



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

3) Develop and deploy strategic plans through catchball

4) Operationalize and implement at department levels

5) Implementation of PDSA by teams and units

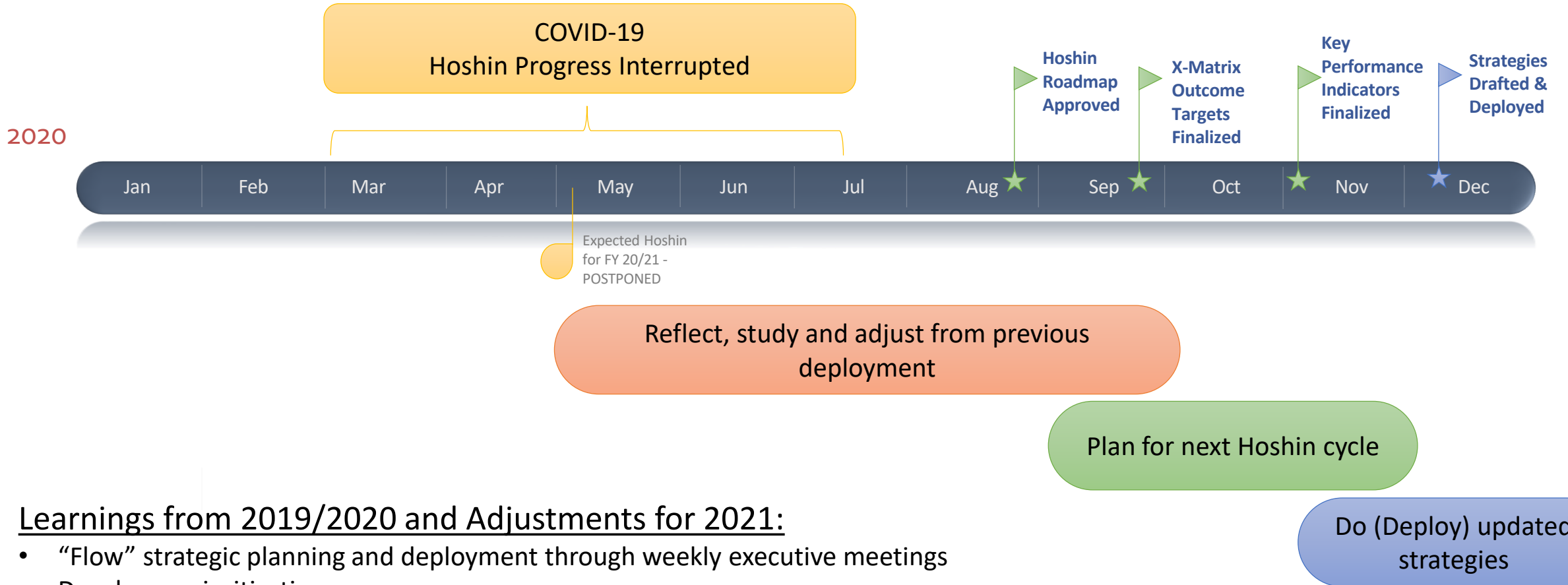
6) Continuously study and learn at all levels

7) Remove barriers, standardize and continuously improve

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.

Restarting ZSFG Hoshin



Learnings from 2019/2020 and Adjustments for 2021:

- “Flow” strategic planning and deployment through weekly executive meetings
- Develop a prioritization process
- Emphasize engagement of front-line staff and expanded executive members

2) Establish Direction and Multi Year Goals



HCAHPS – Care Transitions Composite Score		KPI Worksheet - Current		
True North Pillar: Care Experience				
What is the metric? Care transitions composite score, encompasses three questions 1.) I understand my meds, 2.) I understand how to manage my health, 3.) preferences were met.				
Importance	1. Agreement with True North Goal or QI Metric (Patient and Community)?	High Importance	Medium Importance	Low Importance
	2. Level of impact on patient (or staff)?	X		
	3. Level of impact on operations from QI/Metric (SIC, QIP)?	X		
	4. Level of impact on operations, regulatory or funding?			X
Effort	5. How hard is the work (e.g. # of staff or impact of the initiative)?	Low Effort	Medium Effort	High Effort
	6. What is the level of effort needed, and/or the cost of resource constraints, to achieve this initiative effectively at multiple levels of our organization? (i.e. 1=low/low/0)			X
	7. What is the level of effort and opportunity in coordinating and partnering with external stakeholders (e.g. med/surg, QIP) to implement this initiative effectively?			X
	8. What is the risk of negative consequences or disruption in other initiatives or metrics if implemented (e.g. financial, staff turnover, morale)?		X	
Next steps? • Low response rate and it impacts score; haven't seen much movement • Need meaningful n size to make conclusions • We are watching this metric, but not actively driving due to insufficient data		<div style="display: flex; justify-content: space-around;"> Mission Critical Important Watch List Kibosh </div>		

- Reflected on and adjusted previous KPIs

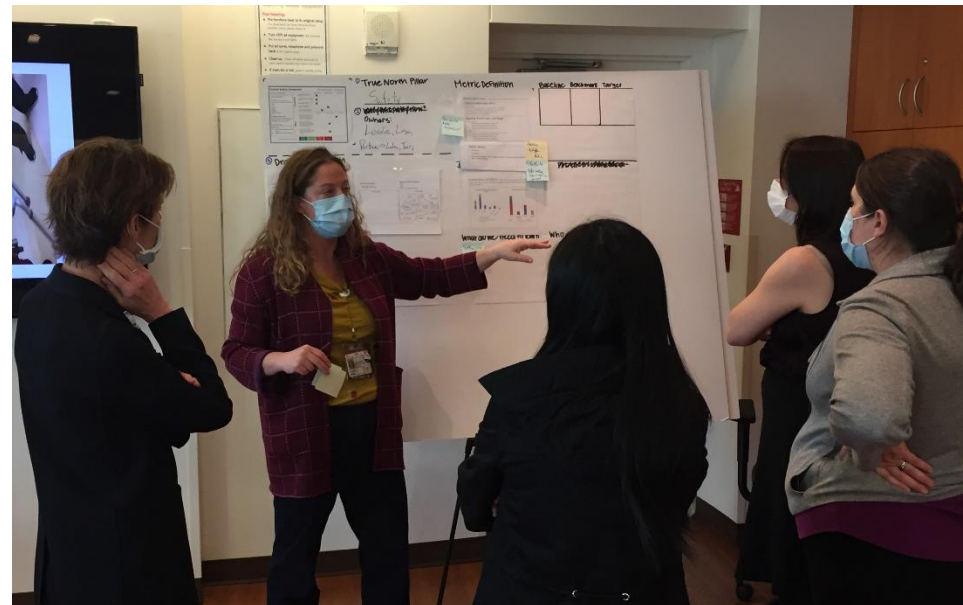
eVideo Care Transition		KPI Worksheet - Proposal		
True North Pillar: Care Experience				
What is the metric? "The instructions on where to go or who to call if your condition worsens after leaving the hospital is clear"				
Importance	1. Agreement with True North Goal or QI Metric (Patient and Community)?	High Importance	Medium Importance	Low Importance
	2. Level of impact on patient (or staff)?	X		
	3. Level of impact on operations from QI/Metric (SIC, QIP)?	X		
	4. Level of impact on operations, regulatory or funding?			X
Effort	5. How hard is the work (e.g. # of staff or impact of the initiative)?	Low Effort	Medium Effort	High Effort
	6. What is the level of effort needed, and/or the cost of resource constraints, to achieve this initiative effectively at multiple levels of our organization? (i.e. 1=low/low/0)		X	
	7. What is the level of effort and opportunity in coordinating and partnering with external stakeholders (e.g. med/surg, QIP) to implement this initiative effectively?	X		
	8. What is the risk of negative consequences or disruption in other initiatives or metrics if implemented (e.g. financial, staff turnover, morale)?	X		
Next steps? • Update eVideo questions on all med/surg TVs • Collaborate provider leads, Francisco Medrano and Kelly Hahn • Collaborate with Taryl, nursing lead		<div style="display: flex; justify-content: space-around;"> Mission Critical Important Watch List Kibosh </div>		

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

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

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

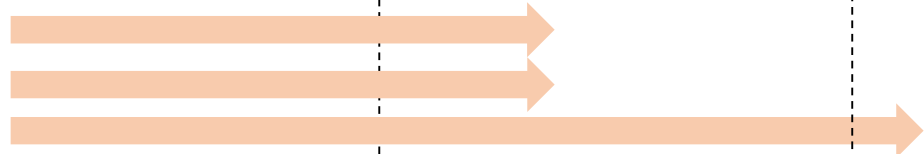
Retire = 3

Watch List = 7

**Continue/Evolve = 5
New = 1**

Equity

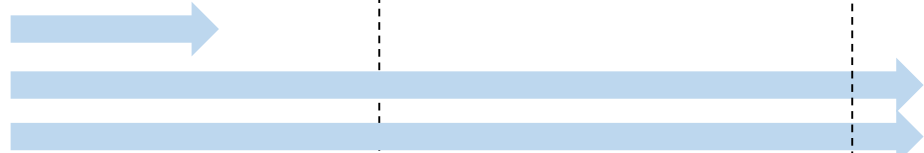
- Race, Ethnicity, and Language (REAL) Data Completeness
- Sexual Orientation and Gender Identify (SOGI) Data Completeness
- Departmental Disparities Assessment



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

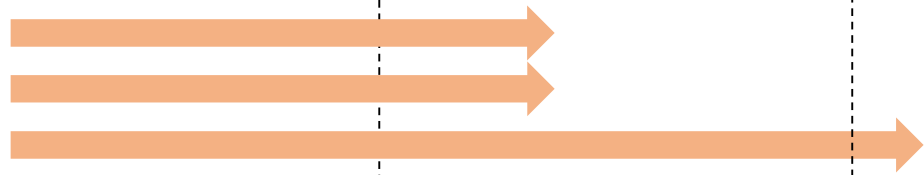
- Care Transition Composite Score
- Specialty Care CG CAHPS



Discharge Survey (new)

Developing Our People

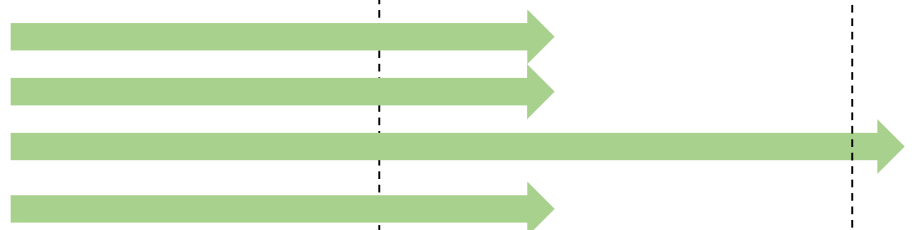
- Daily Management System Implementation
- Personal Development Plan (PDP A3) Targets
- Becoming The Best Place to Work Milestones



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



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SAN FRANCISCO GENERAL**
Hospital and Trauma Center

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

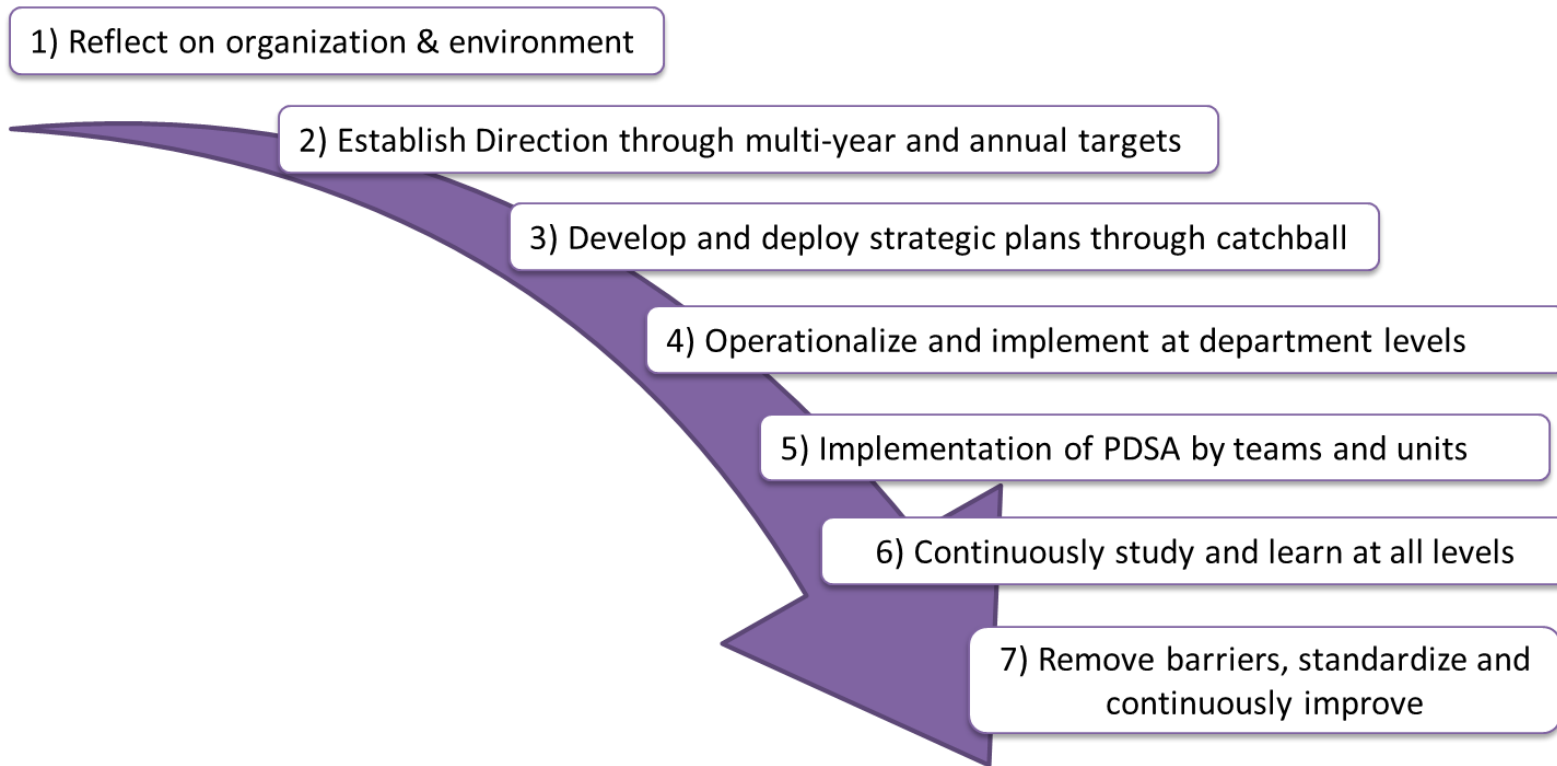
True North Pillar Measure	Executive Owner	Measure Unit	CY Baseline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CYTD*	On-Off-Target	Target CY2021 (unless otherwise)
EQUITY																		
Departments Driving Equity	Ehlich, Turner	% of PIPs and DMS departments	30%	50.0%	50.0%											50.0%	On-Target	50%
SAFETY																		
Patient Safety Composite Score [*]	Winston, Salier	Individual Composite Items	1	25%	Two month lag on rate calculation											25%	Off-Target	75% (3 out of 4)
QUALITY																		
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items	1	50.0%	50.0%											50.0%	Off-Target	80% (4 out of 5)
CARE EXPERIENCE																		
eVideon Discharge Education Survey	Johnson	% Positive Responses	45%	1	New patient survey vendor adjustments being made to KPI													52%
DEVELOPING OUR PEOPLE																		
Driving "Communication", "Recognition", & "Wellness"	Johnson, Woods, Damiano	Weighted Average	3.05	1	Staff engagement survey Spring 2021													3.14
FINANCIAL STEWARDSHIP																		
Salary Variance	Boffi, Nguyen	\$ in Millions Variance	-\$2.48 ^A	1	-\$8,700	-\$9,623										-\$9,622 ^A	On-Target	\$0.000
TRUE NORTH OUTCOME METRICS																		
Black/African-American Heart Failure (HF) Readmissions	Ehlich	% BIAA HF discharges with 30-day readmission	31.1% ^B	1	Report in March													34.3%
CMS Star Rating ^C	Ehlich	# stars	1-star	1	1-Star											1-Star	Off-Target	2-Star
Likelihood to Recommend Hospital to Friends & Family	Ehlich	% positive responses	75.4%	1	81.4%	78.1%										81.4%	On-Target	80%
Likelihood to Recommend ZSFG as a Workplace	Ehlich	Weighted Average	3.66	1	3.66											3.66	Off-Target	3.76
General Fund Spend To Not Exceed Budgeted Amount	Ehlich	\$ in Millions	\$17.34M ^C	1	Q3 of FY 2021 to be reported in April													\$168.18M

^A Includes CMS Star Rating - Includes in OHS Hospital Acquired Condition Reduction Program - Includes in OHS Readmission Reduction Program - Includes in OHS PRIME - Includes in OHS
^B Safety Netcare Baseline and Target are as of Fiscal Year (FY) 2019. COVID-19 related labor costs have not yet been reported and our reporting tool is not yet fully deployed. COVID reporting and COVID risk time account for approximately \$10,000,000 in labor expense.
^C General Fund values are not complete, but apply to estimates of FY 2021 spend through the end of the fiscal year based on actual revenue and expenditure at the end of each quarter.

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

<i>True North</i>	Equity	Safety	Quality	Care Experience	Developing Our People	Financial Stewardship
<i>True North Strategy</i>	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 <i>(Establishes Direction)</i>	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



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★ Included in CMS Star Rating - Included in CMS Hospital-Acquired Condition Reduction Program - Included in CMS Readmission Reduction Program - Included in PRIME - Included in PRIME
Footnotes:
A- Salary Variance: Baseline and Target are on a Fiscal Year (FY) not Calendar Year (CY). COVID-19 related labor costs have not yet been separated out of our operating fund leading to an inflated salary variance. COVID operations and COVID risk time account for approximately \$12,000,000 in labor expense.
B- Black/African American Heart Failure Readmissions: outcome metric in coordination with DPH/SPHN, clinical experts and readmission task force.
C- General Fund: values are not cumulative, but a projected estimate of GF fund spend through the end of the fiscal year based on actual revenue and expenditure 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

This work continues everyday, at all levels of the organization!

