



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

THE ZSFG WAY A3-SR

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of Public Health

TRUE NORTH



Strategic A3: The ZSFG Way: Achieving True North in Care, Quality, Safety and Equity

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

Owner/Date: Jim & Kim

V14 Approved

5/30/18

I. Background

- Zuckerberg 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.
- 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 for 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.



- 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.
- 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.
- 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 (n=7)	2	3	12	25%	Off
Daily Management System Model Cell Units	5	31	607	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

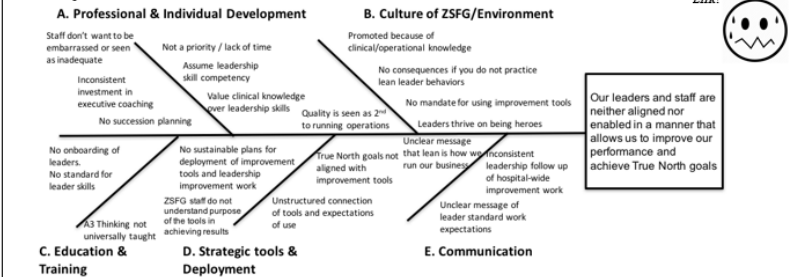
III. Targets & Goals

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 50% of daily management system components	0	8	13	ND
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)	54%	60%	ND	ND
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%	ND	ND
Quality	Reduce ED ambulance diversion	52.8%	40%	35%	30%
Care	Increase the number of Depts with iCARE adoption and adherence	0	8	13	ND
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 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

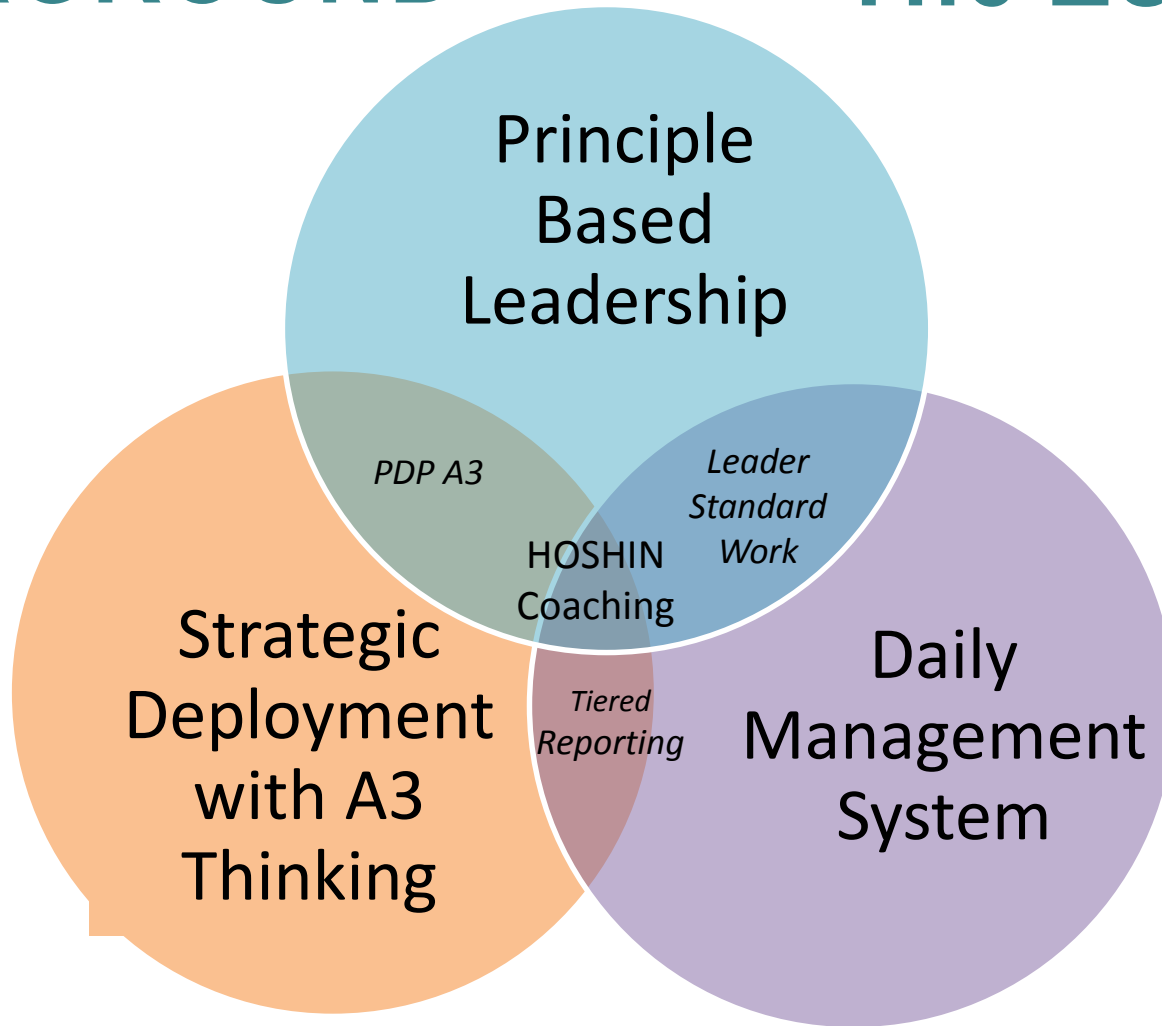
No.	Deliverable	Responsible	Date
1	Develop, implement and deploy a Daily Management System Operational A3 to drive DMS spread	JB, WH, JDM	12/31/17
2	Develop and implement a ZSFG Way communication plan for spread of the management system	KN, JDM, JB, BC, BA	1/31/18
3	Ensure all operational A3s (Care, 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

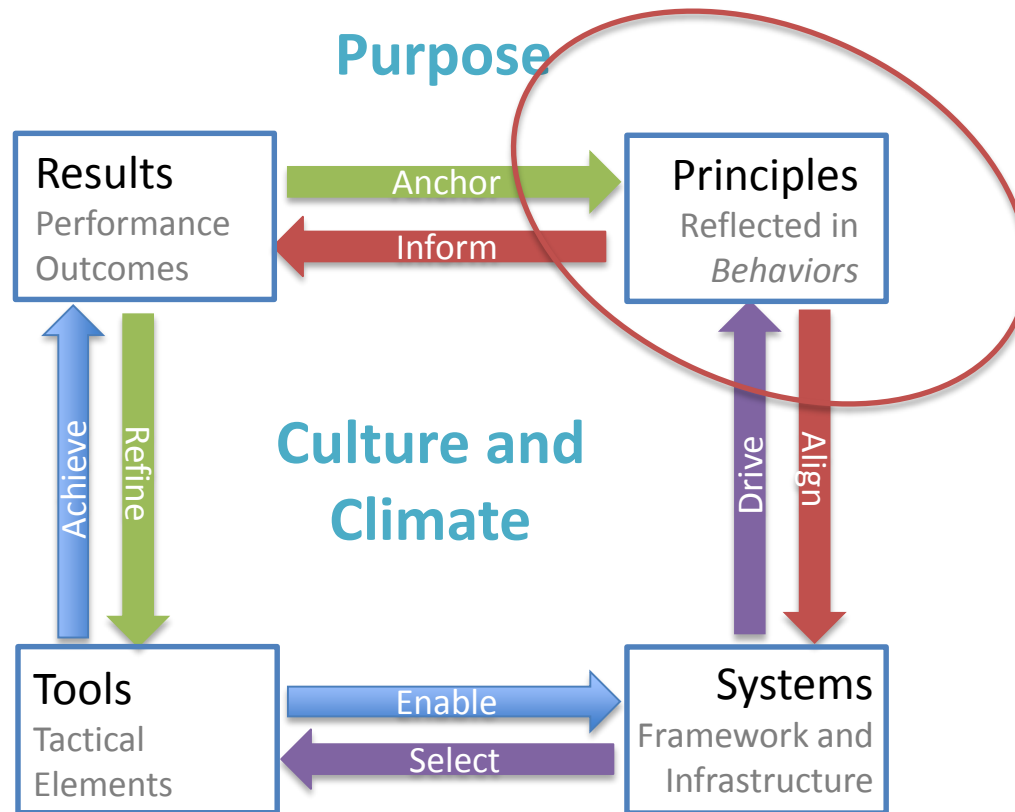
BACKGROUND

The ZSFG Way



How we Align, Enable and Improve

Principle Based Leadership



THE ZSFG WAY

How we align, improve and enable to achieve True North

Our principles and improvement work align to True North

ALIGN
(The purpose)



Business of Tomorrow

IMPROVE
(The process)



Business of Tomorrow

ENABLE
(The people)



Business of Today

*Create Value for the Customer
Think Systemically
Constancy of Purpose*

*Seek Perfection
Ensure Quality at the Source
Embrace Scientific Thinking
Focus on Process*

*Lead with Humility
Respect Every Individual
Transparency through Visual
Management*

▶ Establish Direction

Strategic Plan (X Matrix)

Performance Metric True North Scorecard

A3 Thinking

True North Deployment Map

Departmental Performance Improvement Plans, Drivers and Watch Metrics

▶ Break-through Thinking

Strategic, Operational, and Active A3 Status Report

Performance Metric Countermeasure Summary

PDSA, Standard Work, Kaizen Workshops, Value Stream Mapping

▶ Motivate, Mentor, Inspire

Principle-based Leadership

Leader Standard Work

No Meeting Zone

iCARE

The Daily Management System: Status Sheets, Huddles, Unit Leadership Team

Improvement Tools

ZSFG Way: We Achieve True North Together



Align Together

Urgent Care Workshop using observation and data to understand the patient experience



Enable Together

Interdisciplinary team using shared problem solving approach (A3 Thinking) to reduce med errors



Improve Together

EVS testing how to clean rooms better and improve patient safety and flow (PDSA, Standard Work)



Caring Together

An ER Team "huddle"

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 2017 Goal)	0	18	54	33%

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

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

Targets

- By 6/30/19, increase the number of ZSFG departments that have fully implemented DMS to 13
- By 6/30/19, increase percentage of expanded executive leaders with one identified PDP A3 target to 85%

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

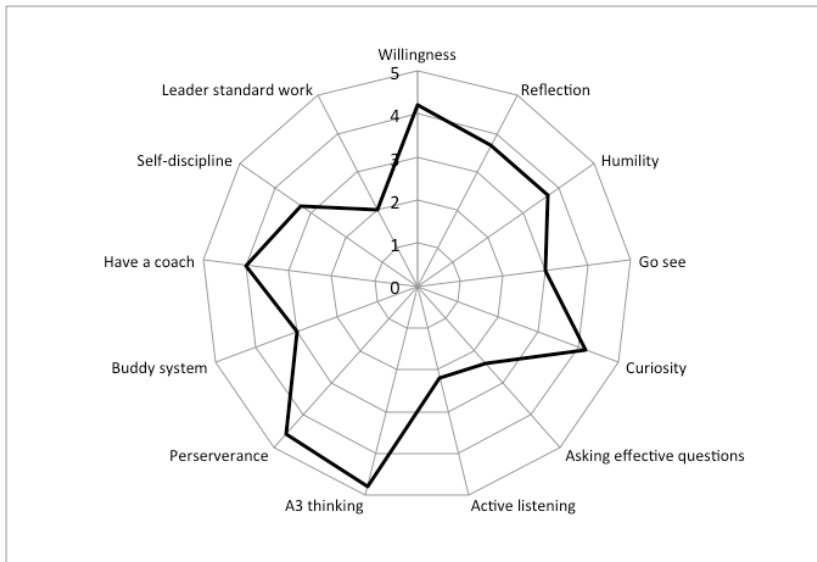
[Results/Impact: Consider adding measurable results/impacts here, especially if you meet your goals and cycle of improvement is completed, and/or you plan to create a new A3 for a different problem next year.

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

PDP informed by 360° assessment

Principle/behavior radar chart



Problem Statement

I spend too much time 'doing' the wrong tasks and not enough time developing, coaching and learning from others to be the transformational leader that our organization and patients need

PROPOSED COUNTERMEASURES/RESULTS

CY 18 Scorecard:

True North:

Measure Of:

Owner:

Goal Statement:

ZSFG

DEVELOPING OUR PEOPLE

PDP A3 Targets

Marks, Nguyen

Increase % exp exec leaders w/ 1 identified PDP
A3 target from 29% to 85% by Dec 2018



CY 18 Target:

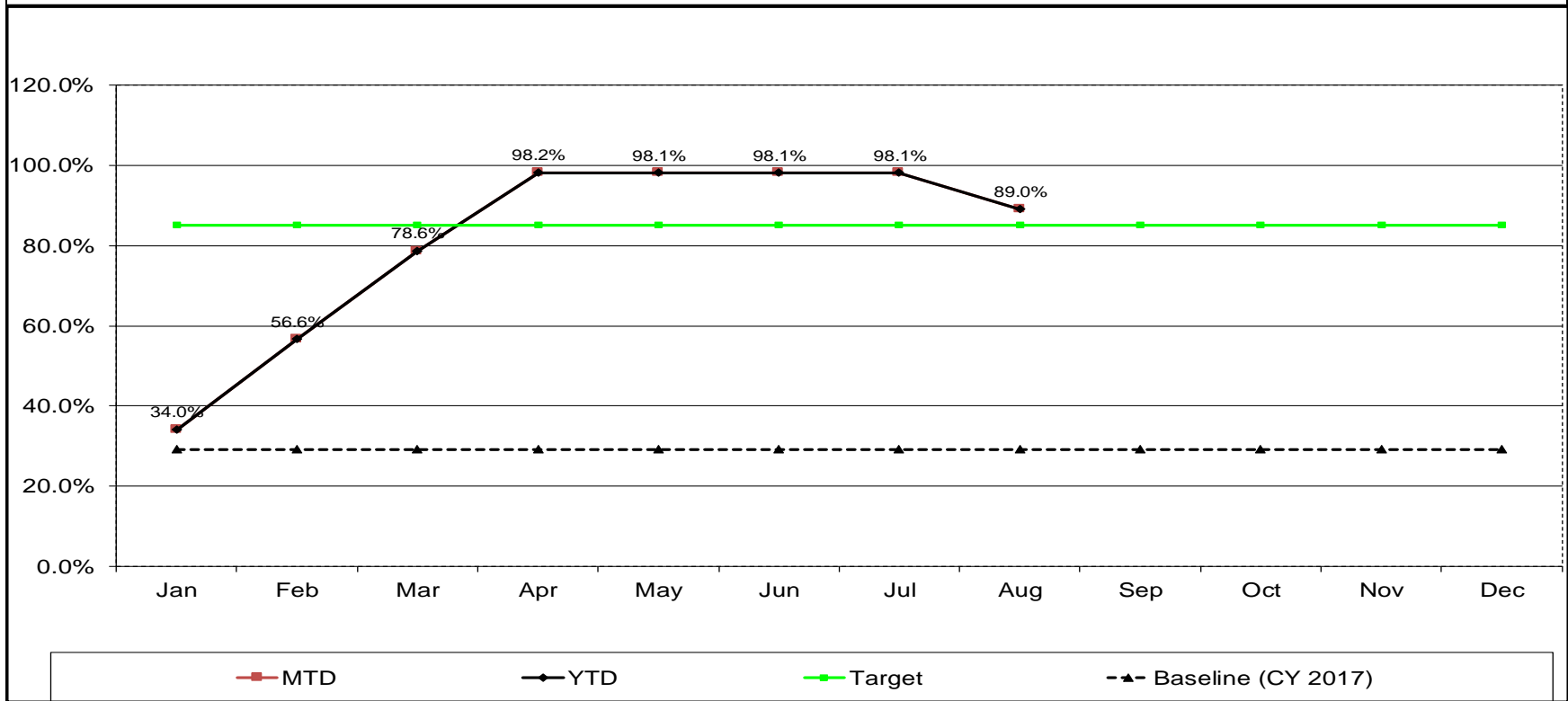
85.0%

CY 2017 Baseline:

29.0%

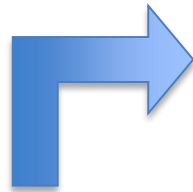
CY 18 YTD:

98.1%



Personal Development PDSA cycle

PLAN-PDP-A3/360° Survey



Personal Development A3

Owner/Date: Jim Marks Date: 10/2/17 Version: 5

Title: Achieving more by doing less

I. Background
Why should I improve myself or others in a coach/leader who creates an organization that will produce excellent results? Why else, why not?

II. Current Conditions
What conditions currently exist? — Subsystem From My Current Habits/Behaviors (Strengths and Limitations)

III. Problem Statement
I expect to reach [Goal] by meeting [Methods] and through [Time/Availability], leading to [Benefiting From Doing It] for the transformational benefit [For an organization and/or patients] and:

IV. Analysis
Reasons for My Personal Performance for My Current Strong Habits and Limiting (Stop) Habits

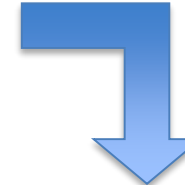
V. Proposed Commitments
What experiments will I try to attempt to resolve a better result? (order of problem solved?)

Event	Subcommitment	Start	Stop	Assign
1	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
2	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
3	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
4	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
5	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
6	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
7	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
8	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
9	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
10	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self

VI. Plan
What steps will I take and when? What is my practice plan to develop new habits?

VI. Follow-up
How will I know if I'm being successful?
How will I know if I'm being successful?
How will I know if I'm being successful?

A3-SR



DO-LSW

Personal Development A3

Owner/Date: Jim Marks Date: 10/2/17 Version: 5

Title: Achieving more by doing less

I. Background
Why should I improve myself or others in a coach/leader who creates an organization that will produce excellent results? Why else, why not?

II. Current Conditions
What conditions currently exist? — Subsystem From My Current Habits/Behaviors (Strengths and Limitations)

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I expect to reach [Goal] by meeting [Methods] and through [Time/Availability], leading to [Benefiting From Doing It] for the transformational benefit [For an organization and/or patients] and:

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6	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
7	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
8	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
9	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self
10	Review my current habits and determine which to keep, which to change and which to add.	10/2/17	10/2/17	Self

VI. Plan
What steps will I take and when? What is my practice plan to develop new habits?

VI. Follow-up
How will I know if I'm being successful?
How will I know if I'm being successful?
How will I know if I'm being successful?

STUDY/ADJUST



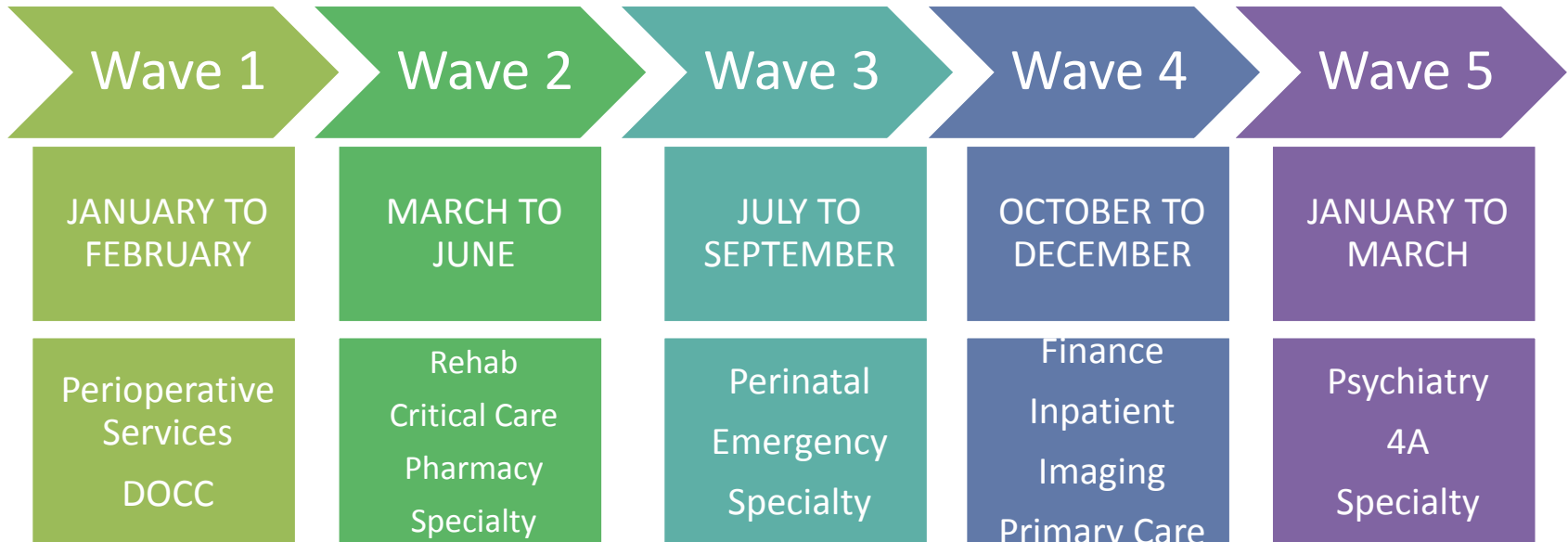
Repeat 360°
Reflection
Feedback
LSW and goal results



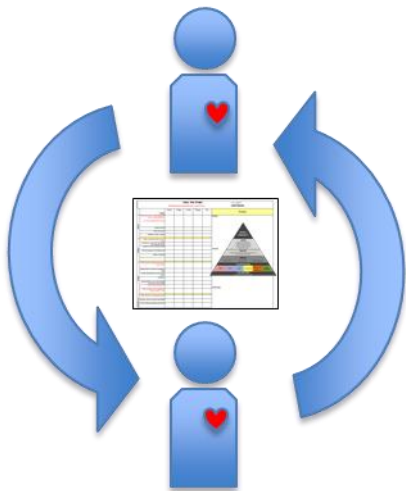
PROPOSED COUNTERMEASURES/RESULTS

No.	Proposed Countermeasure	Completion Date	Status Update
1.	Spread the daily management system to 13 ZSFG Departments	June 2019	On target

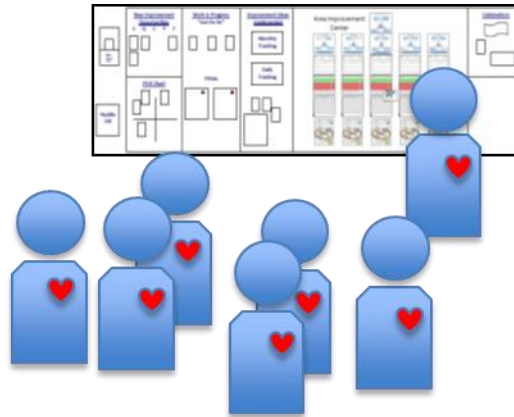
We are here



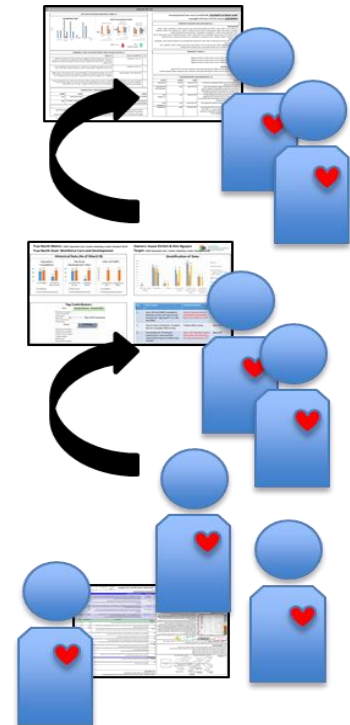
What is the Daily Management System?



Daily Status Sheet



Performance Huddle



Leadership Team

CY 18 Scorecard:

ZSFG

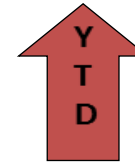
CY 18 Target: **5**

True North:

DEVELOPING OUR PEOPLE

Measure Of:

Daily Management System (DMS) Implementation



CY 2017 Baseline: **0**

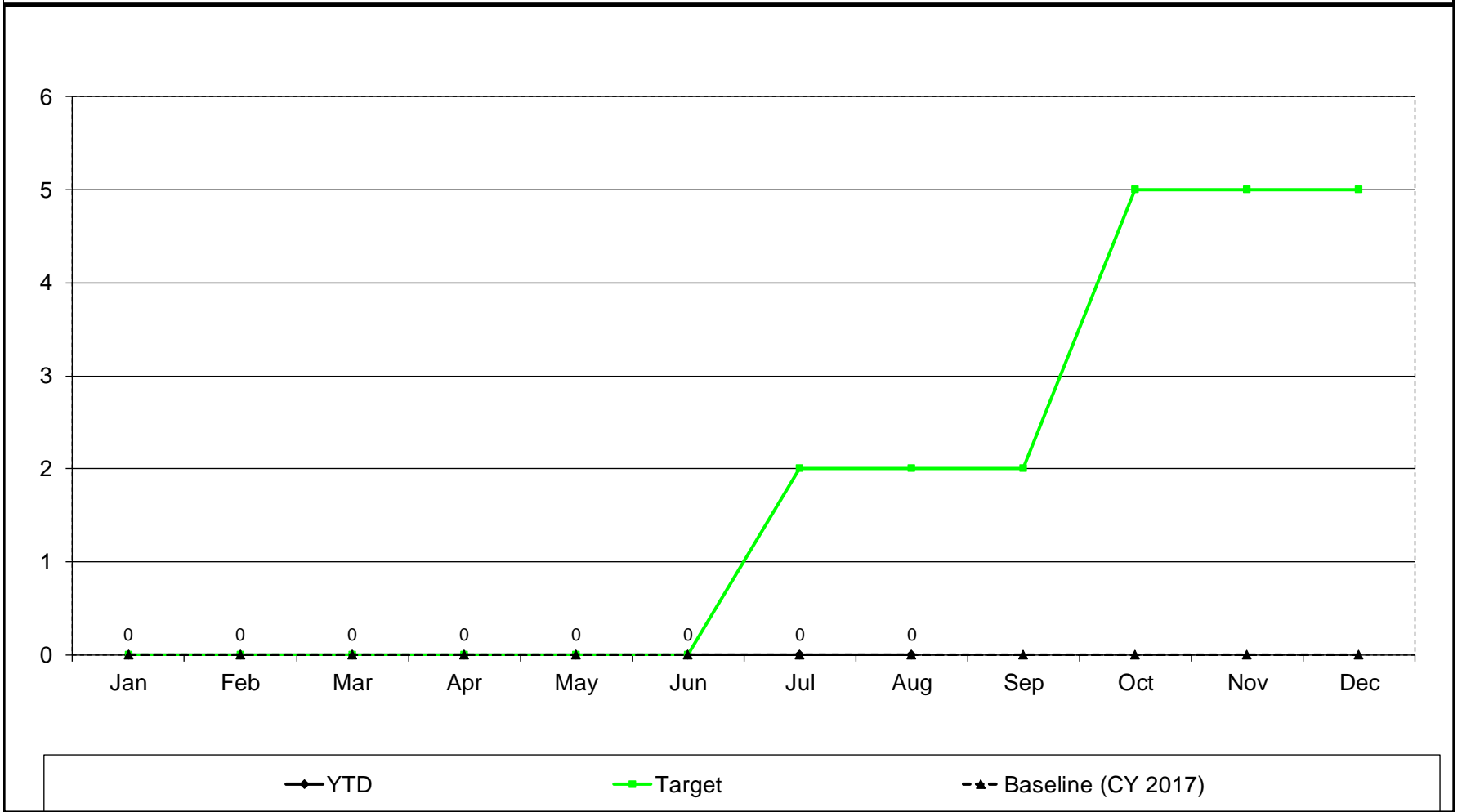
Owner:

Marks, Nguyen

CY 18 YTD: **0**

Goal Statement:

Increase # departments at 100% components from 0 to 5 by Dec 2018









Steady progress to full DMS implementation

	Unit Name	DMS Cohort	Unit Competency August	Leader Competency August
Perioperative Services	PreOp/PACU	1	100.0%	100.0%
	OR	1	83.3%	45.5%
	SPD	1	66.7%	81.8%
	Endo/GI	1	83.3%	86.4%
	PreOp/Clinic	1	83.3%	72.7%
	Cath Lab	1	33.3%	45.5%
Care Coord.	Social Work	1	100.0%	78.3%
	CC Nursing	1	100.0%	73.9%
Critical Care	H34	2	83.3%	81.8%
	H36	2	83.3%	81.8%
	H32	2	83.3%	81.8%
	H38	2	83.3%	81.8%
Specialty Phase 1	Urgent Care	2	66.7%	81.8%
	5M	2	66.7%	47.7%
Rehab	OP PT	2	40%	57.9%
	IP PT	2	40%	36.8%
	SLP	2	20%	36.8%
	OT	2	0%	0.0%
*Pharmacy *data from July	IP	2	33%	13.3%
	OP	2	67%	60.0%
	DC	2	67%	36.7%
	Purchasing	2	50%	53.3%

ZSFG Way driven TARGETS AND GOALS

Executive Key Performance Indicators

	Equity  Boyo	Safety  Dentoni & Williams	Quality  Marks & May	Care Experience  Johnson	Developing our People  Marks & Nguyen	Financial Stewardship  Boffi		
The ZSFG Way Marks & Nguyen	By 6/30/19, increase Departmental PIPS reporting with at least one metric stratified by REAL to 85%	By 6/30/2019, Reduce total number of patient harm events to less than 10/month.	By 6/30/2019, Reduce hospital readmission from 4.46% to 4.32% (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 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		

Strategic A3s

NEXT STEPS

- Next update to JCC is in three months
 - Continue Monthly DMS spread completion by cohorts
 - Revise Expanded Exec PDPs and SMART target identification
 - Review Monthly Expanded Exec PDP targets achievement