reduce number of high cost beneficiaries	Increase percentage of clinicians who have completed Transgender 101 training
	crease prenatal support for egnant women in San Francisco	Reduce preventable employee injuries	Increase food security for San Francisco children	Increase staff ratings of respect in the workplace	Increase ability to know and access Medi-Cal status	Reduce disparities in preventative oral health service delivery among children

of color



SFHN True North Scorecard FY 17-18 Q1

 \uparrow / \downarrow Desired direction of improvement On Target / Off Target / Data not available* **QUALITY** Q2 Q3 Q4 FY 17-18 Q1 Section Measure 2017 2017 2018 2018 Target **Baseline** ZSFG 58.0% ↓ 40.0% Reduce ambulance diversion ZSFG **★** RRP 15.24% ↓ 14.84% 15.04% Reduce hospital readmissions 2.4% ↓ 1.5% LHH Reduce incidence of pressure ulcers LHH Increase staff flu vaccination 92.5% ↑ 95.0% Increase delivery of tobacco cessation counseling by behavioral health PC 86.5% ↑ 86.5% 88.5% JHS Improve care transitions for discharged HIV patients 34.0% ↑ 80.0% Increase successful transitions from Intensive Case Management to BHS 19.0% 🔨 24.7% **MCAH** Improve linkages to prenatal care for pregnant women 44.0% ↑ 44.0% 48.0%

SAFET	/							
				Q1	Q2	Q3	Q4	FY 17-18
Section	Measure		Baseline	2017	2017	2018	2018	Target
ZSFG	Reduce incidence of preventable complications	★ HAC VBP	14/mo ↓	10/mo				< 10/mo
ZSFG	Increase safe discharge home for joint replacement patients		45.0% ↑	64.0%				60.0%
LHH	Reduce resident falls resulting in major injuries	*	1.4% ↓	1.4%				1.3%
LHH	Reduce preventable staff injuries		11.0 ↓	Data Pending				10.5
PC	Reduce hospital readmissions (SFHN PC patients)	PRIME	14.48% ↓	14.55%				14.32%
JHS	Improve medication safety		1.2 ↓	1.2				0.60
JHS	Improve hospital and ED discharge follow-up		60.0% ↑	94%				85.0%
	Improve completion of quarterly Illness & Injury Prevention Program		TBD .	In development				TBD
BHS	requirements		1 ₽ 1	III development				ושט
MCAH	Reduce preventable employee injuries		79.0% 🛧	Data Pending	80%			100.0%

CARE E	CARE EXPERIENCE								
Section	Measure	Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target		
ZSFG	Increase patient satisfaction ratings for respectful and courteous communication	★ 62.7% ↑	64.2%				70.0%		
ZSFG	Increase patient satisfaction ratings for food taste	26.1% 🔨	28.9%				30.0%		
LHH	Increase resident satisfaction ratings	98.0% ↑	Data Pending				99.0%		
LHH	Increase average monthly patient referrals to Acute Rehabilitation	3.0 ↑	2.3				6		
PC	Improve patient satisfaction ratings	68.7% ↑	67.7%				73.0%		
PC	Improve timely access to primary care services	34 days ↓	29 days				14 days		
JHS	Improve access to nurse triage services	77.0% ↑	97%				85.0%		
BHS	Reduce no-shows within first 3 months of treatment	6.5% ↓	5.3%				5.9%		
MCAH	Increase client response rates for satisfaction surveys	73.0% ↑	77.5%				78.0%		



SFHN True North Scorecard FY 17-18 Q1

 \uparrow / \downarrow Desired direction of improvement

On Target / Off Target / Data not available

WORKE	ORCE						
			Q1	Q2	Q3	Q4	FY 17-18
Section	Measure	Baseline	2017	2017	2018	2018	Target
ZSFG	Increase number of leaders adopting leader standard work	0.0% 🛧	42.0%				100.0%
ZSFG	Increase number of leaders trained in A3 thinking	77.0% 个	93.0%				100.0%
LHH	Improve overall job satisfaction ratings among staff	77.0% 个	In development				TBD
PC	Improve overall staff engagement ratings	72.0% ↑	In development				73.0%
JHS	Decrease workplace stress	3.45 ↑	3.45				4.00
BHS	Improve staff percieved support for their professional development	TBD ↑	In development				TBD
MCAH	Increase staff ratings of respect in the workplace	58.0% ↑	In development				63.0%

FINANC	SIAL STEWARDSHIP						
			Q1	Q2	Q3	Q4	FY 17-18
Section	Measure	Baseline	2017	2017	2018	2018	Target
ZSFG	Meet monthly expenditure targets	0.8% ↓	-0.9%				0.0%
LHH	Decrease overtime utilization	2.6%	Data Pending				2.0%
PC	Increase timeliness and accuracy of documentation to increase total	389 ↓	389				125
rC	revenue	369 ♥	363				123
JHS	Improve clinician productivity	TBD	In development				TBD
BHS	Reduce number of high cost beneficiaries	TBD ↓	In development				TBD
MCAH	Increase ability to know and access Medi-Cal status	62% ↑	62%				72.0%

EQUITY								
Section	Measure		Baseline	Q1 2017	Q2 2017	Q3 2018	Q4 2018	FY 17-18 Target
ZSFG	Develop standard work for capturing patient/client race, ethnicity, language, sexual orientation and gender identity	PRIME	n/a	In development				Yes
LHH	Develop standard work for capturing homeless data		n/a	In development				Complete
LHH	Decrease disparities in resident satisfaction with LHH services among limited English speaking residents		TBD ↑	Data pending				TBD
PC	Develop standard work for capturing patient gender identity	PRIME	n/a	In development				Yes
PC	Improve blood pressure control among patients with hypertension, including a specific focus on African American hypertensive patients		BAA: 62% Total: 70%	Data pending Data pending				BAA: 68% Total: 71%
JHS	Develop standard work for capturing patient gender identity		n/a	In development				Yes
BHS	Increase percentage of clinicians who have completed Transgender 101 training		0% ↑	Data pending				100%
MCAH	Reduce disparities in preventative oral health service delivery among children of color		76.5% ↑	Data pending				77.5%



LEGEND

Metric is On Target to meet the goal by June 30, 2018

Metric is Not on Target to meet the goal by June 30, 2018

No data is available due to one of the following reasons:

- Data pending: Reporting is delayed due to lag in data collection
- In development: Data collection methods and/or metric definitions are still being developed
- On hold: Metric is under review, data collection is on hold
- Collected annually: Reporated on an annual basis will be reported in a later quarter





