



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# ZSFG Equity Strategies Update



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

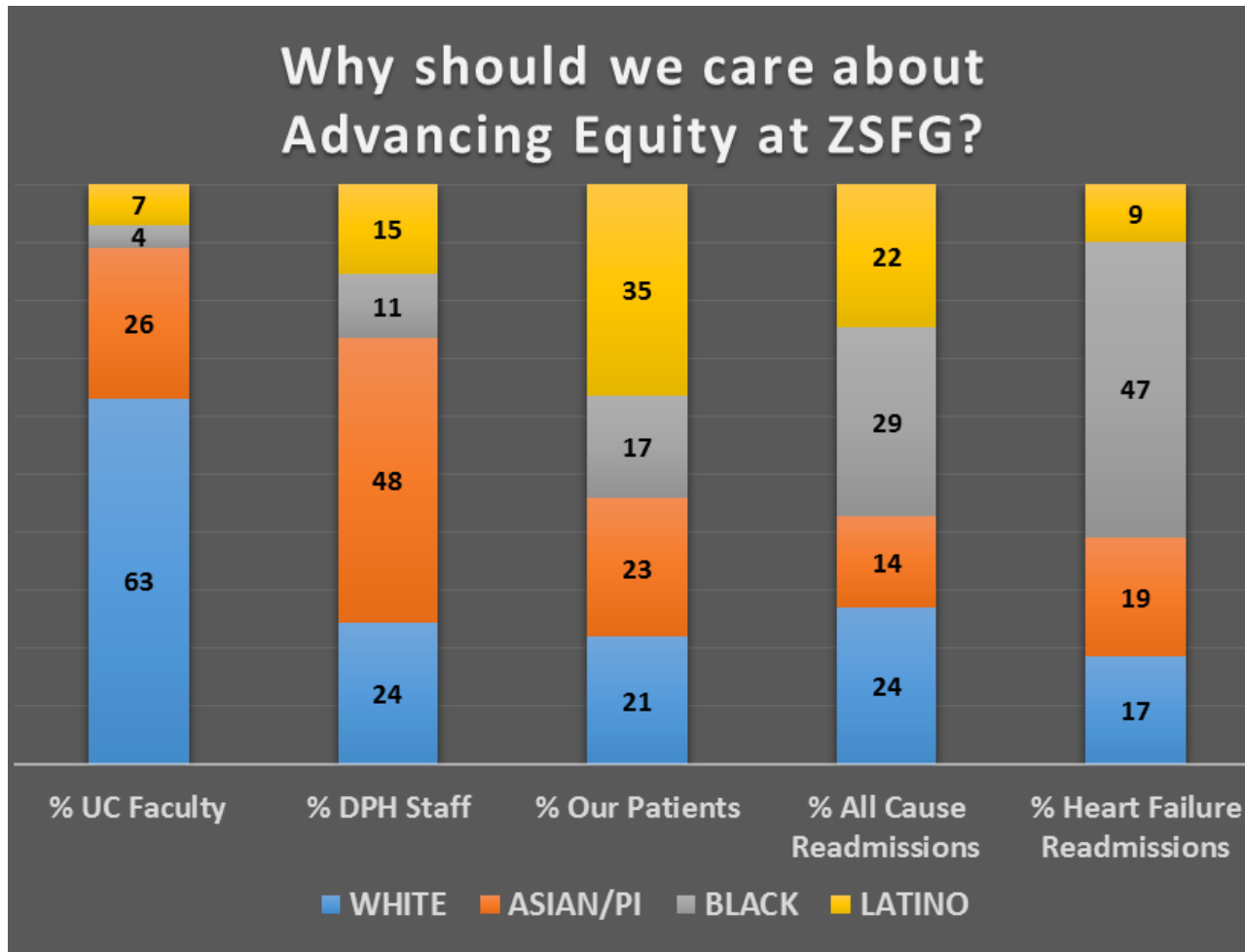


San Francisco Department  
of Public Health

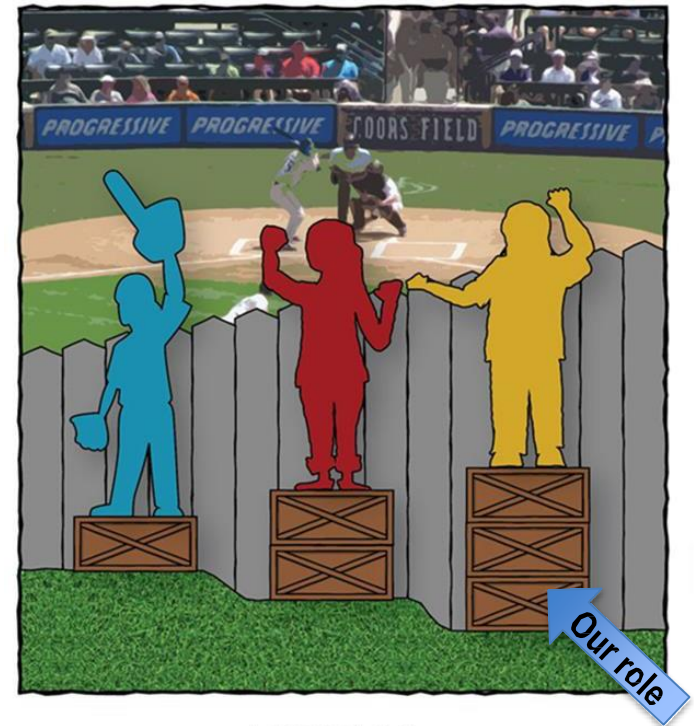
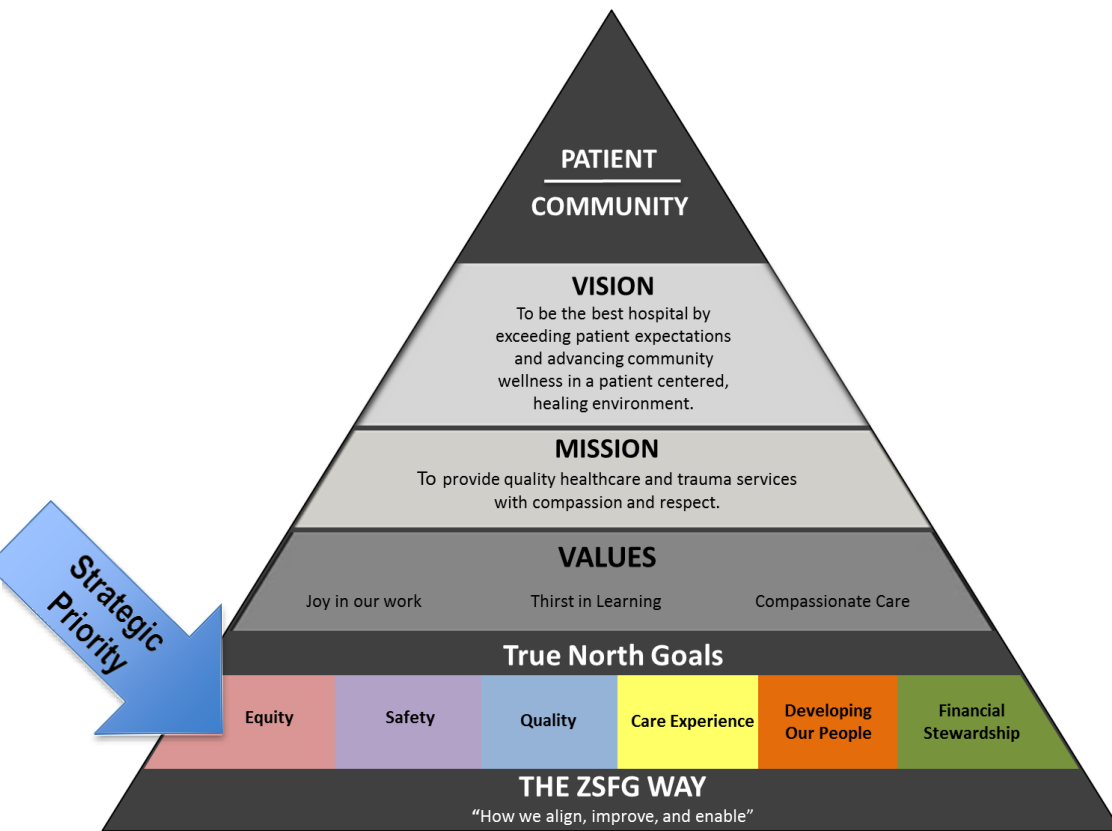
# Back in 2016...



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# Updated True North in 2017



**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.

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.

# Equity Survey

13 total questions were developed and tested by the Equity Council

25% of the workforce participated

This image shows the actual survey questionnaire. It is titled 'ZSFG Equity Survey' and includes the hospital logo. The instructions ask respondents to answer questions based on their experiences at ZSFG in the last 12 months. The survey is divided into two main sections, each with a radio button for selection. The first section, 'I feel valued and respected for who I am at ZSFG in the last 12 months', lists demographic factors: Culture, Race/ethnicity, Language(s), Religion or political beliefs, and Sexual orientation. The second section, 'I have observed others disrespected for who they are at ZSFG in the last 12 months', lists the same demographic factors. For each section, there are checkboxes for Gender, Age, Ability/disability, and a 'None of the above' option, followed by a statement 'I don't feel comfortable answering'.

# ZSFG Equity A3: Path to Institutional Evolution



**Title:** The Path to Institutional Evolution  
**Owner:** Anh Thang Dao-Shah & Tosan O. Boyo

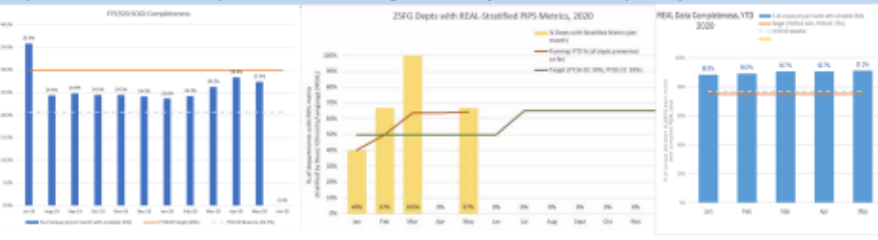
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Date: 6/24/2020

## I. Background:

Since 2017, equity is a True North goal of both DPH and ZSFG. ZSFG defined health equity as an outcome where 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



**Current Conditions:** In the 2019 Employee engagement survey, only 45% of respondents from ZSFG believe that their department is taking active steps to improve racial equity. More notably, only 28% of B/AA staff who responded answered affirmatively to that question, the lowest number compared to all other divisions at DPH. Although policies and practices are in place to promote diversity and inclusion ZSFG is still relatively unaware of how it perpetuates an environment that continues patterns of privilege, making it difficult to address institutional racism and its impact on patients' health outcomes and workplace culture. Since EPIC implementation SOGI data completion does not meet the goal. Our workforce still does not represent patients served.



**Problem:** Although ZSFG's understanding of Equity is improving, we do not have an effective accountability structure to effectively address institutional racism and health disparities. Only 45% of respondents from ZSFG believe that their department is taking active steps to improve racial equity

**Goal:** ZSFG's organizational commitment to equity will be at Institutional Evolution level where institutional barriers that inhibit progress of equitable policies and practices are removed, equity strategies are proactively advanced by committing organizational priorities, staff/provider time and financial resources towards developing an environment of belonging.

Selected Metrics	Baseline	Target	Target by
Improve completeness of SOGI data by 5%	26%	31%	Q4 2021
80% of dept have at least one PIPS equity metric	68.5%	80%	Q4 2021
80% of dept with equity metrics have countermeasures to reduce disparity	68.5%	80%	Q4 2021

## IV. Analysis:

A. Communications	B. Leadership/Management	C. Hiring/Recruitment/Retention	45% of all respondents and 28% of B/AA respondents believe their department is actively working on racial equity.
Limited forum for staff to participate in equity work at department level	Unclear accountability structure for disparity in health outcomes and workforce development	Equity is not a key competency in recruitment and promotion	
Inequitable access to equity training	Not all departments have clear equity metrics	Limited venue to hear from community and staff from underrepresented communities	
D. Staff Competencies	E. Organizational commitment	F. Community and Staff Engagement	

## Countermeasures

Barriers	Countermeasure	Description	Impact	Effort
A, B, D	1. Equity Seed program to support champions and managers create additional venues for communication about equity at department level	If staff can participate in conversations about equity at departmental level they can improve their capacity and help create accountability structure	H	H
B	2. Implement DPH's respect policy and create response team to track and measure success	A tool to address workplace culture and convey managers' responsibility to maintain positive workplace culture	H	H
C/F	3. Create programs to engage and support the professional development of B/AA and Latinx staff	Venues to hear directly from B/AA and Latinx staff about their needs and create a pipeline to develop a workforce that reflects the communities we serve	M	M
D	4. Reboot equity pop-up lounges for night staff	Create more space for discussion about equity at departmental level	H	M
D	5. Implement equity module at NEO and online equity training for all staff	Ensuring that all staff have access to the same basic understanding of equity and the organization's commitment to equity	H	H
E	6. Follow up session after PIPS with departments that have stratified data to assist them in creating countermeasures	If we coach them to use the stratified data to analyze disparity and develop countermeasures, then equity will become a performance improvement measure	H	H

## Implementation Plan

Countermeasures	Activities	Measures	Owners	Start
1	Secure funding Connect champions with managers Support with curriculum and facilitation	# unit based learning series # unit based equity workgroup/taskforces	Anh & Expanded Exec	07/20
2	Announcement at Management Forum and Expanded Exec Anti-racist signage Collaborate with Care Experience and AOD for response Data collection and follow up	# of uses of policy Staff and Patients understanding and satisfaction with policy	EC & CEX & AOD	08/20
3	Secure funding Get feedback from B/AA and Latinx staff about needs Collaborate with HR and B/AA & Latinx council members to design program aimed at retention	# of programs # of B/AA and Latinx staff participants Retention rate	Anh & Equity Council	07/20
4	Design online learning sessions Identify champions Outreach to night staff	# sessions # participants Change in understanding	Anh	07/19
5	Revise module for online format Recruit presenters	% of completion of online training Feedback from NEO	Anh Kala	08/19
6	Design follow up methods with departments Work with KPO office to leverage DMS and improvement opportunities to advance and monitor progress	# of follow up sessions # of countermeasures # improvement reported at PIPS	Anh & Will	Ongoing

## VII. Follow-Up: How will you ensure ongoing PDSA?

- Report out at Exec Committee, Expanded Exec Committee and through quarterly Equity Newsletter

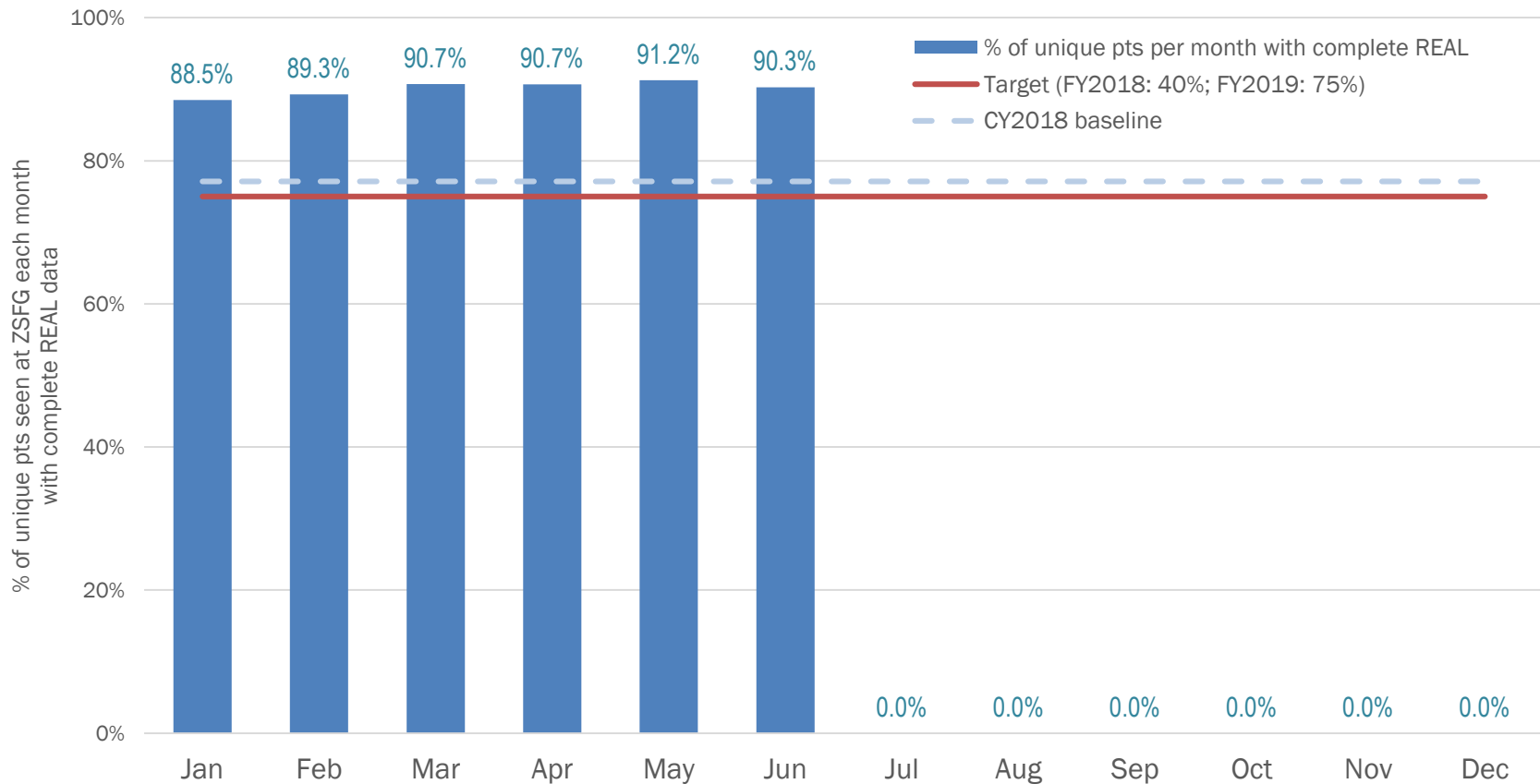
## How are we Advancing Equity at ZSFG?

Understanding our patients	Eliminating Disparities	Developing Our People
<ol style="list-style-type: none"> <li>&gt;90% of our patients have complete REAL (race, ethnicity and language) data</li> <li>&gt;3,500 staff have completed SOGI (sexual orientation and gender identity) training</li> <li>&lt;30% of our patients have completed SOGI data</li> </ol>	<ol style="list-style-type: none"> <li>&gt;60% departments have equity metrics</li> <li>Institute standard work to coach on disparities through performance improvement and patient safety (PIPS).</li> <li>Transition towards gap closure and quantify impact over time.</li> </ol>	<ol style="list-style-type: none"> <li>Broadening resources and tools <ul style="list-style-type: none"> <li>Relationship-Centered Communication focused on race</li> <li>Trauma-Informed Systems</li> <li>Equity Learning series</li> </ul> </li> <li>Regular communication about equity milestones and initiatives to all staff</li> <li>Implementing respect policy</li> <li>Equity champions and fellows</li> </ol>

# Understanding Our Patients

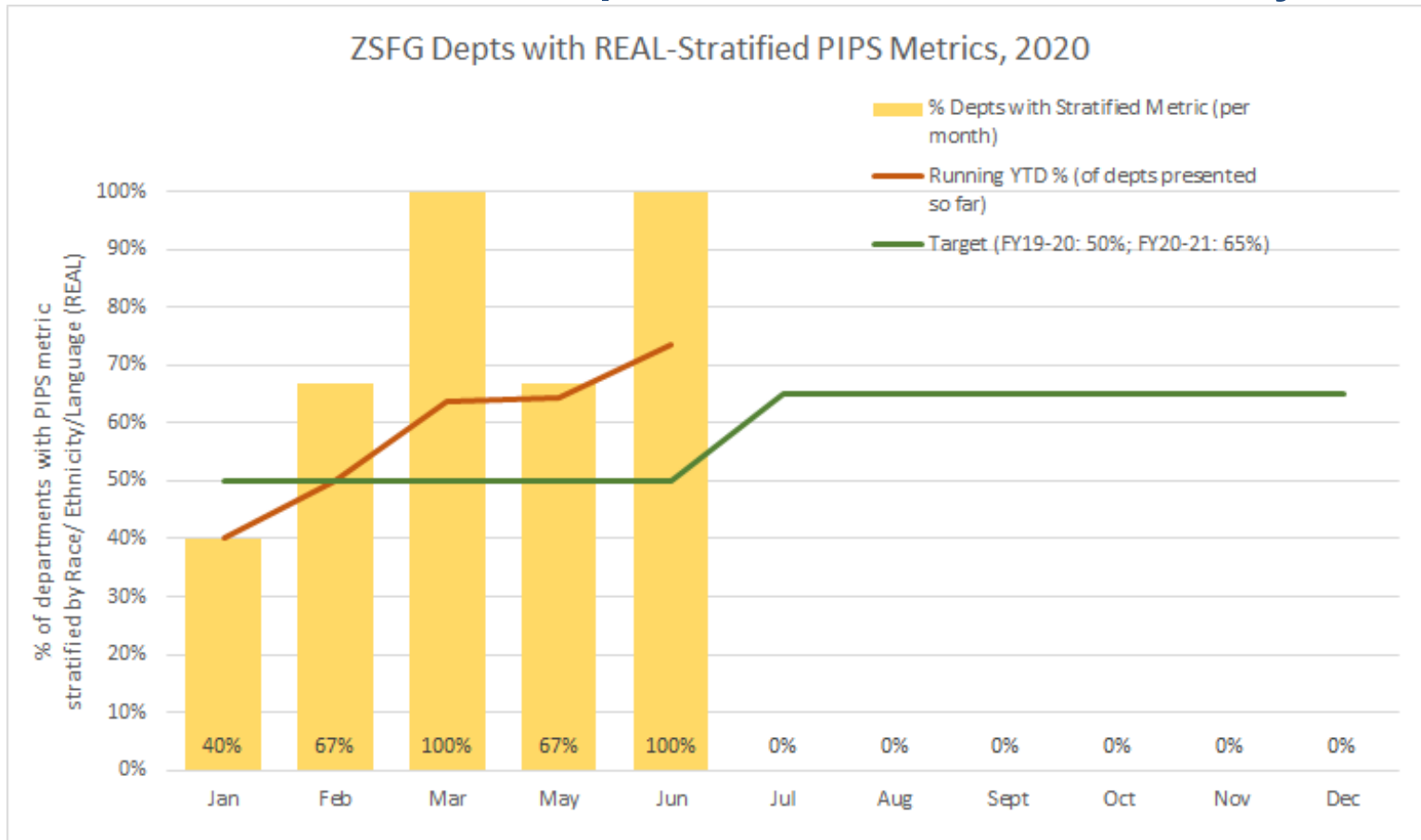
## Race, Ethnicity and Language

REAL Data Completeness, CY2019



# Eliminating Disparities

## Performance Improvement & Patient Safety



### Examples of initiatives

Diagnostic Imaging	Used language data to tailor appointment calls and letters for scheduling patients in preferred language.
Emergency Medicine	Assessing why Latino patients have a higher rate of LWBS compared to their visit rate.
Primary Care	Increase rate of Black/African-American hypertension patients with controlled blood pressure.
Security Services	Stratifying use of force and establishing plans to reduce occurrences.

# Developing Our Workforce

- Equity Council
- Equity Champions
- Campus-wide BAAHI Learning Series
- Unit-based learning series
- Unit-based equity taskforces
- Equity Lounge for night staff
- ZSFG Equity Guide & Quarterly newsletter

# We are at a crossroad



# Current Countermeasures

1. Equity Seed program to support champions and managers create additional venues for communication about equity at department level
2. Implement DPH's respect policy and create response team to track and measure success
3. Create programs to engage and support the professional development of B/AA and Latinx staff
4. Reboot equity pop-up lounges for night staff
5. Implement equity module at NEO and online equity training for all staff
6. Follow up session after PIPS with departments that have stratified data to assist them in creating countermeasures