



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

ZSFG Strategic Direction: 2018-2019 X-Matrix

Joint Conference Committee
March 27, 2018

Susan P. Ehrlich, MD, MPP



San Francisco Department
of Public Health

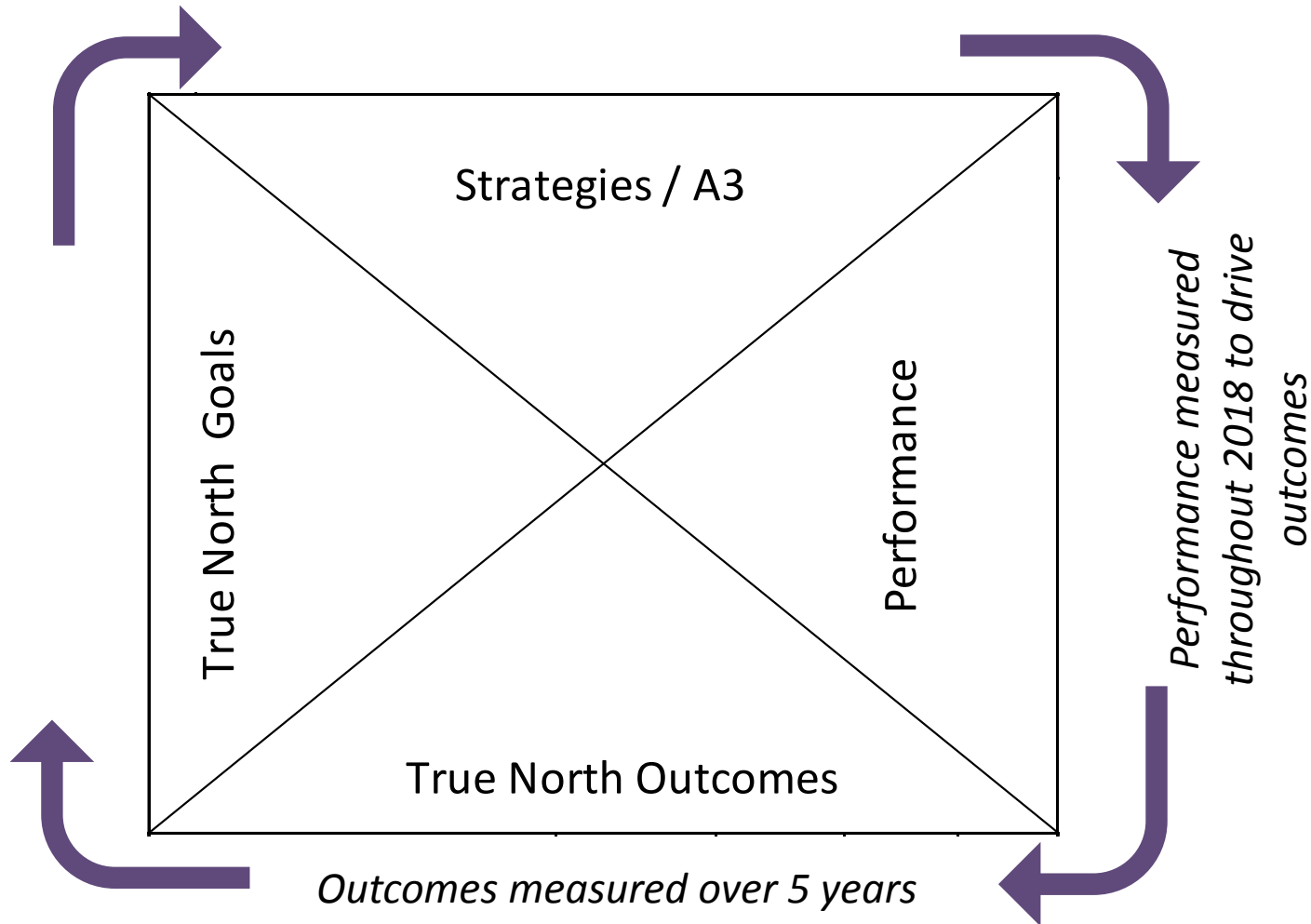
TRUE NORTH



X-MATRIX

3				2				1				3				Building Our Future: Optimizing Clinical and Academic Space at ZSFG																																																																																																																																																																												
2				1				3				2				Implementing Enterprise-wide Electronic Health Record																																																																																																																																																																												
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Equity	Safety	Quality	Care Experience	Developing Our People	Financial Stewardship	True North Goals	Strategies / A3						Performance	True North Outcomes																																																																																																																																																																														
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							Alyana Johnson												Brent Andrew												Dave Woods												Rajiv Pramanik												Jennifer Boffi												Jim Marks												Karen Hill												Kim Nguyen												Margaret Damiano												Sue Carlisle												Susan Ehrlich												Terry Dentoni												Todd May												Toan Boyle												Troy Williams													
																									SFHN True North Outcomes																																																																																																																																																																			
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ACHIEVING OUR OUTCOMES



2017 TRUE NORTH STRATEGIES

6

TRUE NORTH GOALS



Equity



Safety



Quality



Care Experience



Developing our People



Financial Stewardship

8

STRATEGIES



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



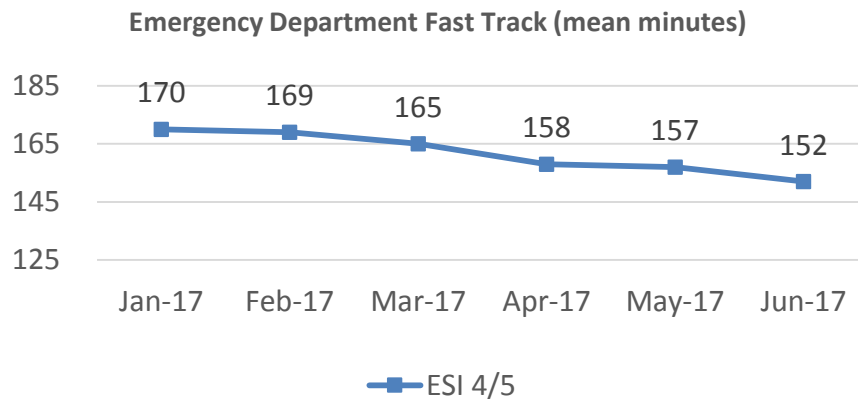
Implementing an enterprise-wide Electronic Health Record

2017 SUCCESSES

ACHIEVING TARGETS IN QUALITY AND SAFETY

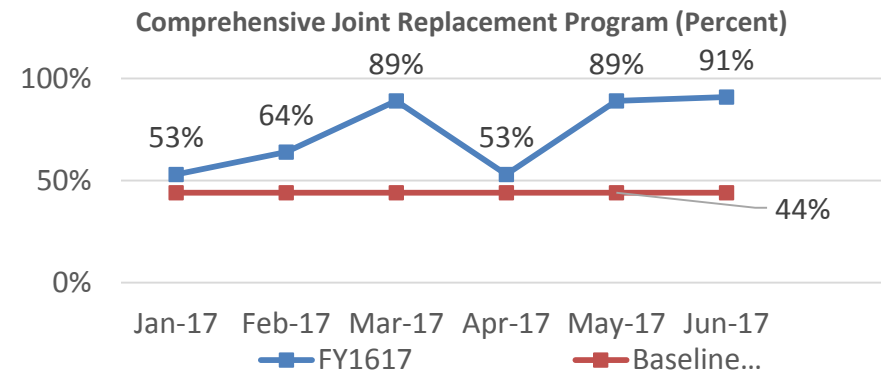
QUALITY

EMERGENCY DEPARTMENT FAST TRACK (FT)



SAFETY

COMPREHENSIVE JOINT REPLACEMENT (CJR) PROGRAM



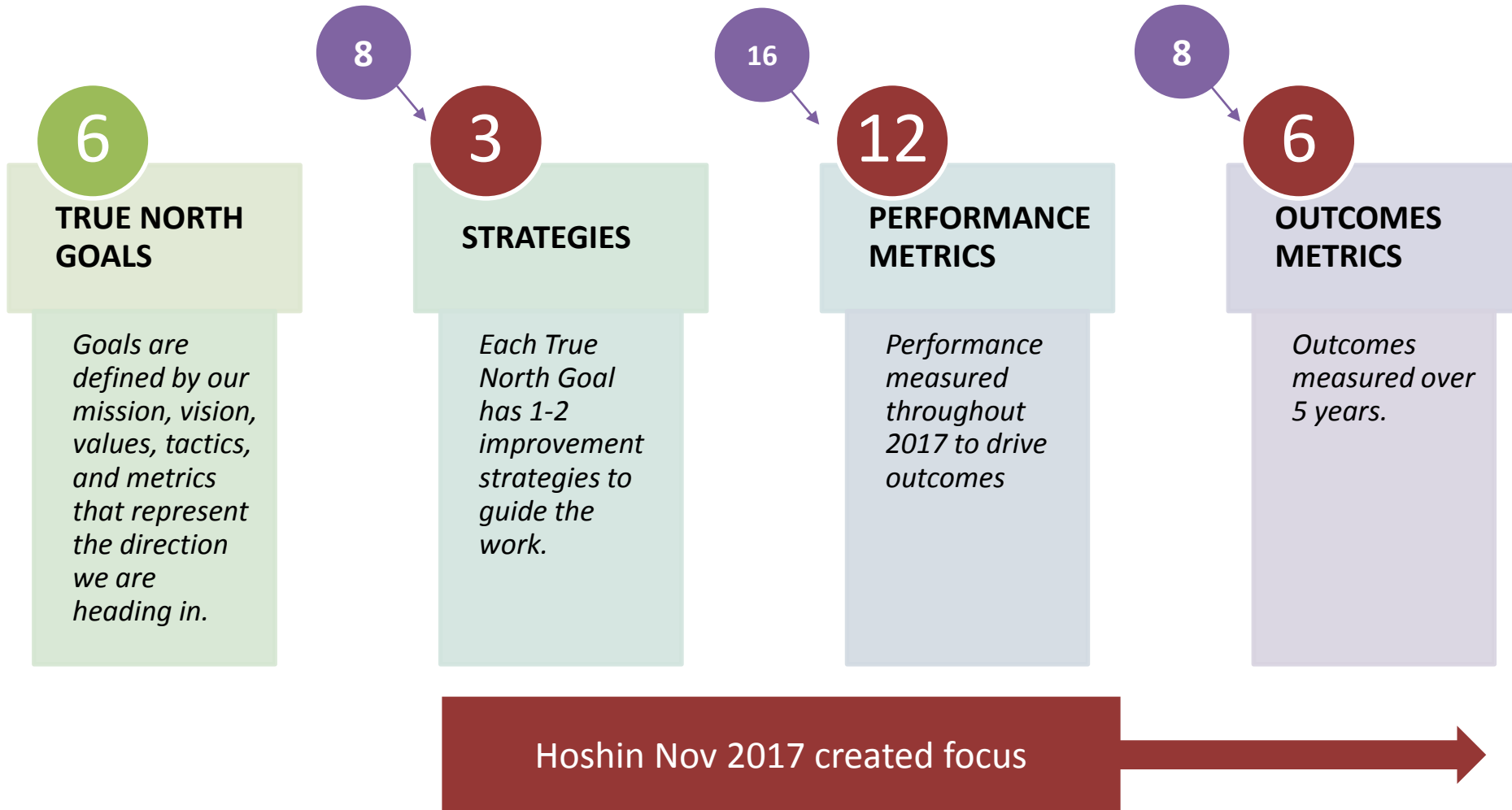
2017 LESSONS LEARNED

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* HAC</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>PRIME RRP</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>STAR</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>STAR</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 HAC - Included in CMS Hospital-Acquired Conditions Reduction Program RRP - 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

2018 TRUE NORTH OVERVIEW



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TRUE NORTH GOALS

3

STRATEGIES

12

PERFORMANCE METRICS

6

OUTCOMES METRICS

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

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GOALS**

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**PERFORMANCE
METRICS**

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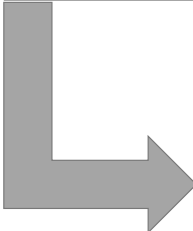
**OUTCOMES
METRICS**

Executive Key Performance Indicators

		Equity  Boyo	Safety  Dentoni & Williams	Quality  Marks & May	Care Experience  Johnson	Developing our People  Marks & Nguyen	Financial Stewardship  Boffi		
Strategic A3s	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								By 6/30/2019, Reduce # of days slippage for completion of capital projects to 60/month
	Implementing an Electronic Health Record Dentoni & May	By 6/30/19, Increase % of unique patients seen at ZSFG with REAL (40%) and SOGI (10%) data completion	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	

HOW WILL WE CREATE FOCUS?

Executive Key Performance Indicators

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Operational A3s									
		Equity 	Safety 	Quality 	Care Experience 	Developing our People 	Financial Stewardship 		
		Advancing Equity	Improving Value and Patient Outcomes	Ensuring Flow and Access	Optimizing a Care Experience Model	Daily Management System	Financial Stewardship		

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**TRUE NORTH
GOALS**

3







STRATEGIES

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**PERFORMANCE
METRICS**

6

**OUTCOMES
METRICS**













	Equity  Boyo	Safety  Dentoni & Williams	Quality  Marks & May	Care Experience  Johnson	Developing our People  Marks & Nguyen	Financial Stewardship  Boffi
Outcome Metrics	<i>Reduce BAA heart failure readmissions</i>		<i>Star Rating</i>			
				<i>"Would Recommend Hospital" (HCAHPS)</i>		<i>Limit Percent Spend of General Fund to Total Budget</i>
				<i>"Would Recommend Provider's Office" (CG-CAHPS)</i>	<i>"Likelihood to Recommend ZSFG to Friends and Family as a Place to Work"</i>	

HOW DO WE ALIGN WITH THE ORGANIZATION?

Executive Key Performance Indicators







Cascading information

Strategic A3s

		Equity  Boyo	Safety  Dentoni & Williams	Quality  Marks & May	Care Experience  Johnson	Developing our People  Marks & Nguyen	Financial Stewardship  Boffi			
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ALIGNMENT										
Unit-Level Key Performance Indicators: Drive (D) or Watch (W)										
Periop		Equity 	Safety 	Quality 	Care Experience 	Developing our People 	Financial Stewardship 			
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%			

DAILY MANAGEMENT SYSTEM

DEPARTMENTS

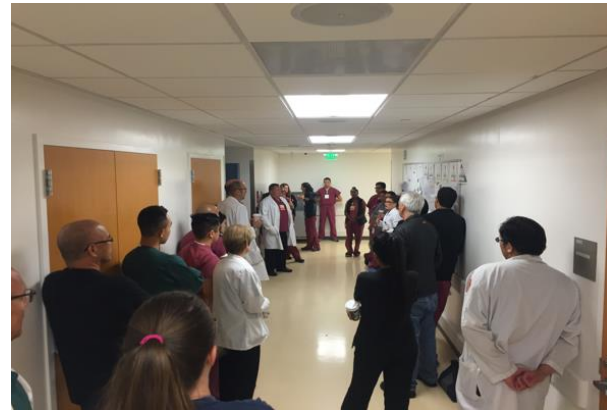
- 4A Skilled Nursing Facility
-  Care Coordination
-  Critical Care and Respiratory
- Emergency
- Finance (Health Information System)
- Imaging
- Inpatient (Med/Surg Nursing)
-  Inpatient and Outpatient Pharmacy
-  Peri-Operative
 - Perinatal (incl OBGYN/ Nursery/ NICU) Psychiatry
 - Rehabilitation Services
-  Specialty Care
-  Urgent Care Center

HOW DO WE PREPARE OUR LEADERS?

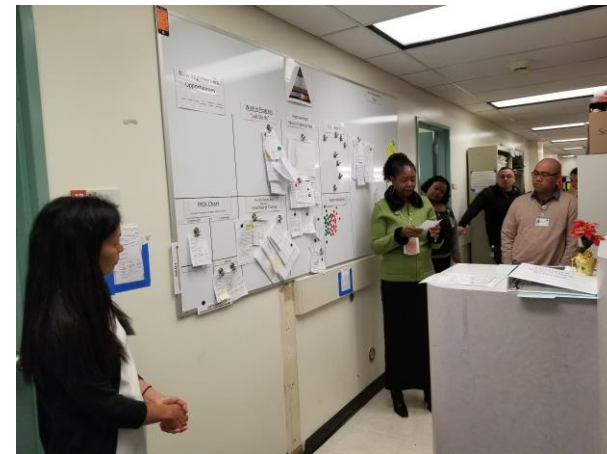
TOOLS

- Daily Status Sheets
- Huddles
- Plan-Do-Study-Act
- Leadership team

Emergency Department



Health Information Services



NEXT STEPS

