



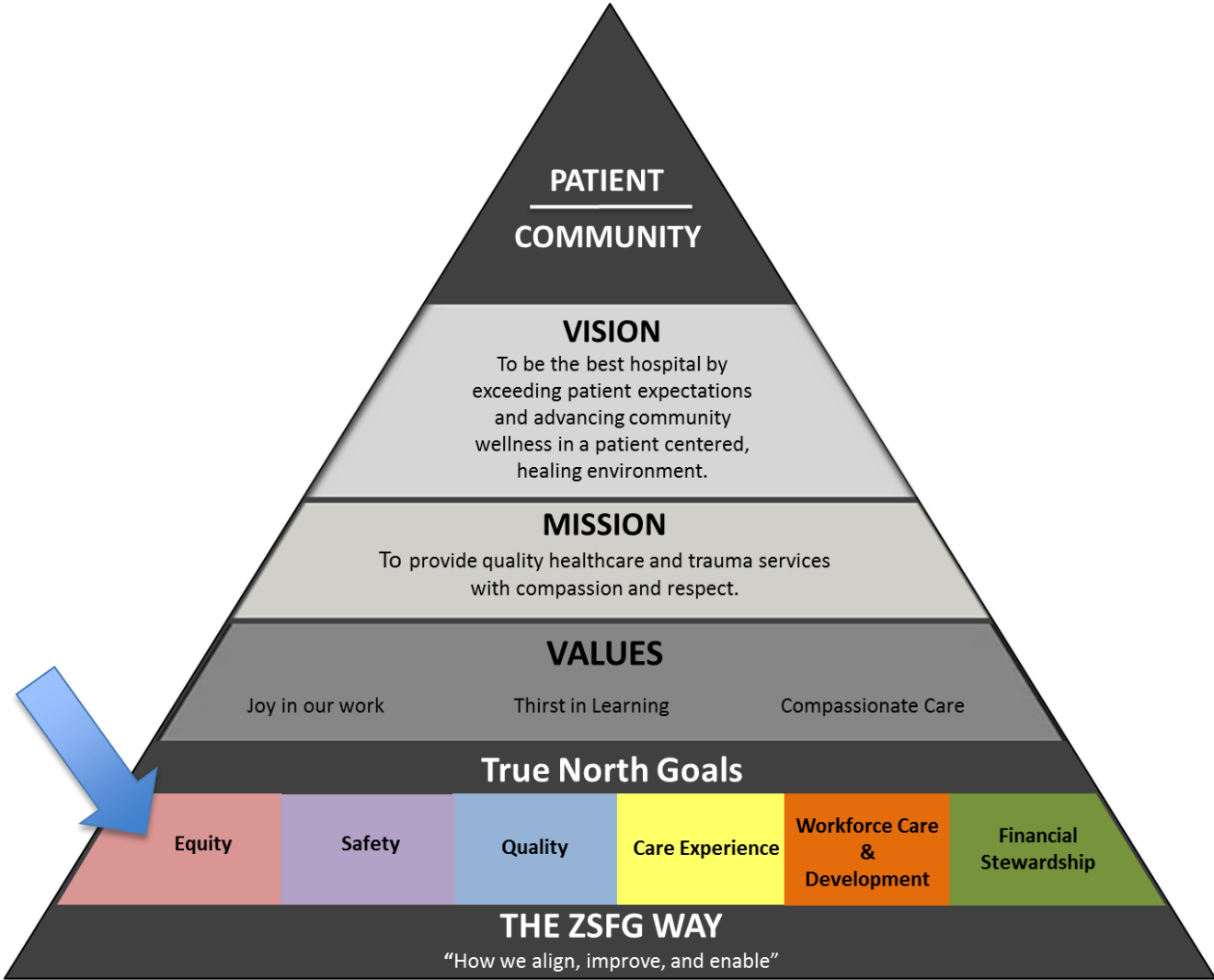
ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# Advancing Equity



San Francisco Department  
of Public Health

# ZSFG TRUE NORTH

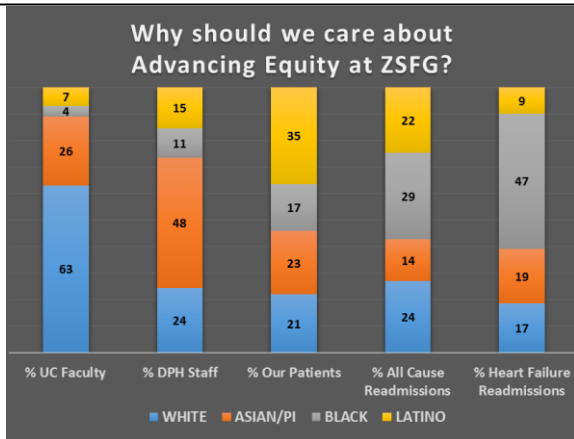


# Advancing Equity

## Background:

According to HHS 2014 Disparity Action Plan, A key disparity reduction strategy for improving the quality outcomes and care experience among high minority patient populations is having a diverse workforce. Despite being the City's Safety-Net Hospital with >75% of the patient population being minorities, ZSFG does not consistently measure disparities or track countermeasures within True North and/or Departmental Goals. Additionally, Equity Initiatives are currently developed and implemented in silos; leading to fragmented efforts and parts of the workforce feeling unheard.

## Currently...



- Readmissions** – The chart above is ZSFG's True North quality metric stratified – **Currently there are no countermeasures to Advance Equity.**
- Communication & Education** – **We do not know how well our ZSFG Workforce understands, defines or measures Equity.**
- REAL** is a 3-hour training to support the rollout of collecting each patient's personal *Race, Ethnicity, And Language* preferences. This is vital to understanding our patients, care practices, and how to target interventions to improve the quality for all patients. ~330 front-line staff trained. **English (61%) Null (1%) Spanish (24%) Chinese (10%)**
- SOGI** - SFDPH along with other city and county agencies – is required to develop and implement a plan to collect patient and client data on *Sexual Orientation/Gender Identity (SOGI)*, beginning July 1, 2017. **Approximately, ~2000 ZSFG staff need to be trained**
- Workforce Development** – There's a strategic A3 dedicated to understanding job satisfaction, voluntary turn-over and making ZSFG a great place to work. **We do not know how this initiative ties to understanding the training needs of our diverse workforce. Hiring is not within scope.**
  - Relationship Centered Communication** - Aimed to (1) Establish rapport and build trust (2) Communicate in time pressured settings (3) Negotiate a shared agenda between patient and provider. (4) Explicitly give patients and families a sense of being heard, validated and cared about in healthcare settings. **Health Equity currently isn't part of this training.**
  - Racial Humility** - DPH starting point towards advancing equity, by learning about implicit bias and cultural humility. Between January 2015 and December 2016, 330 DPH staff, mostly in leadership positions across various divisions, participated in the intensive trainings facilitated by Dr. Ken Hardy. An additional 200 staff are projected to participate by September 2017. **There are no specific or measurable goals after this training.**
- Interpreter Services** - **We do not know how effectively capacity is meeting patient demand, nor utilization rate.**
- Miscellaneous** Schwartz rounds, BAAHI, mgmt/staff forums and CHEARS (staff engagement committee) etc are currently being utilized to address job satisfaction and social justice concerns in the workforce. **There is no unified vision on what is being addressed, how and when.**

**Problem Statement:** ZSFG's fragmented coordination of Equity Initiatives, limits our workforce's ability to reduce disparities in a measurable way. Currently, only 6% of ZSFG Departments have countermeasures to Advance Equity.

Targets and Goals	base	6/18	6/19	6/20	6/21	6/22
By 2022, >85% of ZSFG Departments will have their #1 PIPS metric stratified by Race, Ethnicity & Language	6%	20%	35%	50%	65%	85%

## Analysis

### WORKFORCE DEVELOPMENT

- Staff confuse equity with equality
- Workforce population does not reflect patient population
- No consistent support to meet training needs
- No Equity Executive sponsor.
- No follow-up work after completion of trainings like racial humility or cultural competency.
- No operational and governance infrastructure to oversee and coordinate ZSFG equity efforts

### CARE EXPERIENCE

- Culture that equates working at a safety net with majority minority population as being equitable.
- Organizational discomform of discussing or addressing disparities.
- Cultural competency needs vary and not monitored.
- Highly reactive environment of firefighters and meeting regulatory requirements.
- Organizational policies not aligned to meet needs of vulnerable staff and patient populations

### QUALITY & SAFETY

- Inconsistent staff and patient experience metrics
- Homegrown data programs developed in response to division needs, not systematic
- In transitional period for EHR deployment.
- Disparity data not tracked in a centralized location
- No consistent venue for staff and patients to voice concerns regarding equity or social justice

### FINANCIAL STEWARDSHIP

- ZSFG cultural competency and implicit bias trainings just started. No need was forecast
- Equity work driven by mandates (e.g. PRIME, SOGI Ordinance) instead of institution mission – this impacts resources/rollout
- Uncertainty over impact of political climate on ability to address equity long term.

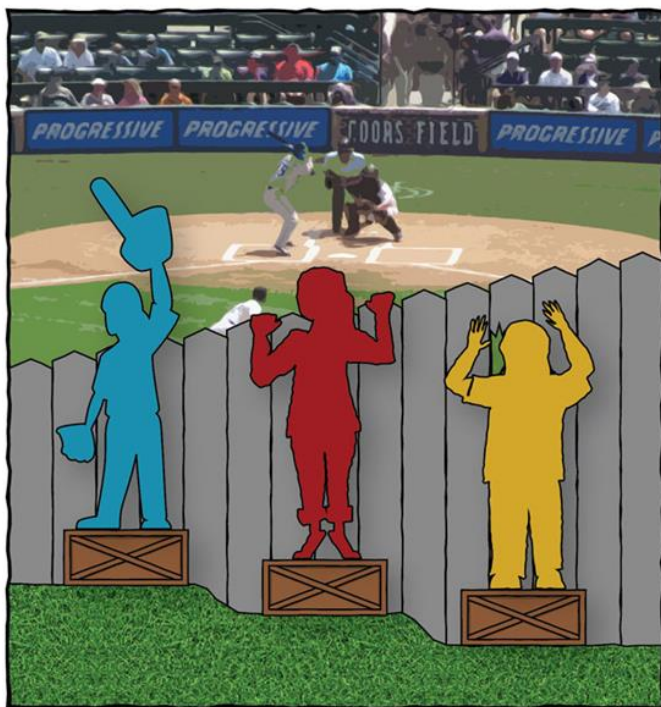
ZSFG's fragmented coordination of Equity Initiatives, limits our workforce's ability to reduce disparities in a measurable way. Currently, only 6% of ZSFG Depts have countermeasures to Advance Equity.

True North	Countermeasures	Impact	Effort
Quality	Determine how to bridge gap between current state and future state of understanding our patient population via REAL, SOGI and DET	High	High
	Align PIPS with Equity Council to establish baseline metrics and countermeasures	High	High
Workforce	Establish governance dedicated to developing vision, bi-directional communication plans and managing measurable objectives across the Enterprise	High	High
	Develop and continuously improve communication and education about Equity	High	High

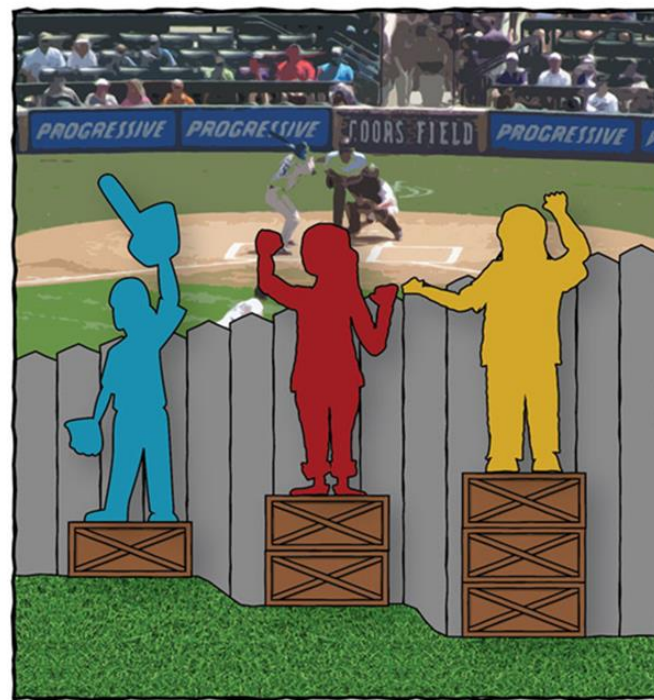
Plan	Who	When
Establish <b>Equity Council</b> to oversee measurable initiatives that reduce disparities across patient experience, quality outcomes and workforce development.	Tosan	06/17
Implement <b>Communication Strategy</b> –What is Equity? Why should we care? How can we (at all levels of the Enterprise) make an impact?	Tosan, Todd	01/17
Validate and increase numerator of <b>REAL</b> Data by 5% (N is ~73,000)	Jenny, Wendy & Rosaly	02/18
Develop gantt chart mapping out plan to competently track <b>SOGI</b>	Jenny, Monica & Richard	11/17
Develop gap analysis of opportunities to incorporate Equity coaching into <b>Training &amp; Development</b> programs.	Karen, Gillian, Jeff & Lydia	07/18
Integrate Equity coaching into <b>PIPS</b> structure with concrete methodology to identify and develop countermeasures to address <b>Disparities</b> in each department	Troy, Jenny, Todd	10/17
Develop a charter focused on how to build <b>Staff Engagement</b> by measurably listening, addressing and celebrating the voices of our frontline	Byron, Bilal, Wendy, Brenda & Monica,	10/17
Roll out <b>Language Access</b> infrastructure in B5 & B25 to improve utilization	Tosan	06/18

# What is Equity?

Everyone has a fair and just opportunity to be as healthy as possible. Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities



**EQUALITY**



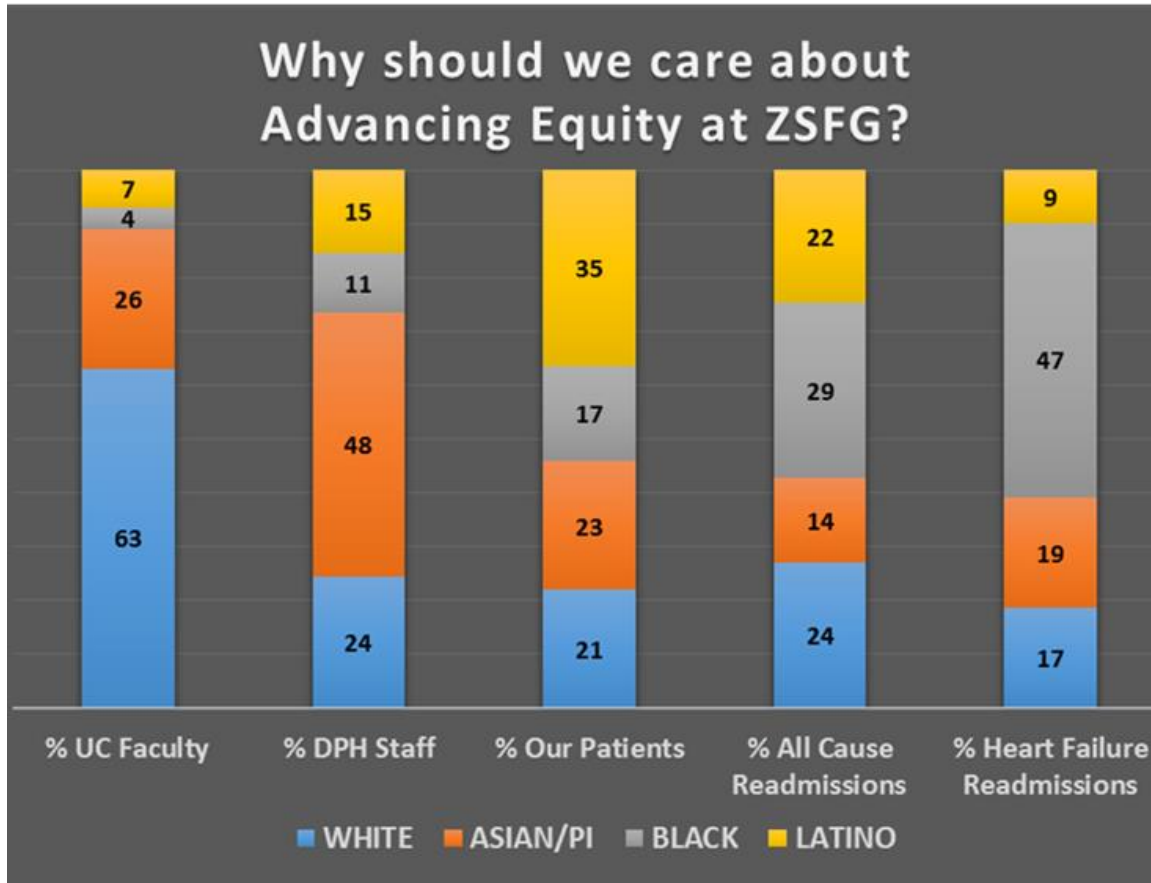
**EQUITY**

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

# BACKGROUND

- According to HHS 2014 Disparity Action Plan, key disparity reduction for improving clinical quality and care experience is having a diverse workforce.
- Despite >75% of the patient population being minorities, ZSFG does not consistently measure disparities or track countermeasures.
- Equity Initiatives are currently developed and implemented in silos; leading to fragmented efforts and parts of the workforce feeling unheard.

# CURRENT CONDITIONS



**Readmissions** – The chart above is ZSFG’s True North quality metric stratified – Currently there are no countermeasures to Advance Equity.

# CURRENT CONDITIONS

- **Communication & Education** – We do not know how well ZSFG Workforce understands, defines or measures Equity.
- **REAL** is a 3-hour training to support the rollout of collecting each patient's personal Race, Ethnicity, And Language preferences. ~330 front-line staff trained.  
English (61%) Null (1%) Spanish (24%) Chinese (10%)
- **SOGI** - SFDPH along with other city agencies is required to develop and implement a plan to collect patient and client data on Sexual Orientation/Gender Identity
- **Workforce Development** –There's a strategic A3 dedicated to understanding job satisfaction, voluntary turn-over and making ZSFG a great place to work. We do not know how this initiative ties to understanding the training needs of our diverse workforce. Hiring is not within scope of this A3.
  - Relationship Centered Communication
  - Racial Humility
  - Trauma-Informed Systems
- **Interpreter Services** - We do not know how effectively capacity is meeting patient demand, nor utilization rate.
- **Misc** - Schwartz rounds, BAAHI, mgmt/staff forums and CHEARS (staff engagement committee) etc are currently being utilized

# What have we learned?

- ZSFG is starting its equity journey
- Culture has equated working at a safety net with minority populations as being “equitable”.
- Equity work traditionally driven by mandates (e.g. PRIME, SOGI Ordinance) instead of institution mission which impacts resources/rollout
- No consistent venue for staff and patients to voice concerns regarding equity or social justice



# PROBLEM STATEMENT

- ZSFG's fragmented coordination of Equity Initiatives, limits our workforce's ability to reduce disparities in a measurable way.
- Currently, only 6% of ZSFG Departments have countermeasures to Advance Equity.

## Targets and Goals

By 2022, >85% of ZSFG Departments will have their #1 PIPS metric stratified by Race, Ethnicity & Language

base	6/18	6/19	6/20	6/21	6/22
6%	20%	35%	50%	65%	85%

# COUNTERMEASURES

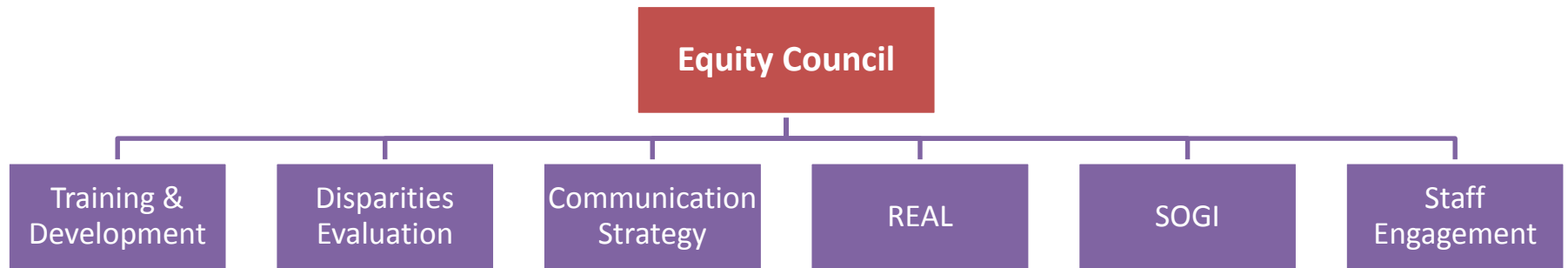
Plan	Who	When
Establish <b>Equity Council</b> to oversee measurable initiatives that reduce disparities across patient experience, quality outcomes and workforce development.	Tosan	06/17
Implement <b>Communication</b> Strategy –What is Equity? Why should we care? How can we (at all levels of the Enterprise) make an impact?	Tosan, Todd	01/17
Validate and increase numerator of <b>REAL</b> Data by 5% (N is ~73,000)	Jenny, Wendy & Rosaly	02/18
Develop gantt chart mapping out plan to competently track <b>SOGI</b>	Jenny, Monica & Richard	11/17
Develop gap analysis of opportunities to incorporate Equity coaching into <b>Training &amp; Development</b> programs.	Karen, Gillian, Jeff & Lydia	07/18
Integrate Equity coaching into <b>PIPS</b> structure with concrete methodology to identify and develop countermeasures to address <b>Disparities</b> in each department	Troy, Jenny, Todd	10/17
Develop a charter focused on how to build <b>Staff Engagement</b> by measurably listening, addressing and celebrating the voices of our frontline	Byron, Bilal, Wendy, Brenda & Monica,	10/17
Roll out <b>Language Access</b> infrastructure in B5 & B25 to improve utilization	Tosan	06/18

# Our Equity Council

## Frontline & Leadership

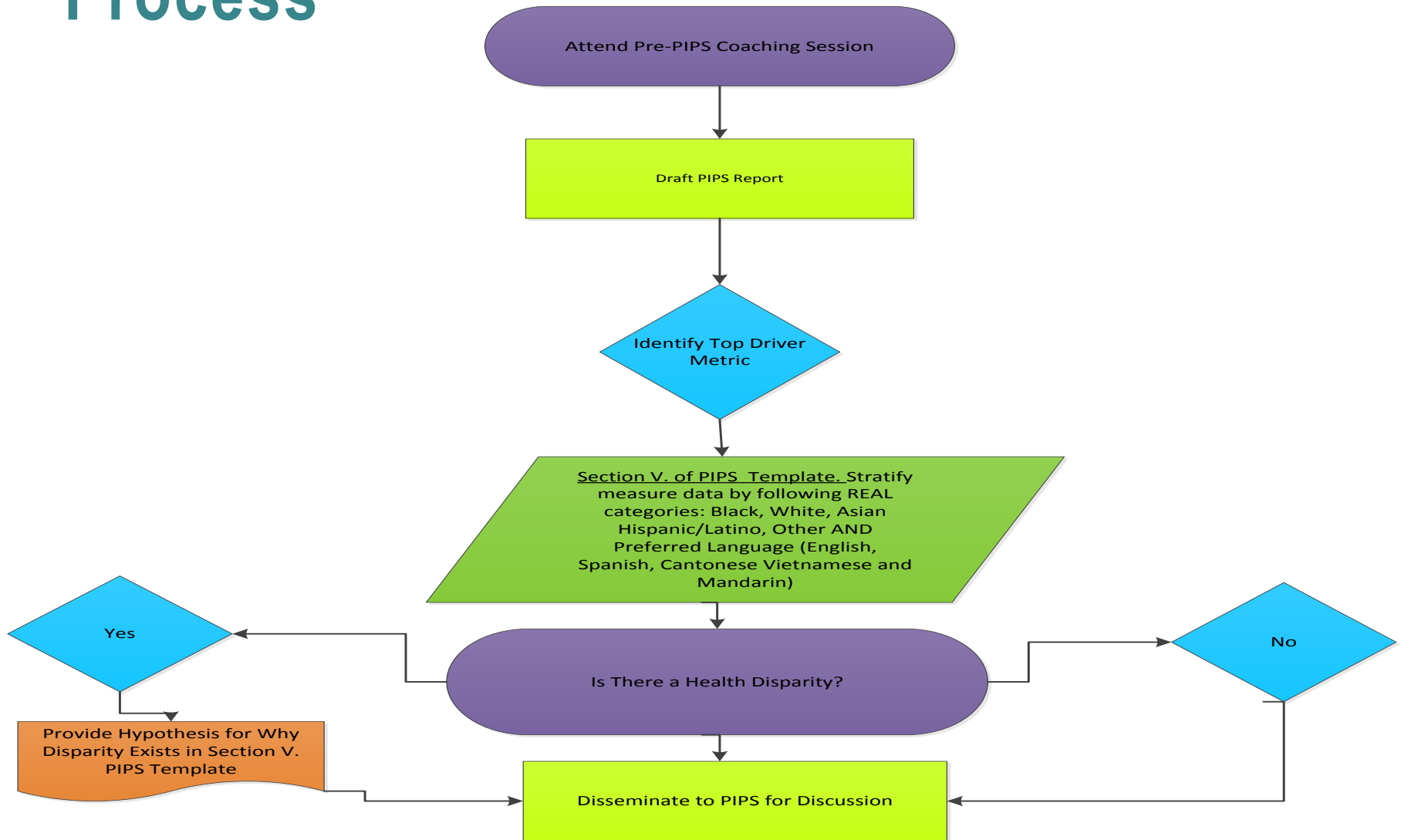
1. **Jenny Chacon, Senior Health Planner**
2. **Brenda Barros, SEIU**
3. **Monica Bien, Physician Assistant**
4. **Bilal Chaney, Care Navigator**
5. **Byron Decuire, Respiratory Therapist**
6. **Wendy Lee, Quality Analyst**
7. **Richard Santana, Care Transitions**
8. **Rosaly Ferrer, Nursing Director**
9. **Gillian Otway, Nursing Director**
10. **Jeff Critchfield, Medical Director**
11. **Lydia Leung, Medical Director**
12. **Karen Hill, Human Resources**
13. **Todd May, Chief Medical Officer**
14. **Troy Williams, Chief Quality Officer**
15. **Tosan Boyo, Chief Operating Officer**

# Purpose



- **Mission: Empowering our community to reduce disparities**
- **Commitment: We stand up for everyone**

# Process



# Next Steps

- Transforming organizational culture
- Developing an Equity dashboard
- Communication
- More communication
- Even more communication