ZSFG Strategic Direction:
2018-2019 X-Matrix

Joint Conference Committee
March 27, 2018

Susan P. Ehrlich, MD, MPP
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”
### Building Our Future: Optimizing Clinical and Academic Space at ZSFG

<table>
<thead>
<tr>
<th>Strategies / A3</th>
<th>Performance</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>True North Goals</td>
<td>- Reduce Harm Events EMP: 433</td>
<td>- Reduce Reliance on General Fund (Growth)</td>
<td>- &quot;Likelihood to Recommend Hospital to Friends and Family“</td>
<td>- &quot;Likelihood to Recommend Provider’s Office to Friends and Family“ Specialty Clinics</td>
<td>- &quot;Likelihood to Recommend ZSFG to Friends and Family as a Place to Work&quot;</td>
<td>- likelihood to Recommend Working Here</td>
<td>- BAA Cardiovascular - All Hospitalizations</td>
</tr>
</tbody>
</table>

#### SFHN True North Outcomes

<table>
<thead>
<tr>
<th>Baseline (FY16/17)</th>
<th>FY 17/18 Target</th>
<th>FY 18/19</th>
<th>FY 19/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Star Rating 1 Star</td>
<td>2 Star</td>
<td>2 Star</td>
<td>3 Star</td>
</tr>
</tbody>
</table>

- "Would Recommend Hospital" (HCAHPS) 78.3% 80.0% 82.0% 84.0%
- "Would Recommend Provider's Office" (CG-CAHPS) 65.4% 67% 69.0% 71%
- Limit Percent Spend of General Fund to Total Budget 17% 17% 17% 17%
- "Likelihood to Recommend ZSFG to Friends and Family as a Place to Work" 33.8% (CY 15) 40% 45% 50%

- Reduce BAA heart failure readmissions (vs hospitalizations) 31.7% 40% 45% 50%
ACHIEVING OUR OUTCOMES

Outcomes measured over 5 years

Strategies / A3

Performance

True North Goals

True North Outcomes

Performance measured throughout 2018 to drive outcomes

By 6/30/19, Increase % of unique patients seen at ZSFG with REAL (40%) and SOGI (10%) data completion

By 6/30/19, Increase Departmental PIPS reporting with at least one metric stratified by REAL to 35%

By 6/30/2019, Achieve % of EHR implementation defined by phase - Groundwork, Direction, Adoption, Testing, Training, Go-Live

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%

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 departments

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, 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 0/month

By 6/30/2019, Decrease salary variance
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

Emergency Department Fast Track (mean minutes)

Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17
---|---|---|---|---|---
170 | 169 | 165 | 158 | 157 | 152

Comprehensive Joint Replacement Program (Percent)

Jan-17 | Feb-17 | Mar-17 | Apr-17 | May-17 | Jun-17
---|---|---|---|---|---
53% | 64% | 89% | 53% | 89% | 91%

FY1617 | Baseline...
### 2017 LESSONS LEARNED

<table>
<thead>
<tr>
<th>True North Category</th>
<th>Measure</th>
<th>Owner</th>
<th>Measure Unit</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>YTD*</th>
<th>Baseline**</th>
<th>On-Off Target</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfy</td>
<td>Patient Harm Events</td>
<td>Williams &amp; Dentoni</td>
<td>Events</td>
<td>11</td>
<td>3</td>
<td>11</td>
<td>11</td>
<td>18</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>7</td>
<td>8</td>
<td>9.25/month (111 YTD*)</td>
<td>14/164 FY*</td>
<td>Green</td>
<td>&lt;10</td>
</tr>
<tr>
<td>Satisfy</td>
<td>Safe Discharge Home CJR Cases</td>
<td>Williams &amp; Dentoni</td>
<td>%</td>
<td>-</td>
<td>-</td>
<td>53%</td>
<td>62%</td>
<td>68%</td>
<td>62%</td>
<td>66%</td>
<td>69%</td>
<td>71%</td>
<td>72%</td>
<td>73%</td>
<td>-</td>
<td>66%</td>
<td>45%</td>
<td>Green</td>
<td>60%</td>
</tr>
<tr>
<td>Quality</td>
<td>Readmissions</td>
<td>Marks &amp; May</td>
<td>%</td>
<td>15.52%</td>
<td>15.28%</td>
<td>15.08%</td>
<td>15.10%</td>
<td>14.48%</td>
<td>14.56%</td>
<td>14.48%</td>
<td>14.55%</td>
<td>14.55%</td>
<td>14.73%</td>
<td>14.58%</td>
<td>14.78%</td>
<td>14.78%</td>
<td>15.12%</td>
<td>Green</td>
<td>15.04%</td>
</tr>
<tr>
<td>Quality</td>
<td>LLOD Patient Days</td>
<td>Marks &amp; May</td>
<td># Aggregate Days/Month</td>
<td>1015</td>
<td>1271</td>
<td>1475</td>
<td>1515</td>
<td>1420</td>
<td>1235</td>
<td>1388</td>
<td>1901</td>
<td>1269</td>
<td>1685</td>
<td>1164</td>
<td>1150</td>
<td>1253</td>
<td>1253</td>
<td>Red</td>
<td>300</td>
</tr>
<tr>
<td>Quality</td>
<td>ED Average LOS</td>
<td>Marks &amp; May</td>
<td># Minutes</td>
<td>353</td>
<td>385</td>
<td>363</td>
<td>359</td>
<td>342</td>
<td>346</td>
<td>354</td>
<td>301</td>
<td>344</td>
<td>328</td>
<td>324</td>
<td>344</td>
<td>310</td>
<td>275</td>
<td>Green</td>
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</tr>
<tr>
<td>Quality</td>
<td>Time on Diversion</td>
<td>Marks &amp; May</td>
<td>%</td>
<td>67.0%</td>
<td>68.0%</td>
<td>59.9%</td>
<td>48.6%</td>
<td>47.7%</td>
<td>52.0%</td>
<td>52.8%</td>
<td>34.1%</td>
<td>52.0%</td>
<td>55.6%</td>
<td>42.3%</td>
<td>52.7%</td>
<td>52.8%</td>
<td>57.0%</td>
<td>Green</td>
<td>40.6%</td>
</tr>
<tr>
<td>Care Experience</td>
<td>Patient Satisfaction: “Courteous &amp; Respectful Communication”</td>
<td>Andrew &amp; Johnson</td>
<td>% CG CANPS</td>
<td>63.0%</td>
<td>70.0%</td>
<td>62.0%</td>
<td>67.9%</td>
<td>64.4%</td>
<td>67.3%</td>
<td>63.0%</td>
<td>62.1%</td>
<td>62.5%</td>
<td>72.7%</td>
<td>62.1%</td>
<td>70.1%</td>
<td>65.6%</td>
<td>62.7%</td>
<td>Green</td>
<td>70.0%</td>
</tr>
<tr>
<td>Care Experience</td>
<td>Patient Satisfaction: “Food Tastiness”</td>
<td>Andrew &amp; Johnson</td>
<td>% CG CANPS</td>
<td>35.7%</td>
<td>29.6%</td>
<td>22.0%</td>
<td>30.9%</td>
<td>26.9%</td>
<td>24.7%</td>
<td>31.0%</td>
<td>32.1%</td>
<td>20.0%</td>
<td>25.8%</td>
<td>15.9%</td>
<td>19.1%</td>
<td>27.0%</td>
<td>26.1%</td>
<td>Green</td>
<td>30.0%</td>
</tr>
<tr>
<td>Workforce Care &amp; Development</td>
<td>Leaders Trained in A3 Thinking</td>
<td>Eltschich &amp; Nguyen</td>
<td>%</td>
<td>91%</td>
<td>91%</td>
<td>91%</td>
<td>90%</td>
<td>93%</td>
<td>93%</td>
<td>98%</td>
<td>94%</td>
<td>94%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>77%</td>
<td>100%</td>
<td>Green</td>
<td></td>
</tr>
<tr>
<td>Workforce Care &amp; Development</td>
<td>Leaders Adopting Leader Standard Work</td>
<td>Eltschich &amp; Nguyen</td>
<td>%</td>
<td>9%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
<td>61%</td>
<td>75%</td>
<td>87%</td>
<td>87%</td>
<td>87%</td>
<td>87%</td>
<td>87%</td>
<td>0%</td>
<td>100%</td>
<td>Green</td>
</tr>
<tr>
<td>Workforce Care &amp; Development</td>
<td>Staff Injuries</td>
<td>Williams</td>
<td># Events</td>
<td>23</td>
<td>9</td>
<td>22</td>
<td>26</td>
<td>26</td>
<td>16</td>
<td>14</td>
<td>18</td>
<td>15</td>
<td>31</td>
<td>26</td>
<td>16</td>
<td>10.7/month (224 YTD)</td>
<td>23/month</td>
<td>Red</td>
<td>&lt;18/month</td>
</tr>
<tr>
<td>Financial Stewardship</td>
<td>Meet Monthly Expenditure Targets</td>
<td>Inouye</td>
<td>% Variance YTD (FY)</td>
<td>-1.4%</td>
<td>-1.1%</td>
<td>-1.8%</td>
<td>-0.6%</td>
<td>-0.9%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-0.9%</td>
<td>0.8%</td>
<td>Green</td>
</tr>
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</table>

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

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3/21/2018
Zuckerberg San Francisco General Hospital and Trauma Center
TRUE NORTH GOALS

Goals are defined by our mission, vision, values, tactics, and metrics that represent the direction we are heading in.

STRATEGIES

Each True North Goal has 1-2 improvement strategies to guide the work.

PERFORMANCE METRICS

Performance measured throughout 2017 to drive outcomes.

OUTCOMES METRICS

Outcomes measured over 5 years.

Hoshin Nov 2017 created focus
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
### Executive Key Performance Indicators

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#### 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, 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
- **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**
- **By 6/30/2019, Reduce # of days slippage for completion of capital projects to 60/month**

#### Implementing an Electronic Health Record
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## HOW WILL WE CREATE FOCUS?

**Executive Key Performance Indicators**

<table>
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<tr>
<th>The ZSFG Way</th>
<th>Building Our Future</th>
<th>Implementing an Electronic Health Record</th>
<th>Operational A3s</th>
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</tbody>
</table>

**Outcome Metrics**

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Focus Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce BAA heart failure readmissions</td>
<td>True North Goals</td>
</tr>
<tr>
<td>Star Rating</td>
<td>Strategies</td>
</tr>
<tr>
<td>&quot;Would Recommend Hospital&quot; (HCAHPS)</td>
<td>Performance Metrics</td>
</tr>
<tr>
<td>&quot;Would Recommend Provider's Office&quot; (CG-CAHPS)</td>
<td>Outcomes Metrics</td>
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<tr>
<td>&quot;Likelihood to Recommend ZSFG to Friends and Family as a Place to Work&quot;</td>
<td></td>
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Limit Percent Spend of General Fund to Total Budget
### HOW DO WE ALIGN WITH THE ORGANIZATION?

**Executive Key Performance Indicators**

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**The ZSFG Way**
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- By 6/30/2019, increase % of ZSF 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 6/30/19, increase % of unique patients seen at ZSFG with REAL (40%) and SOGI (10%) data completion
- 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, 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

**ALIGNMENT**

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

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**Zuckerberg San Francisco General Hospital and Trauma Center**

3/21/2018
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
NEXT STEPS

A3 Team Meetings
- Teams to develop strategy to achieve metrics and performance outcomes

Operational A3 Development
- Align with Strategic A3
- Strategic and operational A3s presented at JCC over the year
- True North Scorecard presented at JCC quarterly

Strategic A3 Development

JCC Updates