Presentation Overview

- SFHN Strategic Plan Update
- Strategic Initiatives Update
- True North Metrics Scorecard
One day retreat to review SFHN Strategic Plan and experiences with implementing Lean.

**Agenda:**
- Reflections
- Review of network activities
- A3 workshops
- Visual Management

**SURVEY RESULTS**

100% of respondents felt it was worthwhile to themselves

On a 1-5 scale, **average ratings of...**

- 4.5 ...overall workshop
- 4.4 ...team performance
- 4.1 ...individual performances
- 4.8 ...workshop instructors/leaders
SFHN Visibility Room

- “Who we are” and “What we do”
- Provide visual management control for our strategic planning implementation and monitoring
- Transparency, ownership, and accountability
- Updates integrated into the SFHN Executive Leadership Mtgs
**Finalizing A3s for Strategic Initiatives #1-5**

**PHASE I – FY 16-17**
- Right information, every time, anywhere
- Align care, finances, and clinical operations for value-based payments
- Right care, right place, right time
- Develop our people
- Stabilize finances

**PHASE II – FY 17-19**
- Optimize external communication and outreach
- Create timely, actionable, and relevant data to support continuous improvement
- Operational integration
- Implement the master facility plan

- Currently in Phase I of Strategic Plan implementation
  - Piloting Lean implementation for our top 2 strategic initiatives
- 2 of 5 A3-Team Charters complete
- Next steps:
  - Implement proposed countermeasures on the A3s
  - Report outs at SFHN Executive Leadership Meeting
Strategic Initiative #1: 
Right information, every time, anywhere

A3 Owner | Albert Yu
---|---

Problem Statement | DPH has fragmented care models, unreliable processes, challenging communication channels, scant analytics, ineffective data governance, disparate clinical systems, and an impending deadline to replace multiple end-of-life systems that prevent us from achieving our vision of being every San Franciscan’s first choice for health care and well being.

Major Highlights and Accomplishments

- Completed scope, cost, and schedule with UCSF Health to inform go-no-go contract decision
- Identified contractual requirements to mitigate critical path risks that may delay or overrun enterprise EHR adoption
- Establishing an Implementation Governance Structure, Office of Health Informatics, and Project Management Office
Strategic Initiative #2: Align care, finances, and clinical operations for value-based payments

A3 Owner | Alice Chen
---|---
Problem Statement | *We do not have the right culture, organizational processes, and infrastructure to effectively manage quality outcomes clinical outcomes, clinical utilization, and financial risk for our patients.*

Major Highlights and Accomplishments

- A3T focus area changed from Medicaid waiver programs to broader focus on value-based payments
- Number of programs, amount of funding at risk, and diversity of care settings impacted are expanding rapidly
- Leverage PRIME to identify gaps and create infrastructure to succeed with value-based payments
  - Sep 30, 2016 – Year 1 data submitted for PRIME (100% Pay for Reporting)
- Preparation for bundled payments and Whole Person Care in progress
## Strategic Initiatives #3 - 5

<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>A3 Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Right care, right place, right time</td>
<td>Kelly Hiramoto and Mivic Hirose*</td>
</tr>
<tr>
<td>4. Develop our people</td>
<td>Marcellina Ogbu and Susan Ehrlich*</td>
</tr>
<tr>
<td>5. Stabilize finances</td>
<td>Greg Wagner</td>
</tr>
</tbody>
</table>

- Changes in A3T ownership for #3 and #4
  - One more workshop planned to finalize A3T
- Lean implementation contingent on current and future capacity
- Regular updates at SFHN Executive Leadership Meetings
True North Summary

55 total metrics across 6 True North dimensions

<table>
<thead>
<tr>
<th>Category</th>
<th>Metric Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Target</td>
<td>16 metrics</td>
</tr>
<tr>
<td>Off Target</td>
<td>11 metrics</td>
</tr>
<tr>
<td>In Progress</td>
<td>28 metrics</td>
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Current status:
- Varying levels of capacity for improvement work across the SF Health Network
- Fragmented data systems impacts data quality & timeliness
- Continuing to refine metrics
- Establishing standard processes for reporting
# True North Metrics – October 2016

## On Target | Off Target | Data Pending/No Update Available

<table>
<thead>
<tr>
<th>SF Health Network True North Outcomes</th>
<th>SFHN Strategic Plan</th>
<th>Strategic Initiatives Update</th>
<th>True North Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUALITY</strong> Improve the health of the people we serve</td>
<td></td>
<td></td>
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<tr>
<td><strong>SAFETY</strong> Eliminate harm to patients and staff.</td>
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<tr>
<td><strong>CARE EXPERIENCE</strong> Provide the best health care experience</td>
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<tr>
<td><strong>WORKFORCE</strong> Create an environment that values and respects our people</td>
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<tr>
<td><strong>FINANCIAL STEWARDSHIP</strong> Provide financially sustainable health care services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EQUITY</strong> Eliminate disparities</td>
<td></td>
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</table>

### Division/Section Metrics

<table>
<thead>
<tr>
<th>Metric 1</th>
<th>Metric 2</th>
<th>Metric 3</th>
<th>Metric 4</th>
<th>Metric 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce preventable mortality (Observed/Expected)</td>
<td>Reduce incidence of preventable complications</td>
<td>Increase patient satisfaction ratings</td>
<td>Develop problem solvers among staff</td>
<td>Decrease length of stay</td>
</tr>
<tr>
<td>Reduce hospital admissions</td>
<td>Reduce staff injuries</td>
<td>Reduce patient wait time in the Emergency Department</td>
<td>Increase staff trained in Lean thinking</td>
<td>Spend within annual hospital-wide budget</td>
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<tr>
<td>Reduce incidence of pressure ulcers</td>
<td>Reduce resident falls resulting in major injuries</td>
<td>Increase resident satisfaction ratings</td>
<td>Improve overall job satisfaction ratings among staff</td>
<td>Decrease overtime utilization</td>
</tr>
<tr>
<td>Increase staff flu vaccination</td>
<td>Reduce preventable staff injuries</td>
<td>Reduce wait time for Acute Rehabilitation</td>
<td></td>
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<tr>
<td>Reduce hospital readmissions through improved discharge follow-up</td>
<td>Reduce preventable staff injuries</td>
<td>Increase client satisfaction ratings</td>
<td>Improve overall job satisfaction ratings among staff</td>
<td>Optimize revenue collection for home health visits</td>
</tr>
<tr>
<td>Reduce childhood cavities</td>
<td>Reduce hospital readmissions</td>
<td>Improve patient satisfaction ratings</td>
<td>Improve overall staff engagement ratings</td>
<td>Increase total revenue through timely documentation</td>
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<tr>
<td>Increase delivery of tobacco cessation counseling</td>
<td>Improve emergency opiate overdose response</td>
<td>Improve access to nurse triage services</td>
<td>Improve overall job satisfaction ratings</td>
<td>Develop standard work for capturing data about LGBT patients</td>
</tr>
<tr>
<td>Improve care transitions for discharged HIV patients</td>
<td>Improve hospital and ED discharge follow-up</td>
<td>Improve overall job satisfaction ratings</td>
<td>Improve clinician productivity</td>
<td>Develop standard work for capturing data about LGBT patients and hypertension, including a specific focus on African American hypertensive patients</td>
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<tr>
<td>Ensure behavioral health clients are connected to primary care providers</td>
<td>Improve staff ratings of workplace safety</td>
<td>Reduce patient no show rates through patient engagement</td>
<td>Improve productivity among civil services programs</td>
<td>Develop standard work for capturing data about LGBT patients</td>
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<tr>
<td>Improve linkages to prenatal care for pregnant women</td>
<td>Reduce preventable employee injuries</td>
<td>Increase staff ratings of respect in the workplace</td>
<td>Increase timely submission of state mandated reimbursement requirements</td>
<td>Reduce disparities in preventative oral health service delivery among children of color</td>
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