ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

Strategic A3 Title: Keeping Patients Safe

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Ver: 2	Date: 6.10.21		

I. Background: What problem are you talking about and why focus on it now?

ZSFG is struggling in its mission to provide quality health care and trauma services with compassion and respect. Adverse patient outcomes, including infections and falls, increase the costs of health care and decrease value to the patient. As healthcare providers, it is our responsibility to provide **safe**, **high quality** care to the patients we serve. ZSFG leadership prioritized safety through the Hoshin process in FY 16-18, and saw significant reductions in harm events. The focus shifted in FY 19-20 to support value-based payment programs and PSI-90. With the change in executive safety focus, transition to the Epic system, and the COVID-19 pandemic, we have seen an increase in harm events. In FY20-21, ZSFG will be penalized $2 million dollars for its CY 2019 results in CMS value-based programs tracking clinical quality, safety, efficiency and patient experience of care. Additionally, ZSFG was designated as a 1-star hospital out of a possible 5 by CMS. This star rating places ZSFG in the lowest 8% of hospitals in California.

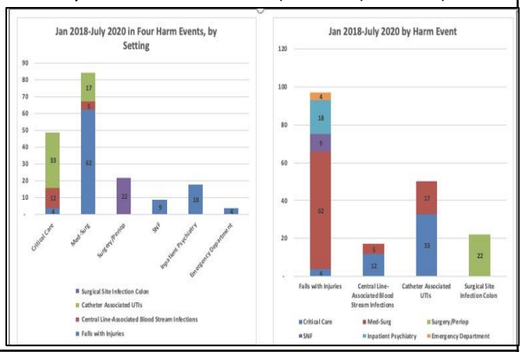
Our ZSFG Patient
While in our Emergency department to receive treatment for altered mental status, Mr. S fell from his gurney sustaining a subdural hematoma requiring a craniotomy. Our patient stayed in the hospital 43 days related to his injuries and SNF placement to continue his rehabilitation.

II. Current Conditions: What is happening today and what is not working?

Our current mechanisms for monitoring harm data and conducting improvement work are through the monthly patient safety dashboard, Patient Safety and Performance Improvement Committee reports, the daily management system, root cause analysis, and condition-specific task forces.

- The rate of **catheter associated urinary tract infection** per 1,000 catheter days increased from 1.26 (FY 18-19) to 2.82 (FY 19-20). This is the highest rate in the last 6 FY.
- The rate of **central line associated bloodstream infection** per 1,000 central line days increased from 0.63 (FY 18-19) to 0.97 (FY 19-20).
- We have been working with a **colon surgical site infection** task force over the last year to reduce Colon SSI. We saw an improvement in our standardized infection ratio from 2.357 (FY 18-19) to 1.76 (FY 19-20).
- The number of **falls with major injury** increased from 2 in 2018, 3 in 2019, to 13 in 2020.

Despite increasing infection metrics, the task forces working on these topics have not been as active as they were in prior years.



Problem Statement: What specific, measurable problem will serve as your baseline performance?
In FY 19-20, ZSFG patients experienced 109 instances of the targeted preventable harm metrics and ZSFG fell below national safety and value-based care benchmarks.

III. Targets and Goals: What specific measurable outcomes are desired and by when?

Selected Metrics	Baseline (FY 19-20)	Benchmark	Target (FY 20-21)
CAUTI (rate/1,000 urinary catheter days)	2.82 (38 total)	0	2.26 (~30 total, ~2/month)
CLABSI (rate/1,000 central line days)	0.97 (10 total)	0	0.77 (~8 total, ~1/month)
COLO SSI (infections/procedure count)	.16 (13 total)	0	.13 (~10 total, ~1/month)
Falls with injury (med surg, 4A, ED, inpatient psych) (rate/1,000 Midnight Census)	0.28 (51 total)	N/A	0.22(~40 total, ~3.5/month)

A. People	B. Method	C. Other:	Problem Statement:
1. Competing Priorities 2. Staff Deployments 3. Pandemic Fatigue	1. Partial DMS Implementation 2. Varying use of standards/best practice: inconsistent use of standard work 3. Harm Teams disbanded	1. Reducing Harm removed as a True North goal	In FY 19-20, ZSFG patients experienced 109 instances of the targeted preventable harm metrics and ZSFG fell below national safety and value-based care benchmarks.
1. Challenges with data availability 2.Lack of resources to pull, analyze, and disseminate data	1. New EHR - changes in provider ordering, nursing documentation, reporting and data abstraction	1. COVID-19 2. Other mandated QI work (QIP,CMS, TJC)	
D. Materials/Supplies	**E.Equipment**	**F. Environment**	

V. Possible Countermeasures: What countermeasures do you propose and why?

Cause/Barrier Addressed	*Countermeasure*	*Description ("If-Then")*	*Impact*	*Effort*
Reducing Harm removed as TN goal	TN strategy for safety focused on reducing harm events	If we make safety a strategic priority, there will be a structure and resources for this work.	M	M
Harm Teams Disbanded	Create workgroups around each prioritized harm event	If we bring stakeholders together to develop A3s, we can develop a plan for improvement.	M	H
Varying use of standards/best practice	Engage frontline staff through harm teams	If we can engage and the standardize the work of frontline staff, we can improve.	H	H

VI. Plan: What, where, how will you implement, and by whom and when?

Countermeasure	*Description and Expected Result*	*Owner*	*Date*
Catchball A3s for CAUTI, CLABSI, Colon SSI, and Falls with injury	If we meet with harm groups, associated expanded exec leaders, and catchball A3s, we can accelerate the pace of improvement	Leslie and Lisa	1/31/21
Participate in Nursing harm monthly meeting	If we collaborate with key nursing stakeholders, we can drive improvement work.	Leslie	Ongoing
Attend DMS Huddles	If we attend huddles, we can learn more about current DMS implementation and develop methods to integrate harm work with DMS.	Leslie and Lisa	1/31/21

VII. Follow-Up: How will you assure ongoing PDSA?	*Owner*	*Date*
Catchball, Report, and Review with Executive and Strategic Team	Leslie/Lisa	Bi-Monthly
Report True North Scorecard Monthly to Executive Team	Leslie/Lisa	Monthly
Quarterly A3-SR or Countermeasure Summary to Executive Team	Leslie/Lisa	Quarterly