THE ZSFG WAY

Jim Marks, M.D., Ph.D.
Kim Nguyen, MHSA
TRUE NORTH

VISION
To be the best hospital by exceeding patient expectations and advancing community wellness in a patient-centered, healing environment.

MISSION
To provide quality healthcare and trauma services with compassion and respect.

VALUES
Joy in our work
Thirst in Learning
Compassionate Care

True North Goals
Equity
Safety
Quality
Care Experience
Developing Our People
Financial Stewardship

THE ZSFG WAY
“How we align, improve, and enable”
Title: The ZSF Way: Achieving True North in Care, Quality, Safety, and Equity

I. Background
(1) Zuckerberg San Francisco General Hospital (ZSF) has had an enduring and critical mission throughout SF History. ZSF’s strength and key assets lie in its dedicated team members, including its essential partners, the University of California, San Francisco (UCSF) and the City’s support.
(2) At ZSF, there has been no consistent, reliable management system through which care and services are managed. ZSF has not had a standard expectation for executive, directors, and for managers to understand the daily business performance, and to proactively drive improvements based on unfavorable performance trends. To address this, ZSF embarked on a systematic improvement journey.

II. Current Conditions

Strategic Deployment
- The organization does not demonstrate a shared vision of where it is 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 standard common, there cannot be improvements.
- There are varying degrees of understanding and use of improvement tools and systems among staff 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 ZSF Way. None of them have achieved their desired targets.

Behavior
- As of November 2017, 64 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 exonerate their 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 yield positive results in AHRQ scores. 8 out of 14 units are high performers (high performers had scores over 70%)

III. Targets & Goals

TN | Targets | Baseline | Goal 2018 | Goal 2019 | Goal 2020
--- | --- | --- | --- | --- | ---
**Percentage of Expanded Executives who have completed a ZSF A3 and identified one (1) personal target** | 33% | 65% | 95% | 95% | 95%
**Number of departments that have implemented 80% of daily management system components** | 0 | 0 | 0 | 0 | 0
**Of those who were unable to achieve one (1) personal target** | 0 | 0 | 0 | 0 | 0
**Number of departments that have implemented 80% of daily management system components** | 0 | 0 | 0 | 0 | 0
**Percentage of staff expressing satisfaction with their degree of EIR engagement in phase** | 0 | 75% | 100% | 100% | 100%
**Quality of patients with valid REAL and SOGI data collection (targets shown as REAL-SOGI)** | 75% | 80% | 100% | 100% | 100%
**Percentage of Department reporting PIP metric slide stratification of REAL-SOGI** | 20% | 35% | 80% | 80% | 80%

IV. Analysis

A. Professional & Individual Development
- Staff don’t want to be embarrassed or seen as inadequate
- Inconsistent investment in executive coaching
- No not a priority or lack of time
- Assumes leadership skills and competencies
- Value clinical knowledge over leadership skills
- EfFicacy seen as 2nd tier learning opportunity
- No succession planning
- No sustainable plans for deployment of improvement tools and leadership improvement work
- No standards or guidelines for ZSF staff to use
- Unstructured connection of tools and expectations of use

B. Culture of ZSF/Environment
- Attention to leadership clarity and execution
- No consensus if you don’t practice less leader behaviors
- No mandate for using improvement tools
- Leaders thrive on being heroes
- No cross pollination of leadership if significant leadership follow up of hospital-wide improvement work
- No ongoing message of leader standard work expectations

V. Proposed Countermeasures

**Root Cause** | Proposed Countermeasures | Impact | Difficulty
--- | --- | --- | ---
1. **A, B, C, D** | Spread the daily management system to all areas of ZSF | High | High
2. **E** | Communicate “The ZSF Way” DMS curriculum and plan to spread the system to the organization | High | High
3. **B, C** | Roll out structure and oversight for personal development 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 and deploy a Daily Management System Operational A3 to drive DMS spread | JH, WH, JDM | 12/31/17
2 | Develop and implement a ZSF Way communication plan for the management system | KN, JDM, JB, BC, RA | 1/31/18
3 | Ensure all operational A3s (Care, Safety, Equity, Quality) have an updated A3-SR that incorporates DMS and the ZSF Way | IM, KN | 3/1/18
4 | Collaborate with PIPS to increase alignment of Dept. and Unit drivers with Tactical KPIs | WH, KN, JBM | 3/1/18
5 | 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
6 | Develop and implement Tiered Reporting Operational A3 for managing the business of today and tomorrow | WC, WH, KN, JBM, JDAM | 3/1/18
7 | Align the ZSF Way with PIPS and catch all the A3 with PIPS co-chairs. Define scope, resources, implementation and unit watch metrics and drivers with True North and TN outcomes | WH, KN, JDM | 3/1/18
BACKGROUND

2011
• Strategic Planning – Three pillars: people, systems, and tools

2012
• Hired Rona to support Value Stream Mapping, Kaizen Workshops, lean tools

2014
• Hoshin Planning -- Identified Seven True North Goals

2015
• A3 Thinking, Daily Management System to five model cells, Tiered Huddles

2016
• iCARE, no meeting zone, leader standard work, principle-based behaviors

Jan 2017
• The ZSFG Way is the name we use to describe our approach to align, enable and improve

Hoshin (Strategic planning)

Daily Management system

Leader standard work

Coaching

Strategic Deployment using A3 thinking

Principle Based Leadership

PDP A3

Tiered reporting
### 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

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Baseline 2016</th>
<th>Actuals 2017</th>
<th>Goal 2017</th>
<th>Percent Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A3 Thinking Completion</td>
<td>41</td>
<td>51</td>
<td>54</td>
<td>94%</td>
</tr>
<tr>
<td>LSW Completion</td>
<td>0</td>
<td>47</td>
<td>54</td>
<td>87%</td>
</tr>
<tr>
<td>PDP Completion (Not officially a FY2018 Goal)</td>
<td>0</td>
<td>18</td>
<td>54</td>
<td>33%</td>
</tr>
</tbody>
</table>

#### 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
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).

Caption: Snapshot of units with more greens than red. Green = above 70% in AHRQ Survey.
CURRENT CONDITIONS: Performance on True North Metrics

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

![Table showing True North metrics performance](image)

4/18/2018
Zuckerberg San Francisco General Hospital and Trauma Center
CURRENT CONDITIONS:

2018 Strategies

The ZSFG Way

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

Building for the Future

Advancing Equity
Improving Value and Patient Outcomes
Ensuring Flow and Access
Optimizing Care Experience
Financial Stewardship

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

<table>
<thead>
<tr>
<th>True North</th>
<th>Targets</th>
<th>Baseline</th>
<th>Goal FY2018</th>
<th>Goal FY2019</th>
<th>Goal FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEV.PEOPLE</td>
<td>Percentage of Expanded Executives that have completed a PDP A3 and identified one (1) personal target</td>
<td>33%</td>
<td>85%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>DEV.PEOPLE</td>
<td>Percentage of Expanded Executives who have identified one (1) personal target</td>
<td>0%</td>
<td>60%</td>
<td>80%</td>
<td>95%</td>
</tr>
<tr>
<td>DEV.PEOPLE</td>
<td>Number of departments have at least 80% &quot;full implementation&quot; of the Daily Management System &quot;Fully implemented&quot; DMS, defined as: 80% of all components of DMS deemed in place: ≥ 1 &quot;competent&quot; 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.</td>
<td>0</td>
<td>14</td>
<td>TBD</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**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

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.

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

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 principles 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.

<table>
<thead>
<tr>
<th>Limitation Category</th>
<th>Goals</th>
<th>15/16</th>
<th>16/17</th>
<th>Target</th>
<th>Target Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Example: Serve as WSI for Value Stream Mapping</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>06/2018</td>
<td></td>
</tr>
<tr>
<td>C Example: Visit the gembos on weekly basis to observe and coach the team.</td>
<td>1x biweekly</td>
<td>1x biweekly</td>
<td>3x/week</td>
<td>03/2018</td>
<td></td>
</tr>
</tbody>
</table>

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
1. No Lean knowledge
2. 1. Need discipline to learning lean
   2. 1. 1. 2.
B. My behaviors/tasks/roles
1. 1. 2. 1. 2.
C. Other:
1. 1. 2. 1. 2.

Gap: In my current role, I have not adapted the lean education or lean leadership principles to be successful in this role.

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.

<table>
<thead>
<tr>
<th>Cause Addressed</th>
<th>Countermeasure</th>
<th>Description (&quot;If-Then&quot;)</th>
<th>Impact (1-5)</th>
<th>Effort (1-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participate in A3 thinking class or learning</td>
<td>If I participate in the classes then I will have the skills needed to own an A3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

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 dictate on a date by which you will have completed that step. A creating a plan will help you achieve your countermeasures and help you develop new habits that are aligned with lean leadership principles.

<table>
<thead>
<tr>
<th>Cause Addressed</th>
<th>Deliverable</th>
<th>Date</th>
<th>Status</th>
</tr>
</thead>
</table>

VII. Follow-Up: How will you assess 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.

A3-5R: 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.]
### TARGETS AND GOALS

#### Executive Key Performance Indicators

<table>
<thead>
<tr>
<th>Equity</th>
<th>Safety</th>
<th>Quality</th>
<th>Care Experience</th>
<th>Developing our People</th>
<th>Financial Stewardship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boyo &amp; Damiano</td>
<td>Dentoni &amp; Williams</td>
<td>Marks &amp; May</td>
<td>Johnson</td>
<td>Marks &amp; Nguyen</td>
<td>Boyo &amp; Damiano</td>
</tr>
</tbody>
</table>

#### The ZSFG Way
- **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, 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**

#### Building Our Future
- **By 6/30/19, increase % of unique patients seen at ZSFG with complete REAL to 60% and complete SOGI to 15%**

#### Implementing an Electronic Health Record
- **By 6/30/19, 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

Principle Based Leadership

Strategic Deployment with A3 Thinking

Daily Management System

PDP A3

HOSHIN Coaching

Tiered Reporting

Leader Standard Work
# Proposed Countermeasures

<table>
<thead>
<tr>
<th>No.</th>
<th>Proposed Countermeasure</th>
<th>Completion Date</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Spread the daily management system to all areas of ZSFG</td>
<td>June 2019</td>
<td>On target</td>
</tr>
</tbody>
</table>

**You are here**

- **Wave 1**: January to February
  - Perioperative Services
  - DOCC

- **Wave 2**: March to June
  - Rehab
  - Critical Care
  - Pharmacy
  - Specialty

- **Wave 3**: July to September
  - Perinatal
  - Emergency
  - Specialty

- **Wave 4**: October to December
  - Finance
  - Inpatient
  - Imaging
  - Primary Care

- **Wave 5**: January to March
  - Psychiatry
  - 4A
  - Specialty
## PROPOSED COUNTERMEASURES:
**DMS drives Strategic Goals**

### Executive Key Performance Indicators

<table>
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<td>Marks &amp; May</td>
<td>Johnson</td>
<td>Marks &amp; Nguyen</td>
<td>Boffi</td>
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### The ZSFG Way
- **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

### Building Our Future
- **Boyo & Damiano**
  - Increase % of unique patients seen at ZSFG with complete REAL to 60% and complete SOGI to 15%.
  - By 6/30/2019, Increase % 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
  - By 6/30/2019, Reduce # of days slippage for completion of capital projects to 60/month

### Implementing an Electronic Health Record
- **Dentoni & May**
  - By 6/30/2019, Reduce 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)
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### ALIGNMENT

<table>
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<tr>
<th>Periop</th>
<th>Equity</th>
<th>Safety</th>
<th>Quality</th>
<th>Care Experience</th>
<th>Developing our People</th>
<th>Financial Stewardship</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ZSFG Way</td>
<td>1 Metric Stratified</td>
<td>SSI (e.g. skin cleansing)</td>
<td>Add-On Wait Times</td>
<td>ICARE Key Behavior</td>
<td>1 Department</td>
<td>Dept. Salary Variance</td>
</tr>
<tr>
<td>Building Our Future</td>
<td>100%/phase</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing an Electronic Health Record</td>
<td></td>
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</tr>
</tbody>
</table>

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4/18/2018

Zuckerberg San Francisco General Hospital and Trauma Center
### Proposed Countermeasures

<table>
<thead>
<tr>
<th>No.</th>
<th>Proposed Countermeasure</th>
<th>Completion Date</th>
<th>Status Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>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.</td>
<td>Completed</td>
<td>On target</td>
</tr>
</tbody>
</table>

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

![Graph showing progress towards Goal #2](image_url)
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?