ZSFG True North
Journey Towards Equity
Presentation to JCC August 24th, 2021

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SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco Department
of Public Health

ZSFG TRUE NORTH

Zuckerberg San Francisco General
Hospital and Trauma Center

Equity Overview

- Where are we currently in our equity journey at ZSFG?

- What are our targets for the coming year and beyond?

ZUCKERBERG SAN FRANCISCO GENERAL
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Title: Journey to Equity
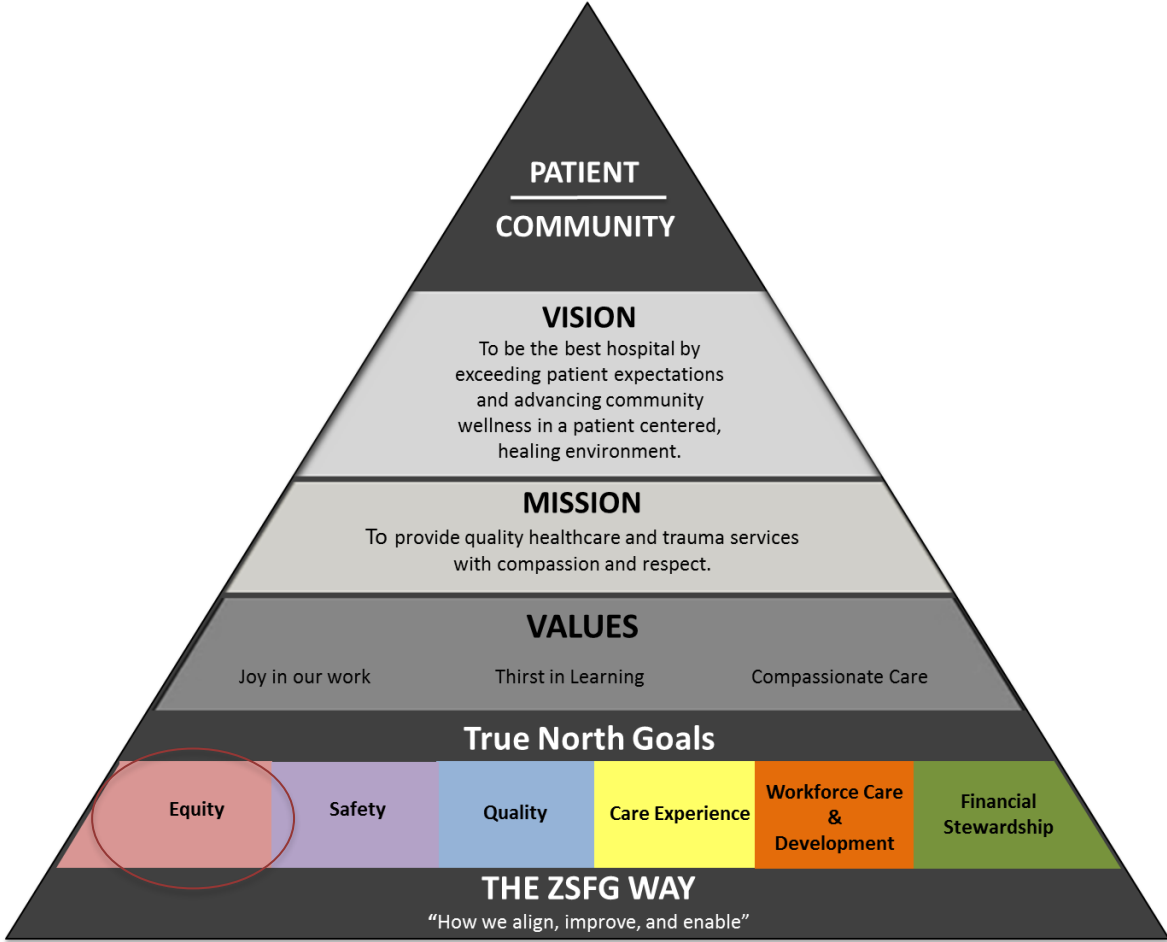**Owner: Andrea Turner & Susan Ehrlich**

Ver: 10 | Date: 11/13/2020

I. Background:

Both DPH and ZSFG are guided by the principles of the True North. Equity is the first pillar of the TN goals and permeates all other TN goals. The definition to equity by ZSFG is here there is a fair and adjusted opportunity for all to participate and have applies to health, resources, hiring opportunity, innovation, workforce development, and overall experience.

2017
- Equity true north goal
- Equity Council
- Equity through PIPS

2018
- Equity Survey
- Equity Newsletter
- Equity Townhalls

2019
- DPH Office of Health Equity
- Equity champions

2020
- Equity lounge for night staff
- PPAR equity requirement

Current Conditions: While there has been progress in our engagement survey since 2019, many opportunities remain untapped. Notably, only 28% of B/AA staff who responded in the 2020 survey responded affirmatively that their department at ZSFG was actively taking steps to improve racial equity. This is the lowest in comparison to other divisions in DPH. Further, our workforce does not represent the segmented population we serve. In fact, only 13.4% of ZSFG's staff are Latino/a/x in comparison to 38% of patients. In 2020, COVID-19 highlighted the health care disparities, evidenced by the outcomes. April 2020, approximately 75% of ICU cases at ZSFG were Latinx, further adjusting for the 50% positive COVID-19 cases in San Francisco as of Dec. 2020. ZSFG understands that the journey of equity requires a multifaceted approach to address the negative outcomes owing to institutional racism and patterns of unequal and unequitable practices. Although change is difficult, the strong commitment is palpable towards an equitable solution and inclusion for all.

COVID-19 Cases & SF Population
17,384 Total Confirmed Cases
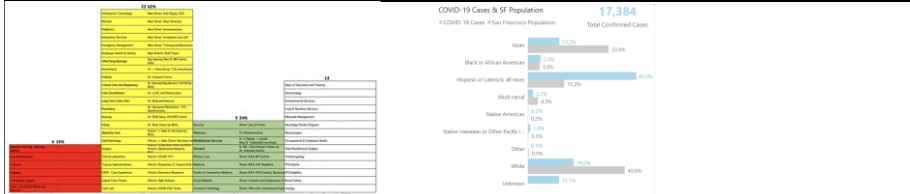
Equity Council Co-chairs

Problem: Although ZSFG has increased countermeasures to improve the understanding of equity only 45% of all respondents and only 28% of B/AA respondents to the employee engagement survey 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
% of dept that have equity drivers with countermeasures through PIPS and/or DMS	30%	50%	Q4 2021
% of surveyed employees that respond affirmatively that their department is actively improving RE	45%	55%	Q4 2021
% of surveyed B/AA employees that respond affirmatively that their department is actively improving RE	28%	33%	Q4 2021

IV. Analysis:

A. Communication	B. Leadership/Management	C. Hiring/Recruitment/Retention	
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	45% of all respondents and 28% of B/AA respondents believe their department is actively working on racial equity.
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 Latina/x 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. Revise Pre-PIPS SW to encourage drivers and create follow up session after PIPS with departments to assist with 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

Counter-measures	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	EC Co-chairs	07/2020
2	Work with DPH Manager of workforce equity on workflow / 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 with DPH Workforce Equity Manager	08/2020
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	EC PD Sub-committee	01/2021
4	Design online learning sessions / Identify champions / Outreach to night staff	# sessions / # participants / Change in understanding	Dir. Equity	09/2020
5	Revise and work with DET to produce module for online format	% of completion of online training / Feedback from NEO	Dir. Equity Kala Garner	01/2021
6	Revise Pre-PIPS SW and coach PIPS staff / 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	EC Sub committee	12/2020

VII. Follow-Up: *How will you assure ongoing PDSA?*

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

OVERVIEW: HIGHLIGHTS

2017
- Equity as a TN goal
- Equity Council
- Equity data: REAL + SOGI
- Equity through PIPS

2018
- Equity survey
- Equity newsletter
- Equity townhalls

2019
- Director of Equity
- Institution of DPH OHE
- Equity Champions

2020
- PIPS Drivers
- Respect policy
- Equity lounge for night staff
- PPAR equity requirement

2021
- Increase equity sub-councils from 5 to 10
- Hire new Director of Equity and Inclusion
- Align work with the REAP

PROBLEM STATEMENT

- Structural racism is a system in which policies, practices and culture reinforce racial inequity. Without eliminating structural racism at ZSFG, we cannot address health inequities among our patients, and we cannot address disparities in our staff and provider experiences at ZSFG.

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ORGANIZATIONAL APPROACH

- PIPS
  - Over 57% of the departments has an equity driver
  - Annual presentation on equity metrics at PIPS Committee
- KPO
  - Teach/coach A3-thinking
  - Daily management system (DMS)
    - Daily huddles
    - Highlight opportunities
    - PDSA
    - Recognition
    - Partnerships to solve common problems

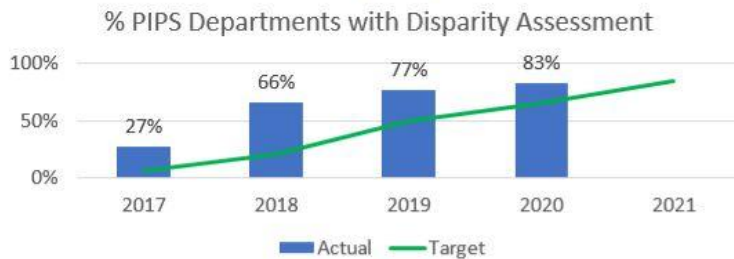Zuckerberg San Francisco General Hospital and Trauma Center

Examples of PIPS Equity Driver

Highlights from October Minutes
Performance Improvement Patient Safety Committee

1
Equity

% PIPS Departments with Disparity Assessment

"Authentic equity work is hard. There is no roadmap."
— A Delgado, OBGYN

- **Perinatal/OBGYN:** B/AA OB Adverse events, post-partum follow-up and >95% DEI Training; Exclusive Breast feeding*
- **Pediatrics:** Second hand smoke; B/AA childhood immunizations*
- **Psychiatry:** Seclusion/Restraints and PES Readmits by Race
- **Periop:** OR Wait Times by Race
- **Cath Lab:** Door-To-Balloon Times by REAL

*Equity Drivers

2
Quality – Access & Flow

Achievements and Challenges during COVID19 Pandemic

- **Periop:** "OR access has worsened due to COVID-related pause on elective surgery and reduction in OR block time."
- **Psychiatry –** "Challenge: Maintaining psychiatry clinical and outpatient services during COVID."
- **Pediatrics**: "Maintenance of routine vaccination rates" […] "Previous metrics such as with TNAA unable to be tracked"
- **Perinatal/OBGYN:** Strong interdisciplinary response to COVID, caring for a dyad in a highly impacted population.
- **Code Blue:** "Development of COVID19 ACLS guidelines."

Examples of PIPS Equity Driver

February 2021 PIPS Highlights
Racial Equity & PIPS – From Assessing Equity to Driving Equity

OMFS: Assessing Disparities → **Rehabilitation:** Preparing to Drive → **Pathology:** Actively Driving Equity

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OMFS: Assessing Disparities

Question: *"In the Oral Surgery Clinic, which race/ethnicity has the highest percentage rate of No Shows?"*

Presenting Problem: *"The equity problem identified is that the 3 highest no show rates by race/ethnicity are:*
- *Hawaiian/Pacific Island: 35.71 %*
- *American Indian/Alaska Native: 33%*
- *Black or African American: 29.59%"*

Analysis: *"Our clinic would like to obtain more data to verify which race/ethnicity has the highest no show rate.*

Possible Actions: *Our clinic would make some accommodations to the highest race/ethnicity with no shows to ensure the patient's come to their Oral Surgery appointment and receive the necessary care and treatment needed."*

Rehabilitation: Preparing to Drive

- **Engaging and Educating Staff:** *"Established Rehab Equity Committee, planned educational content, applied for grant funding"*

- **Available Data:** *"No-show rates & % of IP Rehab orders that resulted in an evaluation stratified by equity data"*

- **Integrate Daily Management Systems:** *"The next step is to integrate Equity in to each discipline specific PI huddle and start the next phase, which is to integrate available data, focusing on outcomes that we as a department have direct control over (access to care, outcomes, etc) in an effort to understand where disparities might exist within our operation and to develop action plans to address any disparities that might be identified."*

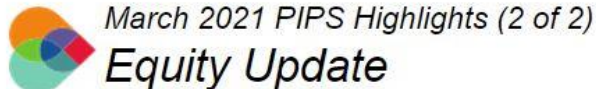---

Pathology: Actively Driving Equity

Housestaff A3 Grounded in Implicit Bias: *"We postulated that a component of [previously measured] lidocaine use discrepancy may be secondary to unconscious/implicit bias. We speculate that other aspects of care may need improvement. Therefore, it is necessary to survey patient experience with fine needle aspiration biopsy."*

A3 Status Report impacts:
1. Patient satisfaction surveys offered in >80% of patients, with 100% offered surveys in December. Results are tabulated by patient racial and gender identity.
2. Our staff were educated about the importance of surveys in optimizing patient care experience and ensuring racial and gender equity.
3. The survey was simplified in an easy-to-use formatting, reducing patient time and effort burden. No patients who were offered surveys have declined them.
4. Interpreter services were offered for all patients prior to procedure.

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Examples of PIPS Equity Driver

March 2021 PIPS Highlights (2 of 2)
Equity Update

Advancing Equity for PIPS 2021
In collaboration with the Equity Council and Executive strategic team to advance equity, we are asking departments to actively drive equity in performance improvement in one of two ways:

a) Select an identified disparity to improve
b) Engage staff in routine review of driver data for potential disparities (e.g. in huddles).

Key Indicators (% Depts YTD)
- Disparity Assessment: 82%
- Actively Driving Equity: 46%

Resources:
- 2021 Equity PIPS Reporting Worksheet
- PIPS and Equity Sharepoint
- ZSFG Health Equity Public Website

March Equity Highlights: Family Health Center

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Advancing Racial Equity at the Family Health Center

Adriana Cabrera, Kimmy Chela, Larry Fernandez, Danielle Guidry, Nancy Huerta, Sharon Keyes, Alanna Labat, Cristina Punzalan, Saidah Shabazz, Sarah Siebold & Elizabeth Uy-Smith

Our Leadership Team
- Nurse Manager: **Sharon Keyes, RN, BSN, MSN**
- Medical Directors: **Kimmy Chela, MD, MPH**; **Elizabeth Uy-Smith, MD, MPH**
- Charge Nurses: **Sarah Siebold, MSN, CNS, RN**; **Cristina Punzalan, RN**
- Health Worker Supervisor: **Danielle Guidry**
- Eligibility Worker Supervisor: **Nancy Huerta**
- Practice Manager: **Saidah Shabazz**
- Behavioral Health Supervisor: **Michaelo Rosso-Balcazar, LMFT**
- Administration/Coordination: **Ebony Labat; Alanna Labat, MPH**
- Patient Navigator/PAC Coordinator: **Adriana Cabrera**
- QI Analyst/Group Visit Coordinator: **Larry Fernandez**

Network
- Hypertension Equity Workgroup formation
- Establishment of food pharmacy
- RN Blood Pressure visits

Clinic
- Monthly All-Staff Meetings
- Unconscious Bias & Allyship workshop
- Family Health Center Annual Staff Retreat

Patients
- Incorporating Patient Advisory Council into QI initiatives
- Clinical data stratification for all metrics by race and ethnicity
- Stronger communication between patients and providers

TARGET

Increase the percentage of departments with equity drivers and countermeasures by Q4 2021 from 30% to 50%

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ANALYSIS

- **Communication**
  - Limited forum for staff to participate in equity work at dept. level
- **Leadership/Management**
  - Unclear accountability structure for disparity in health outcomes and workforce development
- **Hiring/recruitment/retention**
  - Equity is not a key competency in recruitment and promotion
- **Staff competencies**
  - Inequitable access to equity training
- **Organizational commitment**
  - Not all depts have clear equity metrics
- **Community & staff engagement**
  - Limited venue to hear from community and staff from underrepresented communities

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COUNTERMEASURES

No.	Categories	Proposed Countermeasures	Completion Date	Status Update
1.	PIPS	Revised PIPS SW to ensure all depts had an equity metric	Continuous	Ongoing
2.	Equity survey	Use the equity survey to learn the areas of opportunity	Bi-annually	Ongoing
3.	Director of Equity	Hire a ZSFG Director of Equity	Pending	Pending
4.	Equity Seed Program	To support equity champions/managers in the creation of additional venues of communication about equity at dept. level	10/2020	Complete
5.	Respect Policy	A tool to address workplace culture and convey managers' responsibility to maintain a positive workplace culture for all	10/2021	Pending
6.	Engage B/AA and Latin X employees	Space created for B/AA and Latin X staff to gain professional development	02/2021	Ongoing

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COUNTERMEASURES CONT'D

| No.	Categories	Proposed Countermeasures	Completion Date	Status Update
7.	Pop-up Lounge	Reboot equity pop-up lounges for night staff to engage in discussions about equity at dept. level	09/2019	Completed
8.	Equity Module at NEO	Ensure that all staff have access to the same basic understanding of equity and the organization's commitment to equity	02/2021	Completed

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Equity Sub-Councils

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Equity Council Pictures

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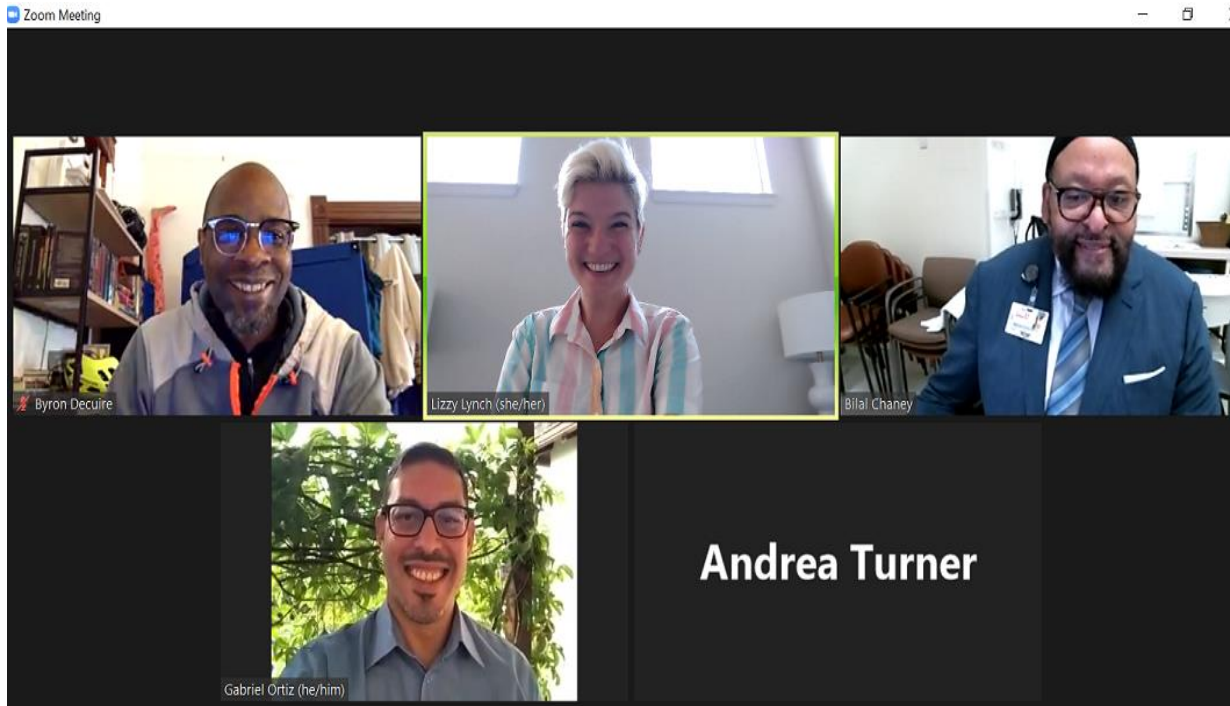
ACHIEVEMENTS

- Surpassed the hoshin strategic goal of 50% of ZSFG's departments with an Equity metric to a current 57% of the departments now have an Equity metric

- Alignment with the racial equity action plan (REAP)

- Secure the Director of Equity and Inclusion with funding for an Equity Department

- More than 12 departments now have Equity Sub-Councils

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OHE – REAP ASSESSMENT

Office of Health Equity
Section Self-Assessment Form
Score: 68%

Key Terms	Definition
Planning	Not yet started
Begun	Early stages of implementation
Working	In place but not throughout organization (e.g. Pilot completed, Documents distributed for first time)
Achieved	Successful completion throughout organization
Sustained	Successful completion throughout organization and consistently ongoing

Section/Division: ZSFG   Plan Year: 2020

Normalizing (Priority setting, shared language, training)	Planning 1 point	Begun 2 points	Working 3 points	Achieved 4 points	Sustained 5 points
1. Shared language/definitions around equity/racism discussed			X		
1. Area Equity statement: Talking points, FAQ's			X		
1. Internal visibility/messaging on equity			X		
1. Baseline assessment of equity performance by staff			X		
1. Equity in values/strategic plan			X		
1. Training: Role of government and history		X			
1. Training: Health disparities and current conditions		X			
1. Training: Cross-racial conversation skills		X			

NEXT STEPS

Hire	Hire the Director of Equity and Inclusion
Build	Build the ZSFG Department of Equity and Inclusion
Increase	Increase our target from 50% of all departments with an equity driver to 65%
Implement	Implement the Respect Policy