



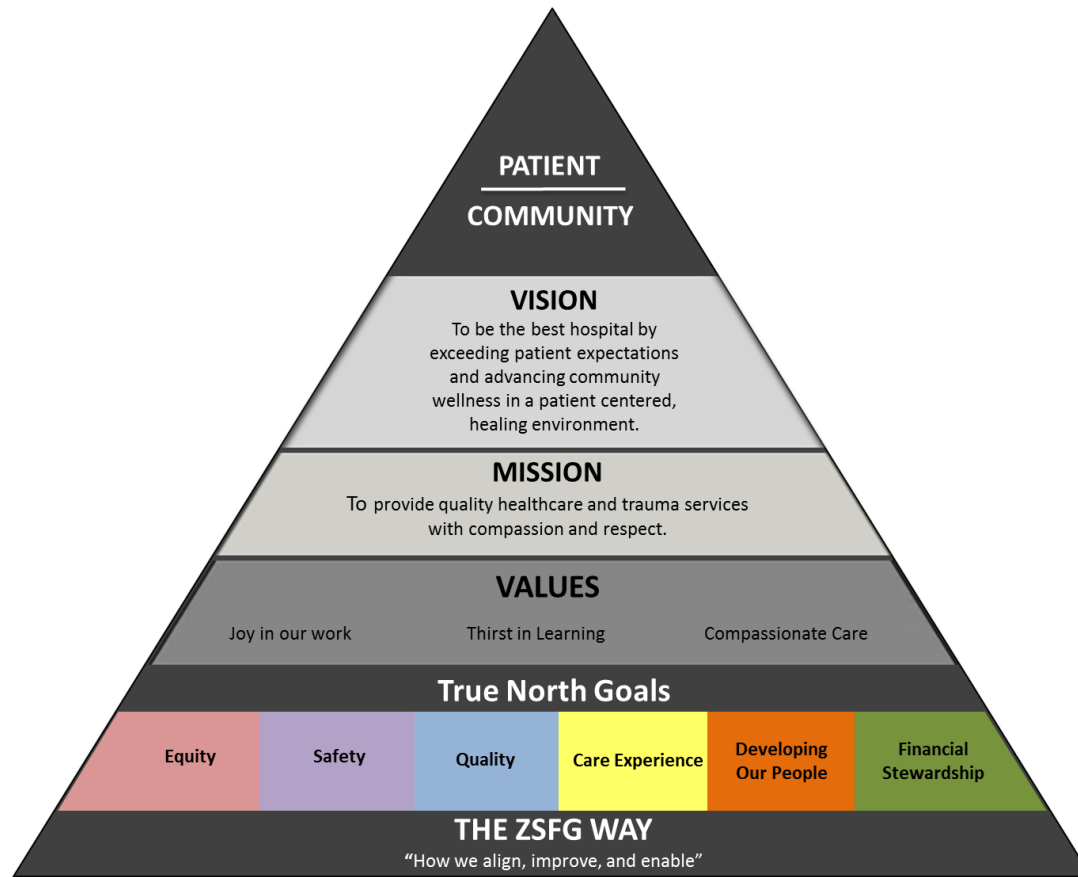
ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

FY2019-21 ZSFG Strategic Plan



San Francisco Department
of Public Health

FY18-19 Strategies for Achieving True North

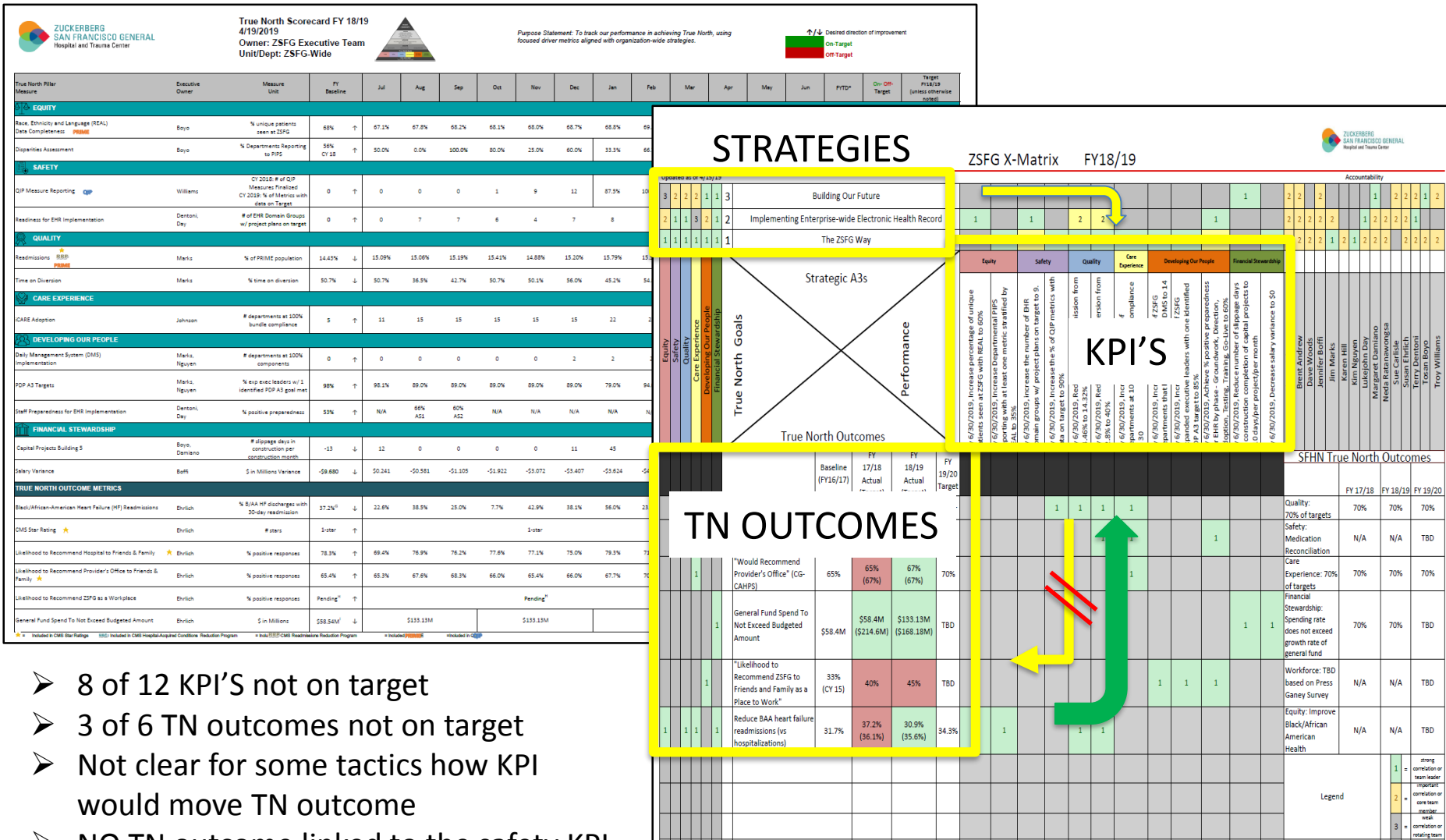


- The ZSFG Way
- Building Our Future: Optimizing Clinical and Academic Space at ZSFG
- Implementing an Enterprise-Wide Electronic Health Record

ZSFG Strategic Planning and Deployment

- Develop Strategic Plan for FY19-21 in Spring (April 22, 2019) Exec Hoshin retreat
 - Management by resource
 - Scan internal and external environment
 - Validate True North (TN) longer term outcomes (1-3 year)
 - Identify Strategies that will achieve TN outcomes
 - Identify Executive owners of each A3
 - Deploy by:
 - Developing and catchballing strategic A3's
 - Identify Key Performance Indicators (KPI's) that will reflect success of Strategic A3's and drive TN outcomes
 - Aligning work at Department and Unit level with Strategic Plan
 - Report out progress at regular cadence at Exec and Expanded Exec meetings

Reflect on Progress to date & correlations to True North outcomes



- 8 of 12 KPI'S not on target
- 3 of 6 TN outcomes not on target
- Not clear for some tactics how KPI would move TN outcome
- NO TN outcome linked to the safety KPI

1/24/2020

Zuckerberg San Francisco General
Hospital and Trauma Center

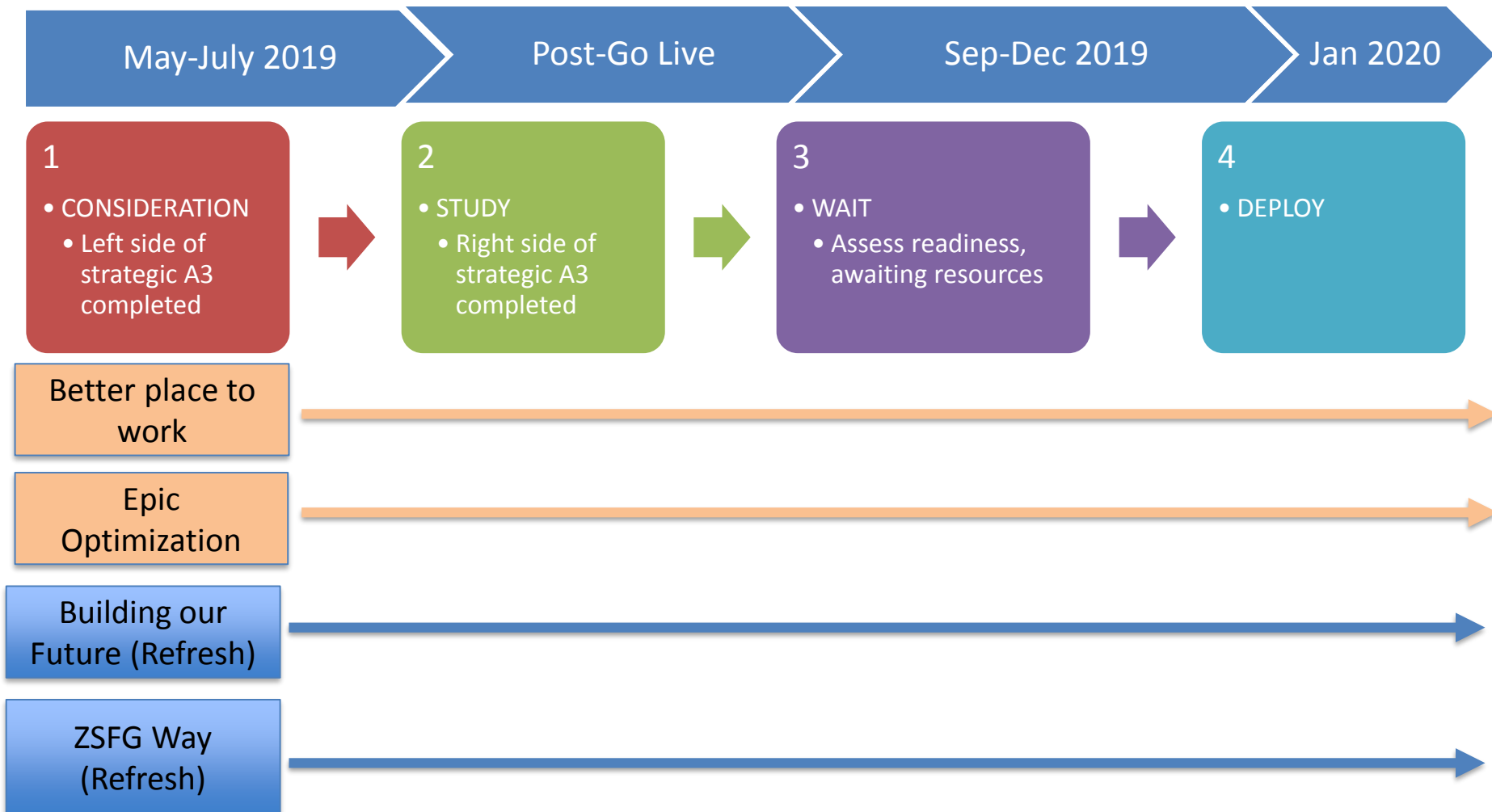
Creating Strategic A3 Proposals

- Consider all inputs
 - A3-I (Scan), TN Scorecard/X-Matrix, EHR aftermath, systemic problems
- Develop up to 2 A3 proposals/team
 - Scope statements (includes/excludes)
 - Proposed KPIs
 - Causal linkage to existing outcome measures

Final Four Strategic A3s

- Building our Future (T. Boyo & M. Damiano)
- The ZSFG Way (K. Nguyen & J. Marks)
- *Optimizing Epic to Drive ZSFG's TN Outcomes (T. Dentoni & L. Day)*
- *A Better Place to Work (A. Johnson & D. Woods)*

For Deployment Utilized Strategy Incubator Model



ZSFG FY2019-21 Strategic Plan

ZSFG X-Matrix FY 19/20

Updated: 8/13/19										Accountability																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

ZSFG FY2019-21 Strategic Plan

<i>True North Goals</i>	<i>Strategies and A3</i>	<i>Key Performance Indicators</i>	<i>True North Outcomes</i>
Equity	Stabilizing & Optimizing Epic	By 6/30/2020, increase % of patients with complete REAL data from 70% to 75% and increase % of unique patients seen at ZSFG who have complete SOGI from 43% to 50%.	Reduce BAA heart failure readmissions
	The ZSFG Way	By 6/30/2020, Increase Departmental PIPS Reporting with at least one metric stratified by REAL from 67% to 70%.	Reduce BAA heart failure readmissions
Quality	The ZSFG Way	By 6/30/2020, reduce hospital readmissions from 14.46% to 14.32%.	Reduce BAA heart failure readmissions
	The ZSFG Way	By 6/30/2020, Reduce ambulance diversion from 52.8% to 40%.	Likelihood to Recommend Hospital
Safety	The ZSFG Way	By 6/30/2020, increase the % of QIP metrics with data on target to ____%.	General Fund Overspend
	The ZSFG Way	By 6/30/2020, Reduce Colon SSIs to 5 (with overarching goal of zero human). P	Star Rating
	The ZSFG Way	By 6/30/2020, Improve PSI 90 score from ____ to _____. P	Star Rating
Care Experience	The ZSFG Way	By 6/30/2020, Increase Care Transitions Composite Score to PRIME Target of 52%.	Likelihood to Recommend Hospital
	The ZSFG Way	By 6/30/2020, Increase Specialty Care CG CAHPS Courteous and Helpful Office Staff Composite Score to 70%.	Likelihood to Recommend Provider's Office
Developing our People	The ZSFG Way	By 6/30/2020, 67% of ZSFG expanded executive leaders to be target with PDP goal.	Likelihood to Recommend ZSFG as a Place to Work
	The ZSFG Way	By 6/30/2020, increase the number of ZSFG departments that have implemented DMS to 7.	Likelihood to Recommend ZSFG as a Place to Work
	Better Place to Work		Likelihood to Recommend ZSFG as a Place to Work
Financial Stewardship	Building our Future	By 6/30/2020, reduce the number of slippage days in construction completion of capital projects to <____	Likelihood to Recommend ZSFG as a Place to Work
	The ZSFG Way	By 6/30/2020, decrease salary variance to -\$3.7mil.	General Fund Overspend
	Stabilizing & Optimizing Epic	By ____, improve CMI from __ to ____.	Star Rating
	Building our Future	By ____, meet all required FY1920 UCSF approvals.	Likelihood to Recommend ZSFG as a Place to Work

ZSFG FY2019-21 Strategic Plan

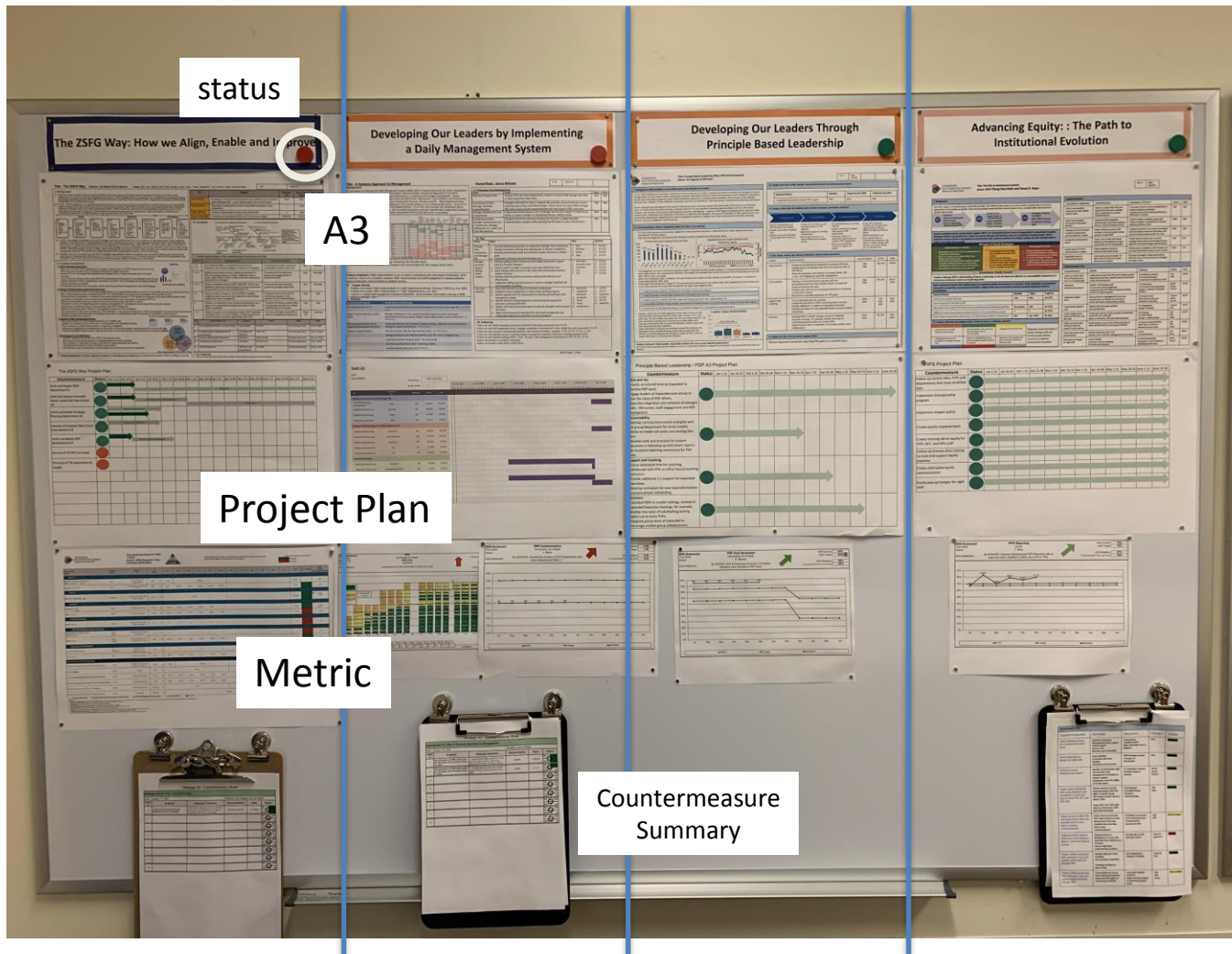
FY1920 X Matrix Metrics Grid

<i>True North Outcomes</i>	<i>True North Goals</i>	<i>Strategies and A3</i>	<i>Key Performance Indicators</i>
Star Rating	Safety	The ZSFG Way	By 6/30/2020, Reduce Colon SSIs to 5 (with overarching goal of zero P...arm).
	Safety	The ZSFG Way	By 6/30/2020, Improve PSI 90 score from ____ to ____.
	Financial Stewardship	Stabilizing & Optimizing Epic	By ____, improve CMI from __ to __.
Likelihood to Recommend Hospital	Care Experience	The ZSFG Way	By 6/30/2020, Increase Care Transitions Composite Score to PRIME Target of 52%.
	Quality	Stabilizing & Optimizing Epic	By 6/30/2020, Reduce ambulance diversion from 52.8% to 40%.
Likelihood to Recommend Provider's Office	Care Experience	The ZSFG Way	By 6/30/2020, Increase Specialty Care CG CAHPS Courteous and Helpful Office Staff Composite
Likelihood to Recommend ZSFG as a Place to Work	Financial Stewardship	Building our Future	By ____, meet all required FY1920 UCSF approvals.
	Developing our People	The ZSFG Way	By 6/30/2020, 67% of ZSFG expanded executive leaders to be target with PDP goal
	Developing our People	The ZSFG Way	By 12/30/2020, increase the number of ZSFG departments that have implemented DMS to 14.
	Developing our People	Better Place to Work	
	Financial Stewardship	Building our Future	By 6/30/2020, reduce the number of slippage days in construction completion of capital
Reduce BAA heart failure readmissions	Quality	The ZSFG Way	By 6/30/2020, reduce hospital readmissions from 14.46% to 14.32%.
	Equity	Stabilizing & Optimizing Epic	By 6/30/2020, increase % of patients with complete REAL data from 70% to 75% and increase % of unique patients seen at ZSFG who
	Equity	The ZSFG Way	By 6/30/2020, Increase Departmental PIPS Reporting with at least one metric stratified by REAL from 67% to 70%.

Tracking Progress and Driving Improvement



Tracking Progress and Driving Improvement



- 30 minutes at weekly Exec ZSFG Exec mtg
- Report out four operational A3's/KPI's/week using SW
- Identify barriers, potential countermeasures and help needed from team members

Standard Work

Title: Executive EHR Operational Area Report Out			
Performed By: ZSFG Executives to the EHR A3-T Owners		Date: 01/28/19	
Owner: KPO		Revised By: Jim Marks/ Brent Costa	Revision #: 3 Takt Time: 8 mins
Purpose: Provide a brief status update on each EHR operational area			
Major Steps	Details	Time	Diagram
1. Introduce the operational areas as on or off target*	Example - "The [operational area title] is [ON/OFF] target because the metric [name] is [ON/OFF] target and the project plan is [ON/OFF] target." *Operational area is on target if both the metric and project plan are on target	1'	
2. If on target, share 1 celebration, identify what risks you are watching to prevent being off target	Reference project gantt chart or countermeasure sheet	1'	
3. If off target, share 2 barriers and engage the team to discuss potential solutions, by whom and by when, identify factors that could make the current situation worse	Add updates to the countermeasure sheet	5'	
4. Review and update status of other problems on countermeasure sheet	Example - "Next steps include..." Report out each step	1'	

Alignment of ZSFG and DPH Strategic Plans

- Compare X-Matrices
 - Compare True North (long term outcomes)
 - Compare Strategies
 - Compare Key Performance Indicators

Compare X-Matrices

SFDPH X-Matrix FY20 Level 1 Grant Colfax, MD																																																											
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- DPH Strategic Plan
 - Four Strategies
 - Six True North Outcomes
 - 19 KPI's

ZSFG X-Matrix FY 19/20

- ZSFG Strategic Plan
 - Four Strategies
 - Six True North Outcomes
 - 16 KPI's

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Compare True North Outcomes

DPH True North Outcomes

ZSFG True North Outcomes

	FY 19-20	FY 20-21
Reduce Harm events	424	416
Reduce Cardiovascular risk (incidence of stroke/MI) improve BP control for BAA	TBD	
Likelihood to recommend care here	80.3%	81.3%
Likelihood to recommend working here	60%	75%
Reduce reliance on general fund	5.00%	
Reduce cardiovascular risk-improve BP control	TBD	

	FY 18/19 (Actual) Target	FY 19/20 Target	FY 20/21 Target	FY 21/22 Target
Star Rating	1 Star (2 Star)	2 Star	2 Star	3 Star
"Likelihood to Recommend Hospital" (HCAHPS)	(73.5%) 75%	75%	TBD	TBD
"Likelihood to Recommend Provider's Office" (CG-CAHPS)	67%	TBD	TBD	TBD
General Fund Spend To Not Exceed Budgeted Amount	(\$133.13M) \$168.18M	\$145.65M	\$247.59M	TBD
"Likelihood to Recommend ZSFG to Friends and Family as Place to Work"	(3.66) 4.11	TBD	TBD	TBD
Reduce BAA heart failure readmissions	(30.9%) 35.6%	34.3%	32.7%	31%





Tight alignment between all six DPH and ZSFG True North (long term) Outcomes

Compare Strategies and KPI's

DPH

Develop the DPH Way

- KPI's

- Aligned Hoshin at all three SFDPH Levels (Mission, Vision, TN Metrics) 
- 50% of defined leader behaviors practiced by Execs as part of PDP A3 goals 
- DMS practiced by 60% of LHH/ZSFG/PC/PHD programs/Depts transitioning to Epic 
- By July 2020, 70% achievement of SFDPH TN metrics/targets 

ZSFG

The ZSFG Way

Hoshin Maturity:

	Hoshin	A3 Dev	Visibility	Review
SFDPH	Sep-17			
SFHN	Sep-16			
PHD	Mar-18			
LHH	Mar-17			
ZSFG	Mar-16			
PC	Mar-18			

By 6/30/2020, 67% of ZSFG expanded executive leaders to be on target with PDP goal

By 7/01/2021, increase the number of ZSFG departments that have implemented DMS to 14.

Targets	Baseline 7/19	Goal June 2020	Goal June 2021
Percentage of organizational KPI's and TN outcomes on target	33%/50 %	67%/67 %	80%/80 %

Compare Strategies and KPI's

DPH Develop Our People: Reduce Hiring Lead Time

KPI's

III. Targets and Goals: What specific measurable outcomes are desired and by when?				
Selected Metrics	Baseline as of Nov 2019	Benchmark June 2020	Target June 2021	Best practice
Reduce Hiring Lead Time	246 days	180 days	140 days	90 days
Reduce onboarding time	57 days	45 days	45 days	35 days
Reduce candidate selection time	100 days	90 days	60 days	45 days
Reduce position approval time	54 days	45 days	15 days	10 days

ZSFG A Better Place to Work

KPI: TBD, but likely to reflect adequacy of staffing

Selected Metrics	Baseline	Benchmark*	Target
<i>Team: There is a climate of trust in my unit</i>	3.31	3.88	3.36
<i>Communication: Different levels of the organization communicate effectively</i>	2.87	3.43	2.92
<i>Leadership: I have confidence in senior mgmt.'s leadership</i>	3.22	3.78	3.27
<i>Engagement: Staff and provider engagement</i>	3.76 3.85	4.14	3.81 3.99

Compare Strategies and KPI's

DPH: Advance Equity

KPI's

Goals & Targets:

1. Normalizing: 80% of new staff report understanding of role of government, 2021 SES 80% favorable on role of government
2. Organizing: Established equity infrastructure with leadership for ZSFG, LHH, BHS and PC. 2021 SES 60% report dept active on equity
3. Operationalizing: Hypertension control for BAA patients in PC, LHH at 70%,
4. Operationalizing: 2021 SES staff report of own action on equity at 60% on average
5. Operationalizing: 2021 SES >80% staff report respectful treatment by managers:staff, staff:community.

ZSFG: The Plan to Institutional Evolution Operational A3 under ZSFG Way

KPI's:

By 6/30/2020, increase % of patients with complete REAL data from 70% to 75% and increase % of unique patients seen at ZSFG who have complete SOGI from 43% to 50%.

By 6/30/2020, Increase Departmental PIPS Reporting with at least one metric stratified by REAL from 67% to 70%.

- Countermeasures
 - Implement equity champions program
 - Implement respect policy
 - Create equity responses teams
 - Create equity training aid for PIPS, DET & KPO staff
 - Equity pop-up lounges for night staff

Compare Strategies and KPI's

DPH Homelessness and Behavioral Health

KPI's

III. Targets and Goals	Baseline	Target 7/1/20	Target 7/1/21	Target 7/1/22
1. Increase the percentage of the target population assessed for housing.	36%	42%	48%	55%
2. Increase the percentage of the target population retained in "recovery and wellness" behavioral health care (outpatient or residential mental health or substance use treatment).	54%	60%	66%	73%
3. Reduce the percent of target population who use urgent and emergent services.	80% (7.7)	72% (7)	65% (6.3)	59% (5.7)
4. Improve quality of life and functioning, as measured by scores on the Adult Needs and Strengths Assessment (ANSA) assessment tool. (% completed tool; % of completed who improve)	22%; 57% improved	25%; 60% improved	28%; 60% improved	31%; 60% improved
5. Increase the percentage of the target population number who maintain supportive housing.	TBD	TBD	TBD	TBD

ZSFG

- Incorporating a pop-up in Epic that identifies the target population when they present for care
- Developing EDIE Care Plans for high utilizers of urgent and emergent services
- Social Medicine team connecting homeless and behavioral health patients with non-hospitalization resources
 - Spreading to PES and Inpatient services

ZSFG Strategies not in the DPH Strategic Plan

- Optimizing Epic
 - Discussed extensively at DPH Hoshin
 - Will be incorporated as part of ALL DPH strategies
- Building Our Future
 - A high resource “Must-Do”
 - Driving DPH/ZSFG shared long term outcomes
 - Recommend as place to work
 - Recommend as place to receive care
 - Financial Stewardship

DPH “Strategies” presented to HC but not in DPH X-matrix

- “Data to Action”
 - Focusing on data integrity and availability in Epic
- ZSFG has Strategy “Optimizing Epic to Drive TN”
 - One metric in this A3 is “Achieve target outcomes for metrics among three performance improvement programs (i.e., PRIME, QIP, PIP)”
 - Operational A3: “Ensuring Data Maximizes Patient Outcomes and Experience”