



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# THE ZSFG WAY

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# TRUE NORTH



**Title: The ZSFG Way: Achieving True North in Care, Quality, Safety, and Equity**

Owner/Date: Jim & Kim

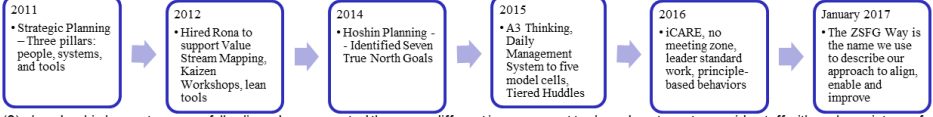
V13 Approved

3/18/18

**I. Background**

(1) Zuckerberrg San Francisco General Hospital (ZSFG) has had an enduring and critical mission throughout SF history. ZSFG's strength and key assets lie in its dedicated team members, including its essential partner the University of California, San Francisco (UCSF) and the City's support.

(2) At ZSFG, there has been no consistent, reliable management system through which care and services are managed. ZSFG has not had a standard expectation for executive, directors and /or managers to understand the daily business performance, and to proactively drive improvements based on unfavorable performance trends. **To address this, ZSFG embarked on a systematic improvement journey.**



(3) Leadership has not successfully aligned or connected the many different improvement tools and systems to provide staff with a clear picture of a cohesive operating framework.

(4) In 2017, True North A3s were reduced from 8 to 3 to create a focus on a new paradigm that will help integrate the ZSFG Way into our daily processes

(5) The ZSFG way is our approach for proactively handling change management by ensuring we share common goals and that all leaders and staff have the systems and tools needed to support change. A major critical change the organization is now facing is EHR planning and implementation which is underway and will continue for at least two years. The EHR provides a **burning platform** for better deploying the ZSFG way in order to manage and communicate this change, including understanding our current workflows, adapting them to the EHR environment and developing problem solvers at the frontline. The HER provides a driving force necessitating further spread of the ZSFG Way.

**II. Current Conditions**

**Strategic Deployment**

- Currently, the organization does not demonstrate a shared vision of where we are going (True North) and not all staff practice and utilize tools from the management system, making it difficult for the organization to meet True North. Without common standards, there cannot be improvements.
- There are varying degrees of understanding and use of improvement tools and systems among leaders and staff. Only select areas have implemented a problem solving system and there is a disconnect in education and adoption among the different layers of the organization.
- There are five metrics that are part of the ZSFG Way. None of them have achieved their desired targets

**Behaviors**

- As of November 2017, 54 leaders have taken the first round of 360 surveys; however, there's no follow-up as to whether they have adopted these behaviors. To ensure we are developing the problem solving system in the right way, all leaders (not just Expanded Exec members) will also need to adopt leadership principles and behaviors in order to exemplify our values for aligning and enabling all staff so that we can improve as an organization.
- Executives observed, in general, that units who adopt lean principles and practice improvement activities yielded positive results in AHRQ scores. 8 out of 14 units are high performers (high performers had scores over 70%).

Competencies	Baseline 2016	Actuals 2017	Goal 2017	Percent Completion	On/Off Target
PDP Completion	0	18	54	33%	Off
LSW Completion	0	47	54	87%	Off
A3 Thinking Completion	41	51	54	94%	Off
Number of True north metrics On Target	2	3	12	25%	Off
Daily Management System Model Cell Units	5	31	60?	16%?	Off

**Problem Statement:** Our leaders and staff are neither aligned nor enabled in a manner that allows us to improve our performance and achieve True North goals

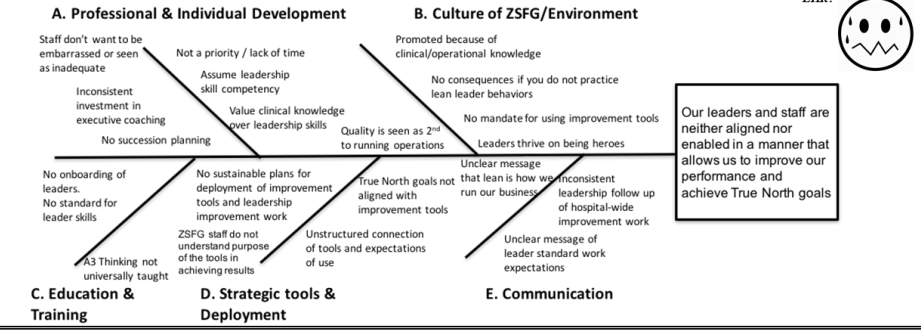
**III. Targets &Goals**

TN	Targets	Baseline	Goal 2018	Goal 2019	Goal 2020
DEV PEOPLE	Percentage of Expanded Executives that have completed a PDP A3 and identified one (1) personal target	33%	85%	95%	95%
DEV PEOPLE	Percentage of Expanded Executives who have achieved one (1) personal target	0%	60%	80%	95%
DEV PEOPLE	Number of Departments that have implemented 80% of daily management system components	0	8	14	?
DEV PEOPLE	Percentage of staff expressing satisfaction with their degree of EHR readiness by phase	0	75%	100%	100%
Equity	Percentage of patients with valid REAL and SOGI data collection (targets shown as REAL/SOGI)	79%/0%	40%/10%	?	?
Equity	Percentage of Departmental reporting PIPS metric driver stratification of by REAL/SOGI	26%	35%	80%	100%

**III. Targets &Goals (cont.)**

TN	Targets	Baseline	Goal 2018	Goal 2019	Goal 2020
Safety	Reduce key patient harm events	9.4	8	7	6
Quality	Reduce readmissions to the PRIME target (increase each year based on prior year performance)	15.04%	14.32%	?	?
Quality	Reduce ED ambulance diversion	52.8%	40%	35%	30%
Care	Increase the number of Depts with iCARE adoption and adherence	0	8	14	?
Finance	Reduce payroll variance	~\$8M	\$0	\$0	\$0

**IV. Analysis**



**V. Proposed Countermeasures**

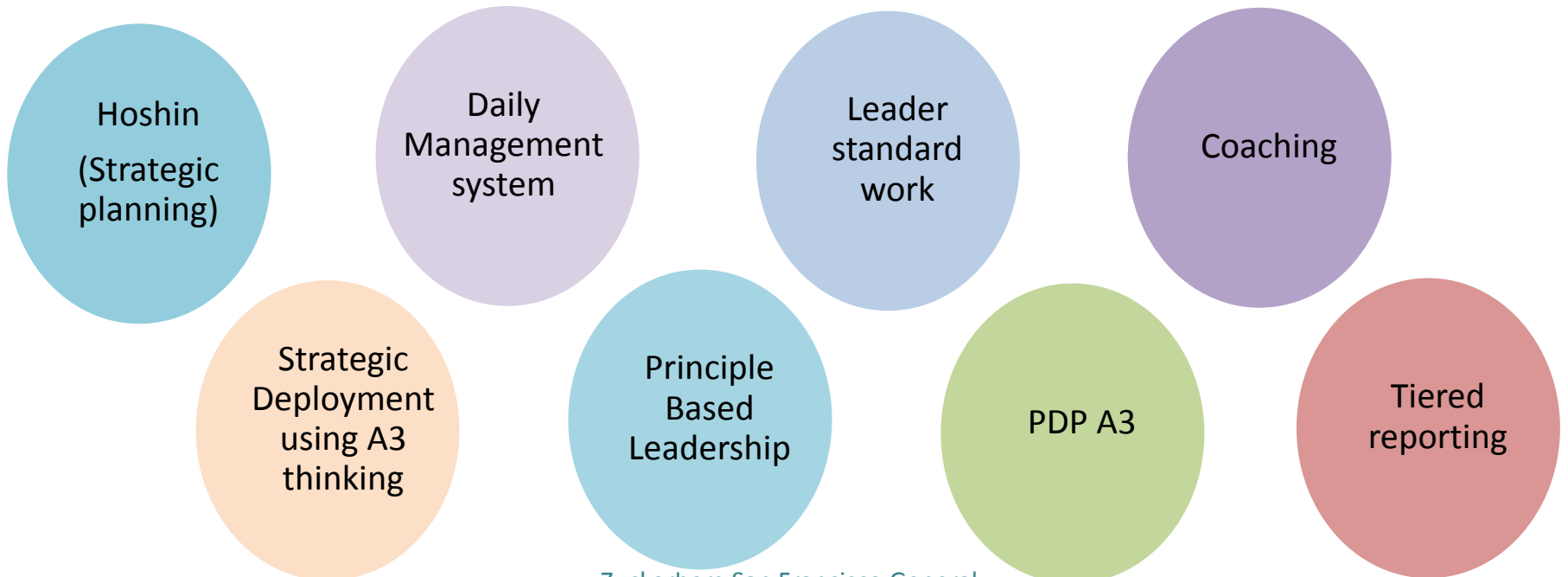
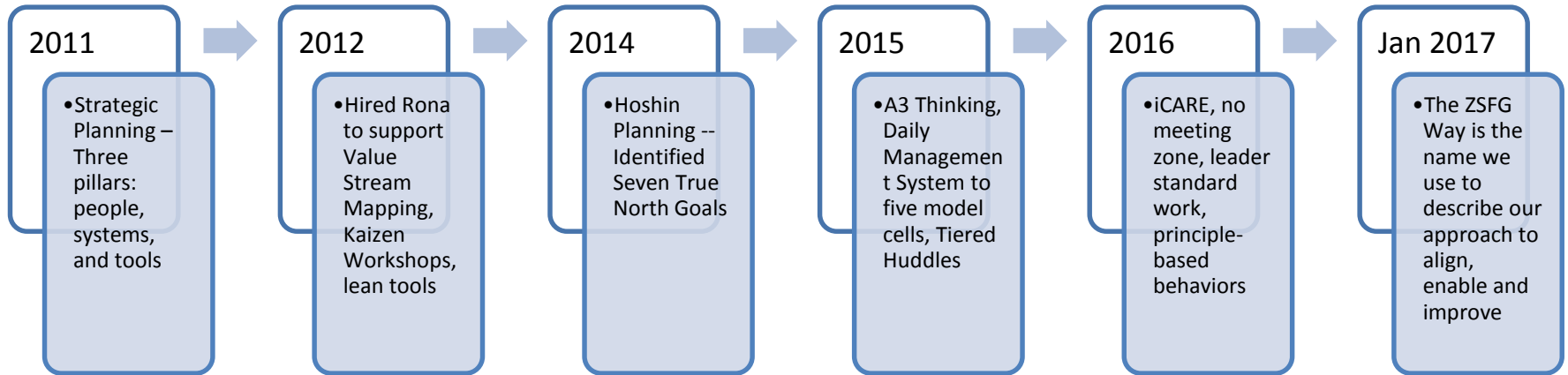
#	Root Cause	Proposed Countermeasures	Impact	Difficulty
1.	A, B, C, D	Spread the daily management system to all areas of ZSFG	High	High
2.	E	Communicate "The ZSFG Way" DMS curriculum and plan to spread the system to the organization	High	High
3.	B, C	Roll out structure and oversight for personal developments plans (PDP) for Expanded Execs with targets/metrics/improvement plans. Ensure the PDP aligns with lean leadership principles and values.	High	High
4.	B, C, D	Develop and implement a plan for tiered performance reporting	High	High

No.	Deliverable	Responsible	Date
1	Develop, implement and deploy a Daily Management System Operational A3 to drive DMS spread	JB, WH, JDM	12/31/17
2	Develop and implement a ZSFG Way communication plan for spread of the management system	KN, JDM, JB, BC, BA	1/31/18
3	Ensure all operational A3s (Care, Safety, Equity, Quality) have an updated A3-SR that incorporates DMS and the ZSFG Way	JM, KN	3/1/18
4	Collaborate with PIPS to increase alignment of Dept. and Unit drivers with Tactical KPIs	WH, KN, JB	3/1/18
6	Develop and implement PDP education plans (what's a SMART personal goal?). Provide education on developing a personal target or goal. Then, develop mechanism for support and oversight.	KN, JDM	1/31/18
7	Develop and implement a Tiered Reporting Operational A3 for managing the business of today and tomorrow	BC, WH, KN, JB, JDM	6/1/18
8	Align The ZSFG way with PIPS and catchball the A3 with PIPS co-chairs. Define scope, resources, prioritization and unit watch metrics and drivers with True North and TN outcomes	WH, KN, JDM	3/1/18

**VII. Follow-Up**

Review Monthly Expanded Exec PDP completion  
 Review Monthly Expanded Exec PDP targets  
 Review Quarterly The ZSFG Way spread completion by cohorts

# BACKGROUND



# CURRENT CONDITIONS: 2017 Achievements

## 1 A3 Thinking Completion

**A3 Thinking** is a term we use to describe our standardized language and approach to problem solving, which reinforces:

- Critical thinking, not reactivity or assumption
- Humility and respect
- Problems as opportunities
- Learning through data, facts, observation
- Process & systems thinking
- Engagement and alignment

## 2 Leader Standard Work (LSW) Completion

Each leader shows distinction of Daily, weekly, and monthly commitments

Align expectations to lean leadership and principles (align, improve, and enable)

Share commitments with executive and direct reports for feedback

## 3 Personal Development Plans (PDP) Completion

Develop lean coaching principles and practices

Develop a personal plan using A3 Thinking to develop a draft of personal plan for developing more effective coaching skills

Competencies	Baseline 2016	Actuals 2017	Goal 2017	Percent Completion
A3 Thinking Completion	41	51	54	94%
LSW Completion	0	47	54	87%
PDP Completion (Not officially a FY2018 Goal)	0	18	54	33%

# CURRENT CONDITIONS: 2017 Achievements

## AHRQ SURVEY

- Executives *observed*, in general, that units who adopt lean principles and practice improvement activities yielded positive results in AHRQ scores. 8 out of 14 units are high performers (high performers had scores over 70% in AHRQ Survey).

Unit	AHRQ Question and Patient Metric	AHRQ Score	AHRQ LSA	Reporting Period	IM Cases	ICU Cases	ED Cases	Prevalence	Readmission	30-Day Mortality	30-Day Readmission	30-Day Mortality	30-Day Readmission	30-Day Mortality	30-Day Readmission
Unit 1	... (text truncated) ...	85	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 2	... (text truncated) ...	78	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 3	... (text truncated) ...	72	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 4	... (text truncated) ...	68	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 5	... (text truncated) ...	65	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 6	... (text truncated) ...	62	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 7	... (text truncated) ...	58	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 8	... (text truncated) ...	55	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 9	... (text truncated) ...	52	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 10	... (text truncated) ...	48	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 11	... (text truncated) ...	45	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 12	... (text truncated) ...	42	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 13	... (text truncated) ...	38	★	★	★	★	★	★	★	★	★	★	★	★	★
Unit 14	... (text truncated) ...	35	★	★	★	★	★	★	★	★	★	★	★	★	★

Caption: Snapshot of units with more greens than red. Green = above 70% in AHRQ Survey

# CURRENT CONDITIONS:

## Performance on True North Metrics

True North Category	Measure	Owner	Measure Unit	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD*	Baseline**	On-Off-Target	Target
Safety	Patient Harm Events <small>★ VBP HSC</small>	Williams & Dentoni	Events	11	3	11	11	18	8	7	8	9	10	7	8	9.25/month (111 YTD)*	14/month (164 FY)		<10
Safety	Safe Discharge Home CJR Cases	Williams & Dentoni	%	-	-	53%	62%	68%	62%	66%	69%	71%	72%	73%	-	66%	45%		60%
Quality	Readmissions <small>★ BRRP PRIME</small>	Marks & May	%	15.52%	15.28%	15.08%	15.18%	14.46%	14.58%	14.48%	14.55%	14.55%	14.73%	14.63%	14.28%	14.78%	15.26%		15.04%
Quality	LLOC Patient Days	Marks & May	# Aggregate Days/Month	1015	1271	1475	1515	1420	1235	1388	1081	1296	1085	1104	1150	1253	1253		300
Quality	ED Average LOS <small>★</small>	Marks & May	# Minutes	353	385	363	350	342	346	354	301	344	328	324	334	344	310		275
Quality	Time on Diversion	Marks & May	%	67.0%	68.0%	59.9%	48.6%	47.7%	52.6%	52.8%	34.1%	52.8%	55.0%	42.3%	52.7%	52.8%	57.6%		40.0%
Care Experience	Patient Satisfaction: "Courteous & Respectful Communication" <small>★</small>	Andrew & Johnson	% CG CAHPS	63.0%	70.0%	62.0%	67.9%	64.4%	67.3%	63.0%	62.1%	62.5%	72.7%	62.1%	70.1%	65.6%	62.7%		70.0%
Care Experience	Patient Satisfaction: "Food Taste"	Andrew & Johnson	% HCAHPS	35.7%	29.6%	22.0%	30.9%	28.6%	24.7%	31.0%	32.1%	29.0%	25.8%	15.9%	19.1%	27.0%	26.1%		30.0%
Workforce Care & Development	Leaders Trained in A3 Thinking	Ehrlich & Nguyen	%	91%	91%	91%	93%	93%	93%	98%	94%	94%	94%	100%	100%	100%	77%		100%
Workforce Care & Development	Leaders Adopting Leader Standard Work	Ehrlich & Nguyen	%	0%	0%	0%	55%	55%	61%	75%	87%	87%	87%	87%	87%	87%	0%		100%
Workforce Care & Development	Staff Injuries	Williams	# Events	23	9	22	20	20	16	14	18	15	31	20	16	18.7/month (224 YTD)	23/month		<18/month
Financial Stewardship	Meet Monthly Expenditure Targets	Inouye	% Variance YTD (FY)	-1.4%	-1.1%	-1.8%	-0.6%	-0.9%	-	-	-	-	-	-	-	-0.9%	0.8%		0.0%

★ - Included in CMS Star Ratings VBP - Included in CMS Value-Based Purchasing Program HSC - Included in CMS Hospital-Acquired Conditions Reduction Program BRRP - Included in CMS Readmissions Reduction Program PRIME - Included in PRIME  
 \*YTD = January '17 - Present, \*\*Baseline = FY 15-16 (Except "CJR" = CY14, "Readmissions", "LLOC" and "Diversion" = CY 16)

- 67% of the True North metrics were **off target**
- Realign and refocus True North goals and metrics
- Move the focus to operational level

# CURRENT CONDITIONS: 2018 Strategies

8



Advancing Equity



Improving Value and Patient Outcomes



Ensuring Flow and Access



Optimizing Care Experience



Optimizing Workforce Care & Development



The ZSFG Way



Building for the Future



Implementing an enterprise-wide Electronic Health Record

3



The ZSFG Way



Advancing Equity



Improving Value and Patient Outcomes



Ensuring Flow and Access



Optimizing Care Experience



Financial Stewardship



Building for the Future



Implementing an enterprise-wide Electronic Health Record



# PROBLEM STATEMENT

- Our leaders and staff are neither aligned nor enabled in a manner that allows us to improve our performance and achieve True North goals

# TARGETS AND GOALS

True North	Targets	Baseline	Goal FY2018	Goal FY2019	Goal FY2020
DEV.PEOPLE	Percentage of Expanded Executives that have completed a PDP A3 and identified one (1) personal target	33%	85%	90%	95%
DEV.PEOPLE	Percentage of Expanded Executives who have identified one (1) personal target	0%	60%	80%	95%
DEV.PEOPLE	Number of departments have at least 80% "full implementation" of the Daily Management System "Fully implemented" DMS, defined as: 80% of all components of DMS deemed in place: ≥ 1 "competent" unit leader (likely manager), regular status sheets, Huddles, unit leadership teams, 1 driver with daily data, A3, active PDSA, standard work. Average compliance rate for department across units.	0	14	TBD	TBD

*Focus on leadership principles and behaviors in order to exemplify our values for aligning and enabling all staff so that we can improve as an organization.*

# EXAMPLE OF PDP A3



**Personal Development Plan A3 Title:**  
Expanded Executive Team 2017-18 Template

Owner:

Ver:	Date:	Owner:	Supervisor:
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**I. Background:** Briefly talk about your current role. Why should I improve myself in order to be a coach/leader who creates an organization filled with problem solvers? Why this, why now? This section can be 5-7 sentences.

In my current role, I...  
In order for me to be successful in this role, I need to...  
Adopting lean leadership principles will allow me to...  
I would like to improve...

**II. Current Conditions:** What is happening today and what is not working? Here you want to list your current strengths and limitations. The 360 Survey can help you determine these through looking at your "Highest and Lowest Rated Items" on page 24.

360 Strengths		15/16	16/17	Limitations		15/16	16/17
1	Practices Leader Standard Work	3.0	3.5	A	Understanding value streams	3.5	3.6
2	Ensure the follow through and accountability	4.0	4.1	B	Contributes to and promotes development of staff and colleagues	3.2	3.1
3	Turns missed opportunity to learnings	4.2	4.2	C	Ability to coach for transformation	3	3.2

**Non 360 Survey Current Conditions**  
Reflect on strengths and limitations that are outside the scope of the 360 Survey.

**Problem Statement:** What specific, measurable problem will serve as your baseline performance?  
Example: In my current role, I have not adopted the lean education or lean leadership principle to be successful in this role.

**III. Targets and Goals:** What specific measurable outcomes are desired and by when? Create 3-5 goals that will help you improve the limitations stated above. Make sure to include how much you want to improve and by when you want to reach these goals. Along with professional goals that align with the 360 survey, please also include a SMART personal goal that you have. All goals, including the personal goal should be attainable within one year.

Limitation Category	Goals	15/16	16/17	Target	Target Date
A	Example: Serve as WSL for Value Stream Mapping	0	0	1	06/2018
C	Example: Visit the gemba on weekly basis to observe and coach the team.	1x biweekly	1x biweekly	1x/week	03/2018

**IV. Analysis:** Why does the problem exist, in terms of causes, constraints, barriers? Reasons for My Personal Performance/My Current Strong Habits and Limiting (Gap) Habits

A. My knowledge/skills	B. My behaviors/tasks/roles	C. Other:	Gap:  In my current role, I have not adopted the lean education or lean leadership principle to be successful in this role.
1. No Lean knowledge 2.	1. Need discipline to learning lean 2.	1. 2.	
1. 2.	1. 2.	1. 2.	
D. People	E. Materials/Supplies	F. Environment	

**V. Possible Countermeasures:** List 3-5 actions you will take to help you become a better coach/leader of problem solvers. These are not actions that have a completion date but rather things you will continuously do and institutionalize into your daily/weekly/monthly routine. Actively working on these countermeasures may help you achieve the goals you listed on the left side of your A3.

Cause Addressed	Countermeasure	Description ("If-Then")	Impact (1-3)	Effort (1-3)
Example: My Knowledge/Skills	Participate in A3 thinking class or learning labs	If I participate in the classes then I will have the skills needed to own an A3	3	3

**VI. Plan:** What, where, how will you implement, and by when? List the steps you will take in order to accomplish the countermeasures you listed above and decide on a date by which you will have completed that step. Creating a plan will help you achieve your countermeasures and help you develop new habits that are aligned with lean leadership principles.

Cause Addressed	Deliverable	Date	Status

**VII. Follow-Up:** How will you assure ongoing PDSA?

1. Add goals and review in annual performance appraisal
2. Meet with supervisor to discuss progress
3. Meet with other team members to discuss progress

[Results/Impact: Consider adding measurable results/impacts here, especially if you meet your goals and cycle of improvement is completed, and/or you plan to create a new A3 for a different problem next year.

A3-SR: Alternatively, you can create a follow-up A3-Status Report to describe your implementation of the original Plan-Do, and continue your problem solving through Study and Adjust.]

ZSFG Personal Development Plan A3 – Exp Exec Template 2017-18

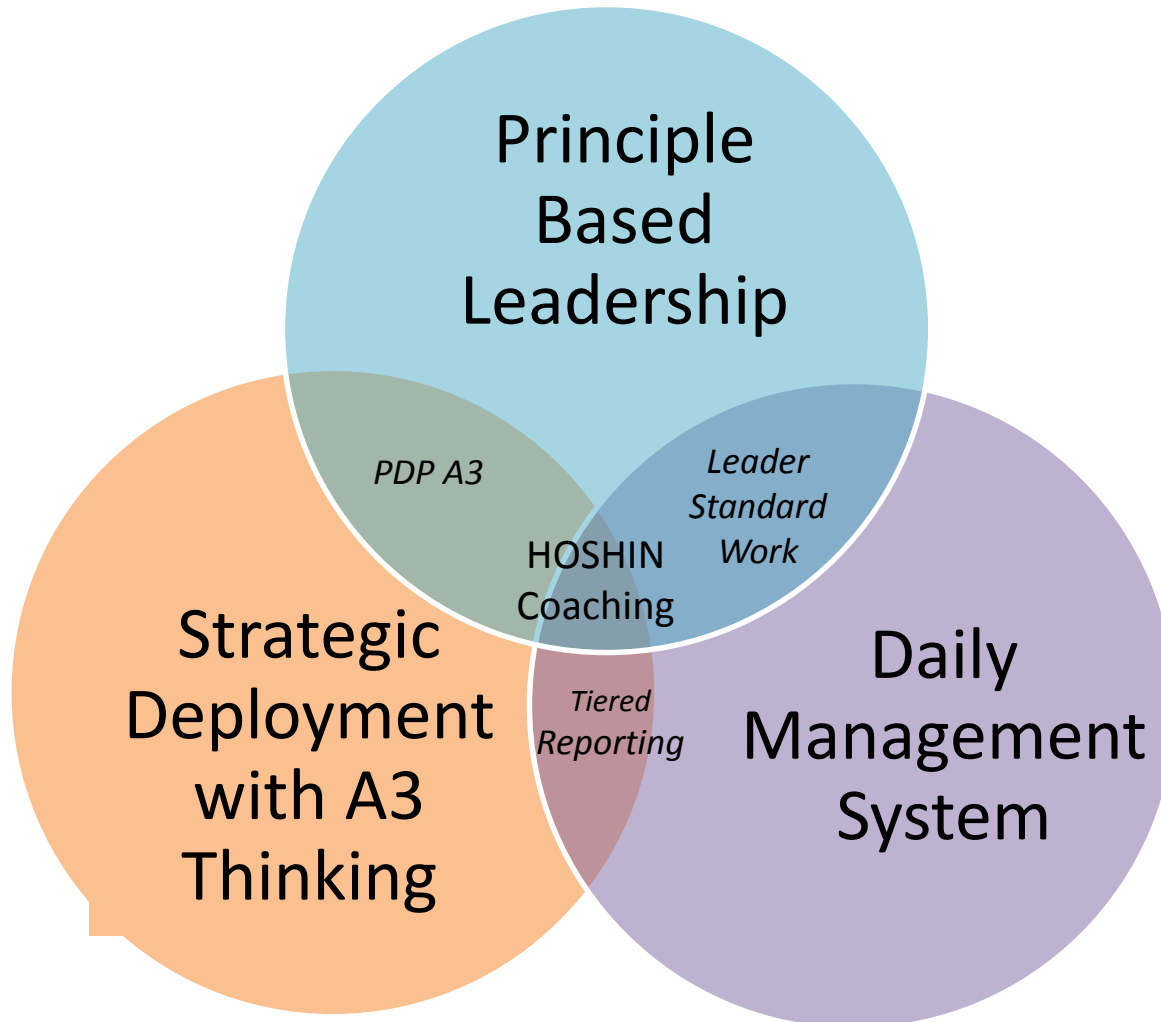
# TARGETS AND GOALS

## Executive Key Performance Indicators

Equity	Safety	Quality	Care Experience	Developing our People	Financial Stewardship
					
Boyo	Dentoni & Williams	Marks & May	Johnson	Marks & Nguyen	Boffi

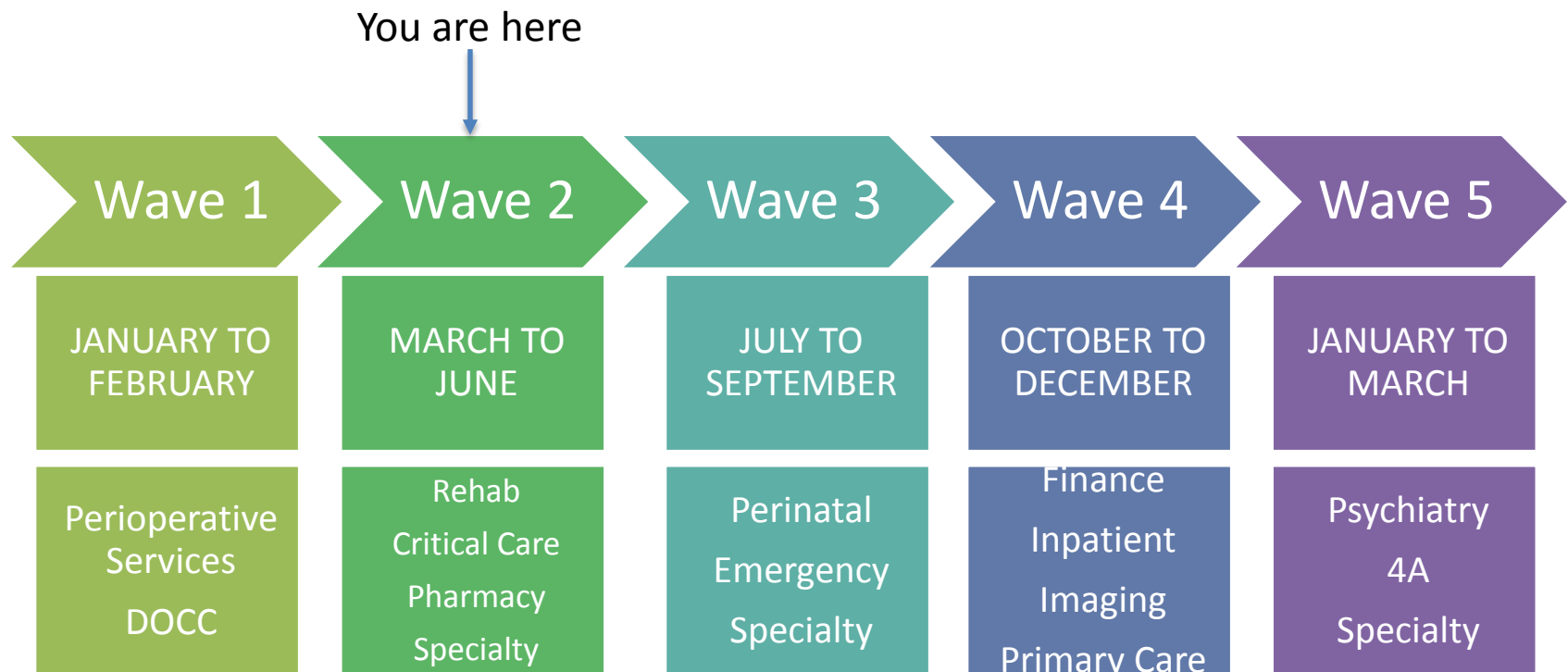
Strategic A3s	<b>The ZSFG Way</b> Marks & Nguyen	By 6/30/19, Increase Departmental PIPS reporting with at least one metric stratified by REAL to 35%	By 6/30/2019, Reduce total number of patient harm events to less than 10/month.	By 6/30/2019, Reduce hospital readmission from 14.46% to 14.32% (Prime)	By 6/30/2019, Reduce ambulance diversion from 52.8% to 40%	By 6/30/2019, Increase % ICARE adoption and adherence through daily status sheets, staff celebrations and driver or watch metric to 16 department	By 6/30/2019, Increase the number of ZSFG departments that have implemented DMS to 14	By 6/30/2019, Increase % of ZSFG expanded executive leaders with one identified PDP A3 target to 85%	By 6/30/2019, Decrease salary variance to 0
	<b>Building Our Future</b> Boyo & Damiano								By 6/30/2019, Reduce # of days slippage for completion of capital projects to 60/month
	<b>Implementing an Electronic Health Record</b> Dentoni & May	By 6/30/19, increase % of unique patients seen at ZSFG with complete REAL to 60% and complete SOGI to 15%.	By 6/30/2019, Achieve % of EHR implementation defined by phase - Groundwork, Direction, Adoption, Testing, Training, Go-Live						By 6/30/2019, Achieve % staff satisfaction and readiness for EHR by phase - Groundwork, Direction, Adoption, Testing, Training, Go-Live

# PROPOSED COUNTERMEASURES



# PROPOSED COUNTERMEASURES

No.	Proposed Countermeasure	Completion Date	Status Update
1.	Spread the daily management system to all areas of ZSFG	June 2019	On target















# PROPOSED COUNTERMEASURES: DMS drives Strategic Goals

## Executive Key Performance Indicators

Cascading information

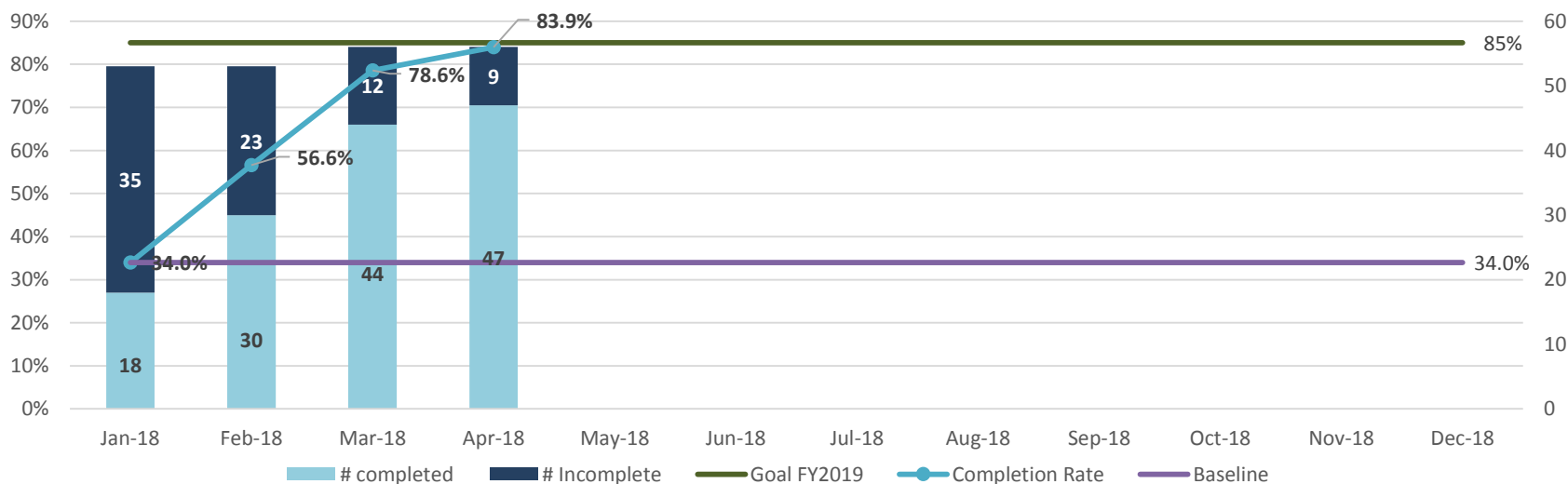
Strategic A3s

	<b>Equity</b>  Boyo	<b>Safety</b>  Dentoni & Williams	<b>Quality</b>  Marks & May	<b>Care Experience</b>  Johnson	<b>Developing our People</b>  Marks & Nguyen	<b>Financial Stewardship</b>  Boffi		
<b>The ZSFG Way</b> Marks & Nguyen	By 6/30/19, Increase Departmental PIPS reporting with at least one metric stratified by REAL to 35%	By 6/30/2019, Reduce total number of patient harm events to less than 10/month.	By 6/30/2019, Reduce hospital readmission from 14.46% to 14.32% (Prime)	By 6/30/2019, Reduce ambulance diversion from 52.8% to 40%	By 6/30/2019, Increase % ICARE adoption and adherence through daily status sheets, staff celebrations and driver or watch metric to 16 department	By 6/30/2019, Increase the number of ZSFG departments that have implemented DMS to 14	By 6/30/2019, Increase % of ZSFG expanded executive leaders with one identified PDP A3 target to 85%	By 6/30/2019, Decrease salary variance to 0
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ALIGNMENT								
Unit-Level Key Performance Indicators: Drive (D) or Watch (W)								
Periop	<b>Equity</b> 	<b>Safety</b> 	<b>Quality</b> 	<b>Care Experience</b> 	<b>Developing our People</b> 	<b>Financial Stewardship</b> 		
The ZSFG Way	1 Metric Stratified	SSI (e.g skin cleansing)	Add-On Wait Times		ICARE Key Behavior	1 Department		Dept. Salary Variance
Building Our Future		100%/phase						
Implementing an Electronic Health Record						100%		

# PROPOSED COUNTERMEASURES

No.	Proposed Countermeasure	Completion Date	Status Update
2.	Roll out structure and oversight for personal developments plans (PDP) for Expanded Execs with targets/metrics/improvement plans. Ensure the PDP aligns with lean leadership principles and values.	Completed	<b>On target</b>

**Goal #2: Expanded Executives Completed PDP A3 and Identified One (1) Personal Target (YTD)**





# NEXT STEPS

- Next update to JCC is in three months
  - Review Monthly DMS spread completion by cohorts
  - Review Monthly Expanded Exec PDP completion and target identification
  - Review Monthly Expanded Exec PDP targets achievement (coming)

# WHAT QUESTIONS DO YOU HAVE?

