

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

FY 20/21 Hoshin Roadmap & True North Scorecard





San Francisco Department of Public Health

Terminology

- Hoshin "Policy deployment" a method of strategic planning in which strategic goals are established, communicated, and put to action
- Key Performance Indicator (KPI) a metric used to measure success of strategic implementation
- **True North Outcomes** 3-5 year metrics that help us understand if we are achieving our True North
- Flow a continuous stream of work, one by one, non-stop
- **PIPS** Performance Improvement & Patient Safety committee

Strategic Planning and Deployment

1) Reflect on organization & environment

2) Establish Direction through multi-year and annual targets

Strategic Deployment

Is a process to support *alignment*, *empowerment* and *continuous improvement* at multiple levels of the organization to achieve our True North goals and fulfill our mission.

3) Develop and deploy strategic plans through catchball

4) Operationalize and implement at department levels

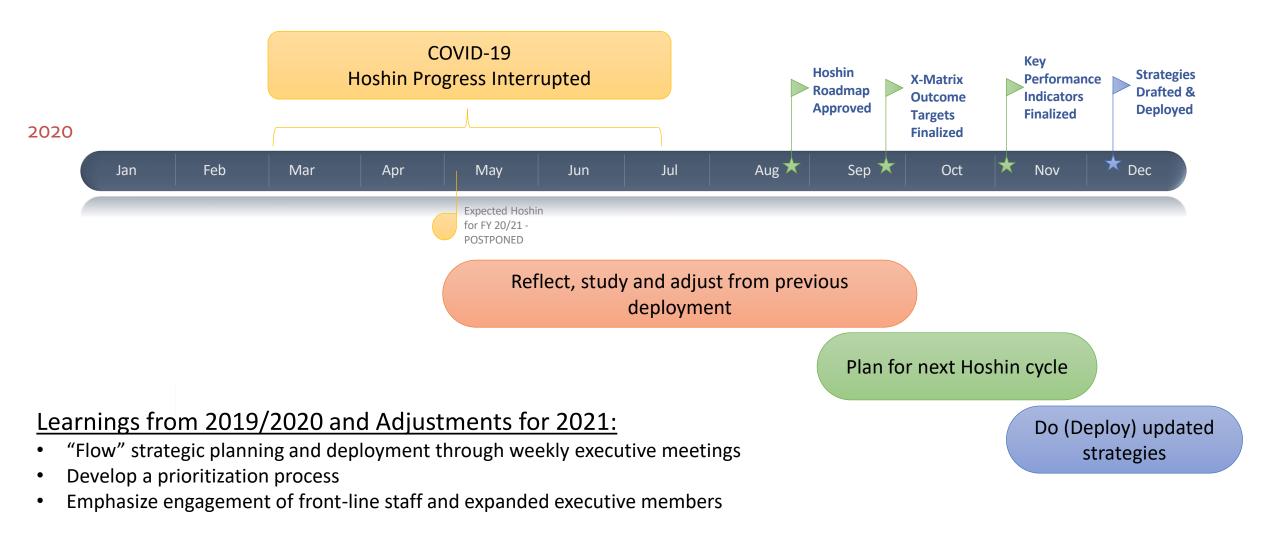
5) Implementation of PDSA by teams and units

6) Continuously study and learn at all levels

7) Remove barriers, standardize and continuously improve

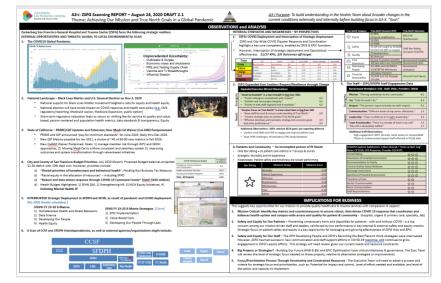


Restarting ZSFG Hoshin



1) Reflecting on Organization & Environment

 A3-I - a tool for scanning changes to environment internally and externally



 True North Scorecard to reflect on organizational performance over the past year

SAN FRANCISCO GENERAL Hospital and Transa Dentar		True North Score 8/23/20 Owner: ZSFG Ext Unit/Dept: ZSFG-1	outive Team					Purpose Ital focusul drive	ment To Irac r metrics edge	k our paylorn ud with orga	unce in achim nization wille.	ing True Nort trangies	0, assing		10	Daired direction On-Target Off Target	n of improvan	
fran North Filler Noames	Executive Orman	Measure	PS Realize	м	м	Sup	041	Ser	Dec	Jan	Feb	Nar	44	May	Jun	FYID	Or OF	Target F129-3 fastice other
6 a roum																		
Roce, Effectivity and Language (REML) Data Completeness resso	Воуо	% an ique patients sees at 25FG	69% 1	78.4%	86.6%	85.5%	87.8%	88.0%	88.3%	11.5%	89.3%	90.7%	90.7%	91.25	90.3%	87.3%		75% ^A
Sexual Orientation and Gander Identity (SOGI) Data Completaness	Boyo	% unique patients seen at 25FG	20.7% 1	35.9%	24.4%	24.9%	24.5%	24.5%	24.25	23.6%	24.2%	26.2%	28.4%	27.4%	26.7N	26.2%		30%
Disparkies Assessment	Boyo	% Departments Reparting to PIPS	16% CY 18 1	66.7%	100.0%	53.0%	100.0%	66.7%	103.0%	40.0%	66.7%	100.0%	4.0%	66.7%	103.0%	76.2%		79%
E. SAFETY																		
QP Massum Reporting 🗢	Safer	CY 2019: % of Metrics with data on Torpet	90% 1	90.8%	90.0%	90.0%	98.0%	90.0%	100.0%	8.3%	8.3%	8.3%	8.3%	1.3%	16.7%	16.7%		CY 2828
Colas SSI*	Sufer / Ham	# of Colon SSI	0 I	1	1	2	2	0	1	1	3	1	0	1	0	13		5
PSI 93 *	Safer / Ham	PSI 91 Composite (Medican ITTS; Weighted (UT)	1.47 (FY1618) 1	1.17	0.95	0.95	0.92	1.29	1.23	0.93	0.92	0.91	4.95	0.94	PENDING	0.97		1.37
Q QUALITY																		
Read mission	Marka	% of PRIME population	16.72% 4	17.28%	16.99%	15.78%	15.49%	15.80%	1531%	15.85%	13.14%	13.96%	14.61%	14.53%	14.60%	14.685		16.5%
Time on Diversion	Marke	% time on diversion	46.9% [35.2%	38.4%	54.7%	57.4%	48.6%	64.3%	66.0%	59.9%	34.1%	10.7%	7.4%	16.0%	42.8%		40.0%
CARE EXPERIENCE																	_	
Cam Transitions Composite Score 🚥	Johnsen	% of paritive supposes	52% 1	31.5%	30.4%	49.0%	50.2%	45.15	52.1%	48.9%	47.8%	47.3%	59.2%	39.75	33.1N	51.2%		52%
Specialty Cam CG CAIPS Courteron and Helpful Office Staff Composite Scott	Johnsen	% of positive supposes	65% 1	16.2N	\$5.7%	85.7%	86.7%	87.8%	94.1N	13.3%	99.2%	87.9%	86.4%	16.95	87.6%	87.5%		79%
B DEVELOPING OUR PEOPLE																		
Bully Management System (DMS) Implementation	Mæks, Bilinski	# departments at 100% components To one case haden	4 1	4	4	4	4	4	4	4	4	4	4	4	5	3		2
PDP A3 Targets	Matks, Nguyen	CY19:55 onblabed targets CY28:55 ashieving	95% †	94.8N	94.8%	94.8%	94,8%	95.0%	95.0%	99.0%	Delared	Defend	Deferred	Deleved	Defend	Deferred		85%
BTBPTW Project Milestones	Jahasee, Woods	# of projects on target	0 †	0		0	0	0	0		•	0	0	0	0	•		3
TINANCIAL STEWARDSHIP																		
Capital Projects Bailding 5	Boyo	# slippage-days in construction per construction month	10.3]	7		0	20		44	39	٠	26	- 6	31	30	30		10
UCSF RAB	Daniate	# of Requirements Met	P 1	0	+	0	0	1	1	1	1	1	1	1	1	1		3
Solary Variance	Refs	5 in Millions Variance CMI (excluder normal	-\$9.221 1	50.429	-\$1.162	41.477	41.719	42.455	-52.699	-82.779	43.376	43.300	44.381	-54.672	-62.783	-\$2.783		-63.29
Improve CMI 🔺	Dey	CMI (excluder norma) newborns and	1.51 1	1.49	1.45	1.48	1.52	1.51	1.53	1.51	1.53	1.58	1.56	1.57	PENDING	1.52		1.7
TRUE NORTH OUTCOME METRICS		to skinker																
Black/African-American Heart Failure (FB') Readmissions	Brich	% B/AA HF discharges with 10-day multissice	30.4% ⁶ 1		26.7%	28.0%	\$7.1%	35.0%	42.9%	35.0%	25.0%	28.6%	20.8%	28.4%	27.8%	31.156		34.3%
CMS Sur Raing	Ibdah	P stan	Lotar †			1	slar					14	har			1-star		2-14
Likelihood to Recommend Haspital to Friend#% Family		% разійте поролані	75.7% 1	61.7%	27.4%	83.3%	68.1%	73.3%	77.5%	88.0%	71.2%	74.2%	86.3%	77.3%	75.0%	75.4%		80%
Likelihood to Recommend Provider's Office to Friend's & Family	Brlieb	% pasitive supposes	68.3% 1	\$2.2%	84.1%	78.8%	82.4%	86.3%	87.8%	83.0%	84.4%	\$3.5%	88.9%	87.7%	85.6%	84.5%		67%
Likelihood to Recommend ZSFG as a Workplant	Ibrlich	Weighted Avg.	NA 1						3.	55						3.66		3.76
General Fund Spend To Not Exceed Budgeted Amount		5 in Millions	\$104.9756		\$150.82M			\$118.95M			\$72.56M			\$17.34M		\$17.34M		\$168.18
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2) Establish Direction and Multi Year Goals



We implemented a new process for **reflecting and prioritizing** KPIs that allowed more space to think independently and thoughtfully!

True North Pillar: Care Experience		8	Allegeneens with True North Roats of Stationary President and Constrainty	×	Mailum Ingentance	Low Internation
What is the motric? Care transitions composite core, encompasses three guestions 1.) I understand my manage my health, 3.} preferences were met.	Importance	3 . A . A	en si dan rena ingen Statut Mina angen Ingen tahun panan Den pangan Mina ang	×		×
How is this metric defined and how will we measure? Is of top box responses to Press Ganey INCAMPS survey question regarding case standitions, on a monthly basis		*	What is the local of affect session, and the could of causes constraints, or while the strategy effortency or culture treats of sol expensions of a strategy to be while to be local of affect and dependency or and pathog and	Live Millert	Roduct (Part	Nga that X
Next utops? University constraints and it impacts score; haven't seen much movement. Next meaningful n size to make conclusions We are watching this metric, but not actively driving due to insufficient data	6140		Antimizing the case to develope the optimized of the case of the c	Wanch	*	

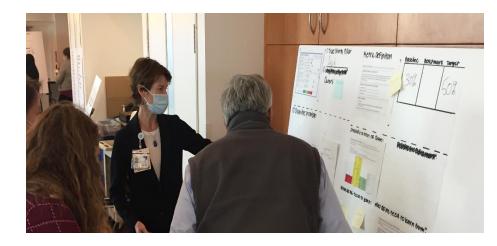
KPI Worksheet eVideon Care Transition Proposal True North Pillar: Care Represent with free forth faces or by the second second second × Experience What is the motric? of Propher impact on The New York × The instructions on where to go or who to call if your condition She of register or Appointer from × worsens after leaving the hospital is clear" and of weathr on companyous replaced on the second × How is this metric defined and tion intend is the preside a first statement of the state × Servicesm on line need % positive responses from Low Mirt lags 19hr When is the lower of afflict nameles, and/or the lower of receiving conservers, to deproy the remains affectively it multiple levels of the med/surg patients to: "The instructions on where to go or × who to call if your condition antitia lake-firms worsens after leaving the hospital is clear' Named Scherotory Update eVideon question on all med/surg TVs Collaborate provider leads. Francisco Medrano and Kelly Hahn Collaborate with Tanvi. nursing lead

 Reflected on and adjusted previous KPIs

Proposed new KPIs in relation to importance and effort in achieving True North

2) Establish Direction and Multi Year Goals

- Extended session to finalize all KPIs and True North Outcomes
- Decided on one KPI per True North Pillar, with executive owners
- Executive owners drafted A3s and established strategic teams





FY 19/20 Key Performance Indicators	Retire = 3	Watch List = 7	Continue/Evolve = 5 New = 1
 Equity Race, Ethnicity, and Language (REAL) Data Completeness Sexual Orientation and Gender Identify (SOGI) Data Completeness Departmental Disparities Assessment 			Improve Disparities
Safety QIP Measure Reporting Colon Surgical Site Infections (Colo SSI) Patient Safety Index (PSI) 90 			Safety Composite
Quality • Readmissions • Time on Diversion			Quality Composite
Care Experience Care Transition Composite Score Specialty Care CG CAHPS 			Discharge Survey (new)
 Developing Our People Daily Management System Implementation Personal Development Plan (PDP A3) Targets Becoming The Best Place to Work Milestones 			Continue BTPBTW
 Financial Stewardship Capital Projects Building 5 Slippage Days UCSF Research Academic Building Approval Salary Variance Improve Case Mix Index 			Continue Salary Variance

2020 Strategic Deployment - Successes

- Focused our work to one KPI per strategy (17 KPIs → 6 KPIs)
- Prioritized work based on importance and effort needed in achieving True North Outcomes
- Executive team ownership in developing and deploying strategic A3s with operational teams and departmental leaders through catchball

ZUCKERBERG SAN FRANCISCO GENERAL Hospitel and Trauma Center	SAN FRANCISCO GENERAL									track our pen trics aligned i					^/↓	Desired direct On-Target Off-Target			
True North Pillar Measure	Executive Owner	Measure Unit	CY Baseline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CYTD.	On- Off- Target	Target CY2021 (unless otherwise	
€] EQUITY																	1	otherwise	
Departments Driving Equity	Ehrlich, Turner	% of PIPs and DMS departments	30%. ↑	50.0%	50.0%											50.0%		50%	
SAFETY																			
Patient Safety Composite Score *	Winston, Safier	Individual Composite Items	t	25%	Two month lag on rate calculation											25%		75% (3 out of 4)	
QUALITY	•								•	·				•			-		
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items	t	50.0%	50.0%											50.0%		80% (4 out of 5)	
CARE EXPERIENCE																			
eVideon Discharge Education Survey	Johnson	% Positive Responses	45%. ↑	New patient su adjustments b KF	eing made to													52%	
											1	1	1		1		1		
Driving "Communication", "Recognition", & "Wellness"	Johnson, Woods, Damiano	Weighted Average	3.09 ↑	Staff engager Spring														3.14	
FINANCIAL STEWARDSHIP	•			•															
Salary Variance	Boffi, Nguyen	\$ in Millions Variance	\$-2.48 ^A ↑	-\$8.700	-\$9.623											-\$9.6225		\$0.000	
TRUE NORTH OUTCOME METRICS	1	1		1															
Black/African-American Heart Failure (HF) Readmissions	Ehrlich	% B/AA HF discharges with 30-day readmission	31.1% ⁸ ↓	Report in	n March													34.3%	
CMS Star Rating	Ehrlich	# stars	1-star †	1-Si	tar											1-Star		2-Star	
Likelihood to Recommend Hospital to Friends & 🕇 Family	Ehrlich	% positive responses	75.4% ↑	81.4%	78.1%											81.4%		80%	
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66 †	3.6	36											3.66		3.76	
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$17.34M° ↓	Q3 of FY 20/	/21 to be repo	ted in April												\$168.18M	

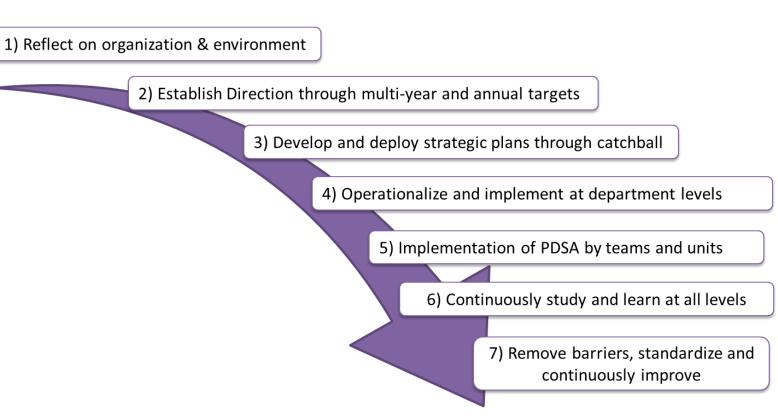
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2020 Strategic Deployment - Next Steps

- Deployment of strategies is currently underway
 - Strategic teams established
 - Report up to exec; report out monthly on progress

5, 6, & 7) Happening continuously at unit level and reported up through exec committee



True North KPIs CY 2021

True North	Equity	Safety	Quality	Care Experience	Developing Our People	Financial Stewardship
True North Strategy	Departments Driving Equity	"Keeping Patients Safe"	"Dialing Up the Quality Needle"	eVideon Discharge Education Survey	BTBPTW: Driving "Communication" & "Recognition"	Decrease Salary Variance
True North Key Performance Indicators (Establishes Direction)	Increase the % of departments actively working to improve equity and resolve disparities, from 30% to 50%, by Dec 2021.	Improve 3 out of 4 patient safety indicators under their representative targets by Dec 2021. - CAUTI - CLABSI - Colo SSI - Falls with Injury	Ensure that 4 out of 5 measures of patient access and flow are on target through Dec 2021. - ED Diversion - Lower level of care - Specialty TNAA - OR Utilization - Inpatient bed turnover	Improve % of positive responses to eVideon discharge education survey question of knowing who to contact after discharge from 44.5% to 52% by Dec 2021.	Improve weighted average of staff engagement pulse survey composite from 3.09 to 3.14 by Dec 2021.	Decrease salary variance from - \$2.48M to \$0.00M by June 2021.
Executive Owner	Susan Ehrlich Andrea Turner	Lisa Winston Leslie Safier	Lukejohn Day Terry Dentoni	Aiyana Johnson Jeff Critchfield	Aiyana Johnson Dave Woods Margaret Damiano	Jennifer Boffi Kim Nguyen
Operational Team(s)	Equity Council PIPS Team	ICU PI Team Colon SSI Task Force Med-Surg Nursing Patient Safety Task Force	ED DOCC Specialty Care Operating Room Environmental Services	Care Experience Hospital Medicine	Care Experience Team Faculty Experience Communications Team	Finance Team



True North Scorecard CY 2021 3/18/2021 Owner: ZSFG Executive Team Unit/Dept: ZSFG-Wide

Purpose Statement: To track our performance in achieving True North, using focused driver metrics aligned with organization-wide strategies: ↑/↓ Desired direction of improvement On-Target Off-Target

True North Pillar Measure	Executive Owner	Measure Unit	CY Baseline	Jan	Feb	Mar	Арг	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CYTD.	<mark>On- Off-</mark> Target	Target CY2021 (unless otherwise
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🏃 Included in CMS Star Ratingr 🔹 Incl 🖽 in CMS Harpital-Acquired Canditianz Reductian Program 💿 👭 😼 Included in CMS Readmizzianz Reductian Program 💿 I 🕬 🖬 Included in 🕬

Funtanter:

A-Selery Terience Barolino and Taraot are an a Fircal Year (FY) nat Calendar Year (CY); COVID-19-related labar cartr have not yet been reported awt of our aperating fund leading to an inflated relary variance. COVID aperations and COVID:16 time account for approximately \$12,000,000 in labar expenses

B-Black/African American Heart Failure Readmizsions outcome metricis in coordination with DPH/SFHN, clinical experts and readmizsions task force

C- General Fund values are not cumulative, but a projected estimate of GF fundspend through the end of the fircal year based on actual revenues and expenditures at the end of each quarter

Upcoming Presentations to JCC

- □March Hoshin Overview
- April A3 Financial Stewardship
- □May A3 Quality
- June A3 Safety
- July A3 Care Experience
- □August A3 Equity
- September A3 Becoming the Best Place to Work

Executive Team will be reviewing True North Scorecard monthly

