



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

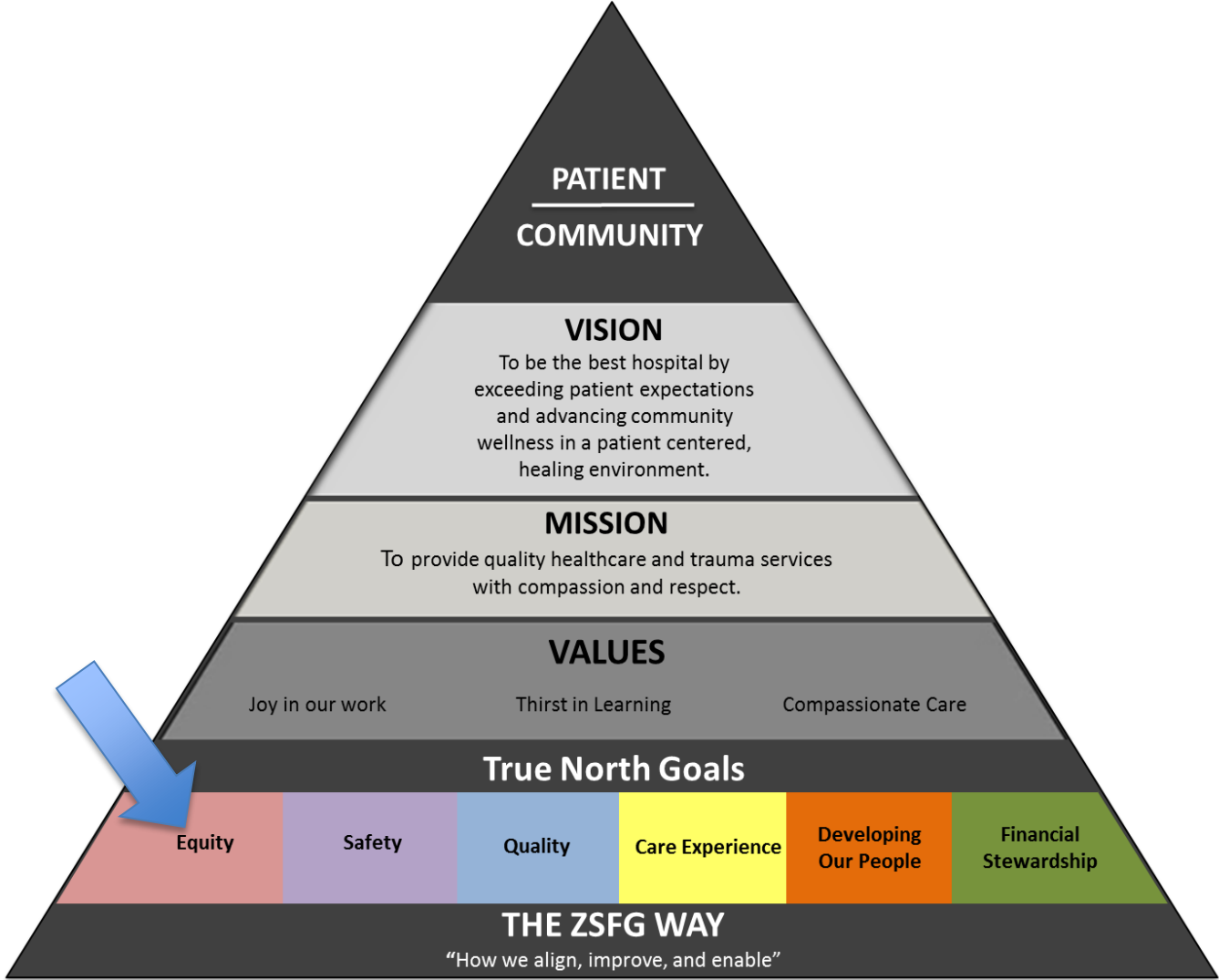
# Advancing Equity

Tosan O. Boyo



San Francisco Department  
of Public Health

# ZSFG TRUE NORTH

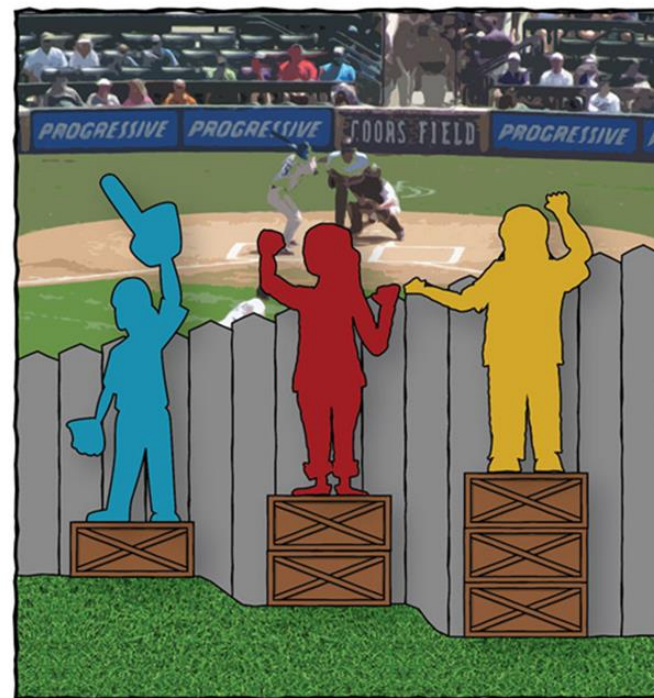


# What is Equity?

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.

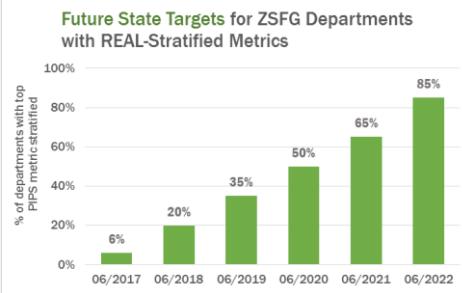
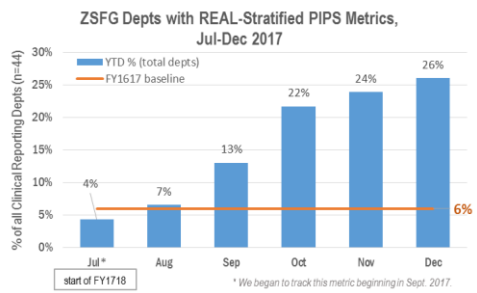
**Title: Advancing Equity at ZSFG**  
**True North Metric: Equity**

**Owners:** T. Boyo/J. Chacon

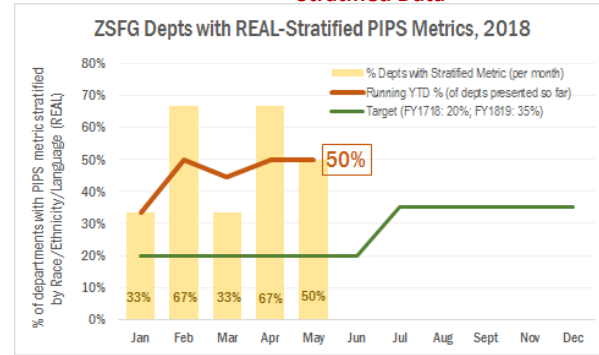
**Target:** By 2022, increase the number of ZSFG Departments that are reporting their top PIPS metric stratified by Race, Ethnicity, and Language from 6% to 85% by June 2022.



**Historical Data**



**Stratified Data**



**Insights**

- As more departments stratify, ZSFG is learning more about disparities and barriers
- Varying levels of comfort and knowledge of equity and/or best practices for interventions
- Integrated Equity into PIPS Coaching Sessions, A3 labs and orientation
- Data pulls across multiple systems can be taxing
- Inconsistent incorporation of equity into workflows

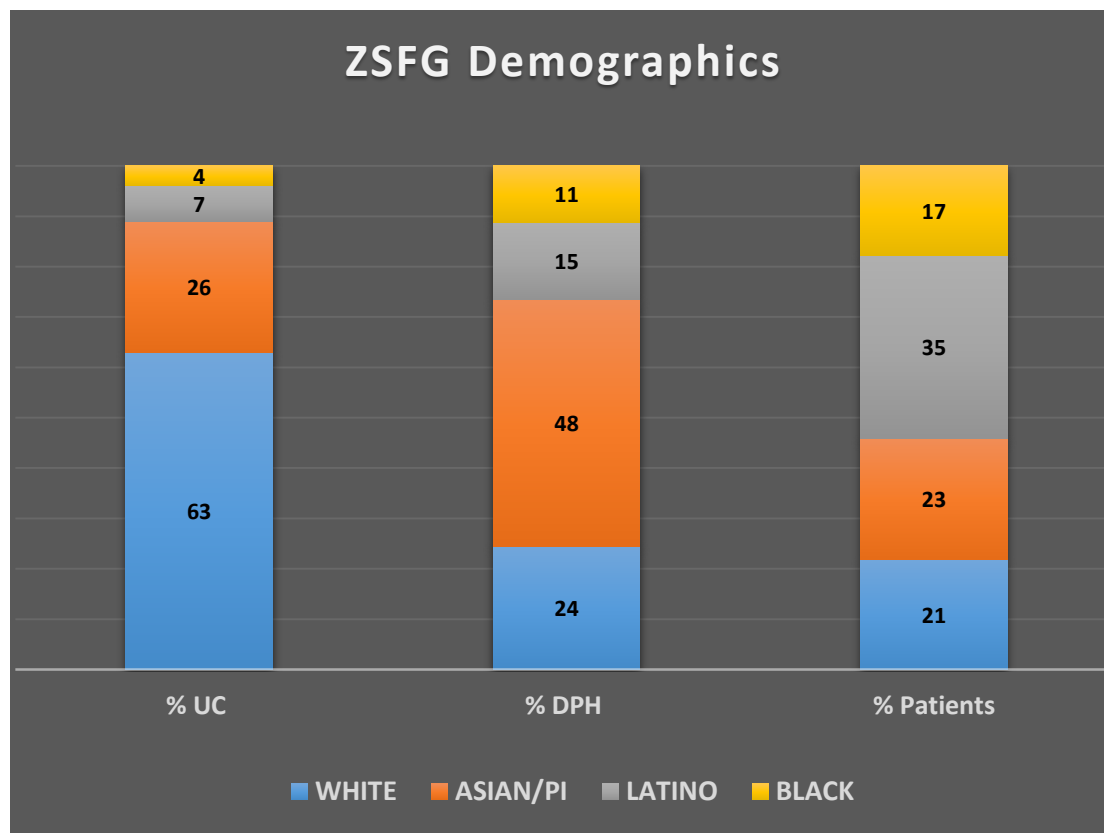
- Historically, Equity metrics were not tracked nor were staff coached on integrating Equity into quality reporting.
- Priority was to identify disparities and understanding them before developing and implementing plans to eliminate them.

	Department	Metric	Highlight
9/17	ED	Left Without Being Seen /Left Without Being Treated	Found that African American and White patients have higher LWBS/ LWBT rates than Latino or Asian patients relative to their visit rates.
10/17	PES	Patients Secluded and Use of Restraints	Initiated monthly collection of race data of patients that were secluded or restrained to identify potential disparities. No disparities identified.
10/17	Perinatal Care	Diversity, Equity and Inclusion in Perinatal Care	A staff training program was developed to address implicit bias and promote allyship to better serve our diverse patient population.
12/17	Rehabilitation Services	Patient Satisfaction	Used language data to learn how to improve the experience, satisfaction, and attendance of Cantonese speaking Back Class patients.
1/18	Primary Care	Hypertension in African-American/Blacks	Shared their efforts to increase the percent of Black/African-American hypertension patients with controlled blood pressure.
2/18	Radiology Services	Appointment Scheduling	Used language data to help improve and tailor appointment calls and letters for scheduling patients in preferred language.
2/18	Anatomic Pathology:	Fine Needle Aspiration Procedures by Race	REAL data showed that African American/Black, Latino and Whites had a higher rate of Lidocaine administration compared to Asians.
3/18	Family Medicine	Hypertension in African-American/Blacks	A hypertension medical group was created to track blood pressure appointments, and show-rates by race/ethnicity.
4/18	Respiratory Care	COPD Management of LEP Pts	Disparities found in Non-English speaking COPD patients' correct use of inhaler.
4/18	Urology	Operating Room On-Time Start	Lower percent of on-time case starts found in White and African-American pts.
5/18	Neurology	Door-to-Groin Times	African American and Hispanic ischemic stroke patients arriving by ambulance had longer response times. Specifically in embolectomy cases.
5/18	Surgery	Demographic Cohort Retrospective by Incident Vascular Access	Conducted retrospective analysis by REAL and social determinants of health. Patient's insurance status was found to be associated with preferable vascular access type (AVF/AV graft vs. CVC).

Root Cause	Countermeasure	Status
Governance	6/17 Established Equity Council with leaders and our front-line staff to empower our community to eliminate disparities and promote inclusion.	Ongoing
Developing our People	Integrated Equity coaching into quality reporting structures (e.g. A3 Labs, ZSFG Way) with countermeasures to address identified disparities.	Ongoing
Developing our People	<ul style="list-style-type: none"> <li>• Draft staff engagement survey to determine ZSFG baseline</li> <li>• How do we empower our staff to address Care Experience challenges?</li> <li>• Develop and disseminate quarterly Equity newsletter highlighting ongoing work, lessons learned and best practices.</li> </ul>	7/18 In process
Quality	Develop ZSFG Equity dashboard with priority True North disparity metrics and scorecard with regular reporting cycle to organization.	Ongoing
Developing our People	Trauma Informed Systems - 33% of Exec - 15% of Expanded Relationship Centered Communication - 20% of Exec - 22% of Expanded Racial Humility - 60% of Exec - 44% of Expanded	Ongoing
Resources	Identify barriers, analysis and areas of improvement for REAL data stratification for departments and services (data capacity, IS systems, staff capacity, training with addressing disparities).	7/18 In Process

# 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.



# PROBLEM STATEMENT

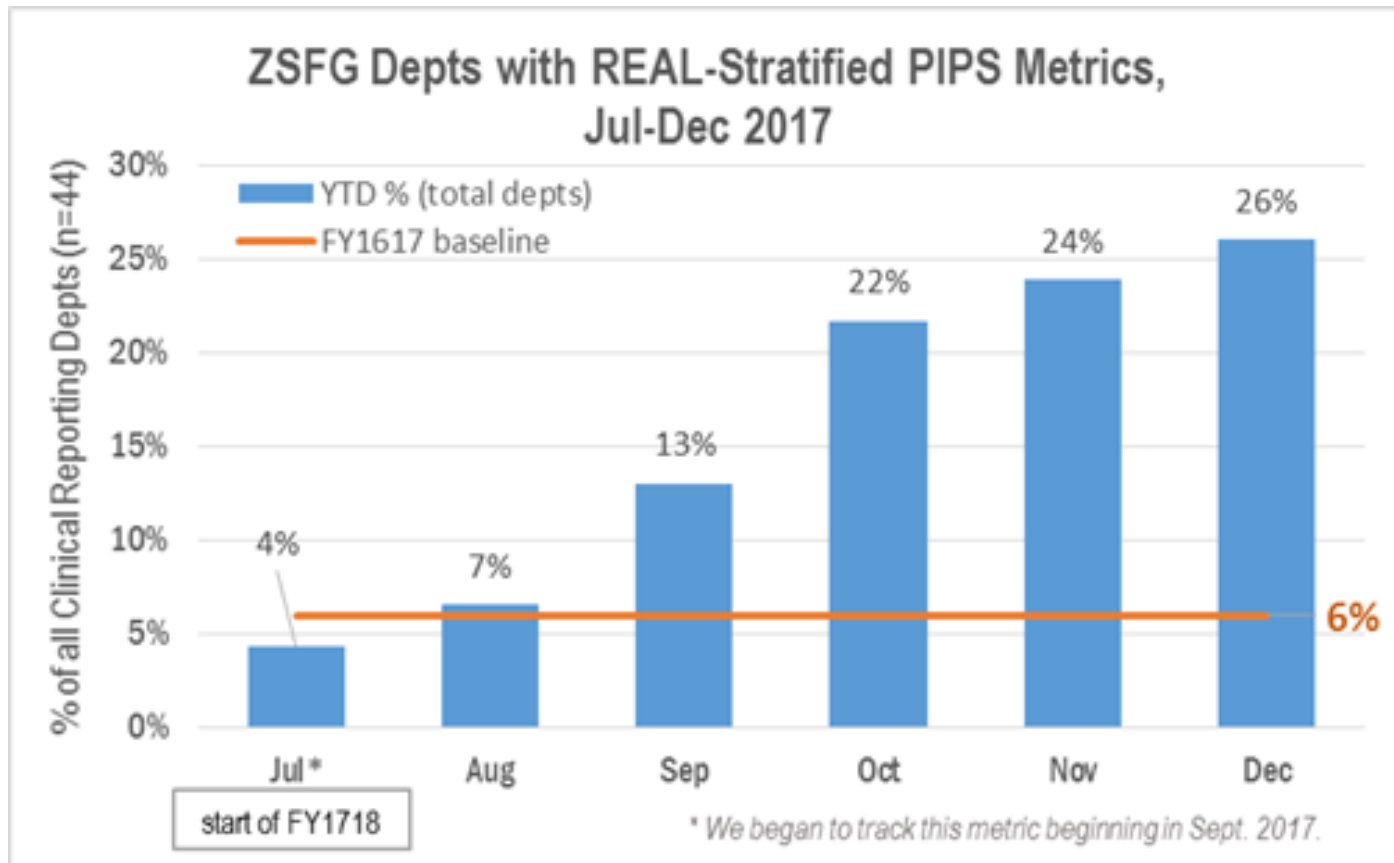
- ZSFG's fragmented coordination of Equity Initiatives, limits our workforce's ability to reduce disparities in a measurable way.
- Currently, only 6% of ZSFG Departments have countermeasures to Advance Equity.

## Targets and Goals

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

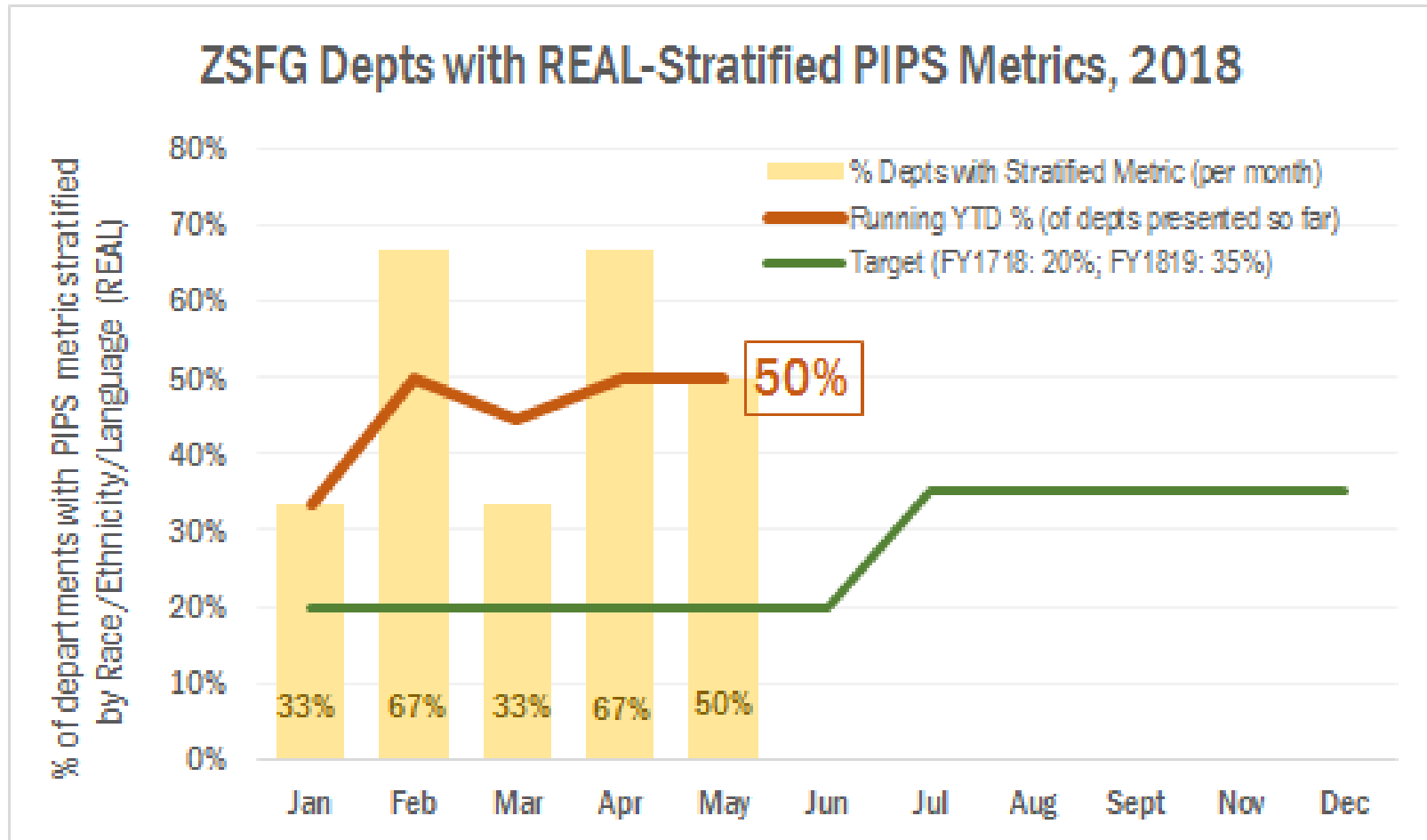
base	6/18	6/19	6/20	6/21	6/22
6%	20%	35%	50%	65%	85%

# LAST YEAR





# THIS YEAR



# LESSONS LEARNED

- As more departments stratify, ZSFG is learning more about disparities and barriers
- Varying levels of comfort and knowledge of equity; including best practices for interventions
- Data pulls across multiple systems are taxing
- Integrated Equity into PIPS Coaching Sessions, A3 labs and orientation

# COUNTERMEASURES

Root Cause	Countermeasure	Status	
Governance	6/17 Established Equity Council with leaders and our front-line staff to empower our community to eliminate disparities and promote inclusion.	Ongoing	
Developing our People	Integrated Equity coaching into quality reporting structures (e.g. A3 Labs, ZSFG Way) with countermeasures to address identified disparities.	Ongoing	
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# ACHIEVEMENTS

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**Priority was to identify disparities and understanding them before developing and implementing plans to eliminate them.**

# ACHIEVEMENTS

- Equity Council has been live for a year
- Surpassing our REAL stratification goals with significant focus on coaching
- Building curriculums for staff and leaders in Department of Education and Training
- Staff are more empowered to highlight and discuss opportunities and challenges
- Since April, ZSFG went **from 0 staff trained on SOGI to 1748.**

# NEXT STEPS

## We don't know what we don't know

- Administer Workforce Equity Survey to determine baseline of ZSFG culture
- Disseminate quarterly Equity newsletter highlighting ongoing work, lessons learned and best practices.