ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Dialing Up the Quality Needle: Harmonizing Access and Flow Across the ZSFG Campus

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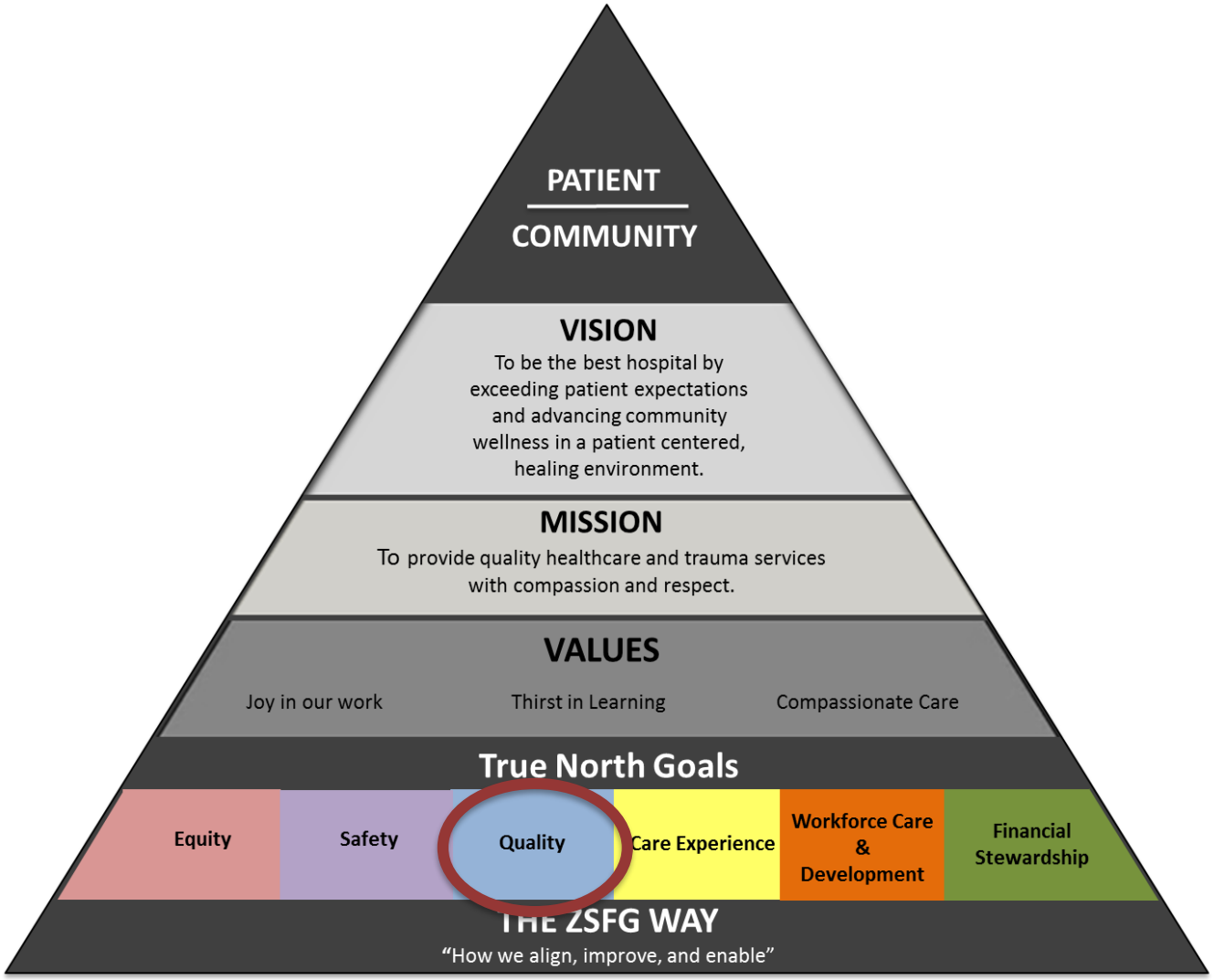
ZSFG TRUE NORTH



ZSFG A3

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Title: Dialing Up the Quality Needle: Harmonizing Access and Flow Across the ZSFG Campus

Owners: Lulejohn Day, Terry Dentoni

Ver:	Date:		
1.0	12/1/2020		

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

Healthcare quality is defined as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." Healthcare quality falls into multiple domains than span effectiveness, efficiency, equity, patient centeredness, safety and timeliness. In the past a majority of ZSFG's quality work has been fragmented and siloed as well as only focused on the inpatient quality indicators. At the same time, the COVID-19 pandemic has turned much of ZSFG's efforts to operational readiness with less of a focus on improving quality indicators. However, operational flow and access to care is critical to several quality elements as well as better prepares our organization for ongoing COVID-19 surges.

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

Multiple indicators have been defined across several operational areas that are linked to improving patient access and flow within healthcare systems. ZSFG measures some of these metrics and has implemented a number of performance improvement projects to improve them, but has not done so in a coordinated, organized approach.

Problem Statement: What specific, measurable problem will serve as your baseline performance?

While ZSFG is engaged in the COVID-19 pandemic it has to continue its True North goal of improving access and quality care for our patients. Yet, ZSFG lacks a clear and unified approach and strategy for how to drive, improve and sustain improvements with respect to quality across our key operational areas.

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

Operational Area (Metric)	Baseline	Target (Dec 2021)
Emergency Department (ambulance diversion rate)	58.3%	< 40%
Medical-Surgical/Critical Care units (bed cleaning request turnaround time)	86.5 minutes	< 60 minutes
Department of Care Coordination (LLOC patient days)	1,192 days	< 950 days
Perioperative and procedural areas (clinics with OR block utilization ≥ 80%)	60%	90%
Outpatient specialty care clinics (clinics with TNAA < 21 days)	84.8%	90%

IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers?

A. People	C. Method	E. Data	Problem Statement
1. Leaders and front-line teams have limited time and capacity for additional projects 2. Staff pulled into multiple directions/multi-tasking and need clear vision on priorities related to quality	1. Disparate and fragmented communication strategy 2. Uncertain and disparate drivers for access and flow for inpatient and outpatient settings	1. Lack of data validation on numerous quality metrics reported in Epic 2. Unclear strategy on how to use Epic to drive change on quality metrics	ZSFG lacks a clear and unified approach and strategy for how to drive, improve and sustain improvements with respect to quality across our key operational areas.
1. No coordinated approach for prioritizing and implementing quality improvement projects 2. Lack of available resources to assist driving quality improvement work		1. Unclear data governance structure 2. No governance structure for coordinating quality improvement work across multiple ZSFG operational areas	
B. Materials/Supplies	D. Equipment	F. Environment	

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

Cause (Analysis)		Countermeasures	Impact	Effort
A	1	Clearly **identify and define quality indicators** to include in a ZSFG quality composite score that links all operational areas	High	Moderate
E	2	**Monitor, track and validate** quality indicators recognized for each operational area (inpatient and outpatient)	High	High
F	3	**Create governance structure** and meeting format/cadence for each operational area with the objective of improving quality indicators	High	Moderate
B/C	4	**Conduct needs assessment** in each operational to identify barriers and outline project plan(s) for improving quality metrics	High	High
C	5	Develop **communication** and **information** plan for sharing data and improvement work with front-line staff	High	Moderate

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

Operational Area	Operational Leaders	Team Members	Tool(s)	Timeline
Emergency Department	Christopher Colwell Be-Verlyn Navarro	Malini Singh Bridget Hargarden David Staconis	A3	1/31/21
Medical-Surgical and Critical Care	Gabriel Ortiz Leslie Holpit Antonio Gomez Christina Bloom	Andrea Turner Val Burnett Francisco Saenz Reyland Manatan	A3	1/31/21
Department of Care Coordination	Hemal Kanzaria Natasha Hamilton	Molly Rosenthal Jenee Bryant Justin Yep Eric Rodriquez	A3	1/31/21
Outpatient Specialty Care Clinics	Delphine Tuot Rosaly Ferrer	Michael Terry Ampreet Gosal	A3	1/31/21
Perioperative and Procedural Areas	Laura Lang Patty Coggan	Juliann Susman Ashley McClintock Phiroz Tarapore Gerard Padilla	A3	1/31/21

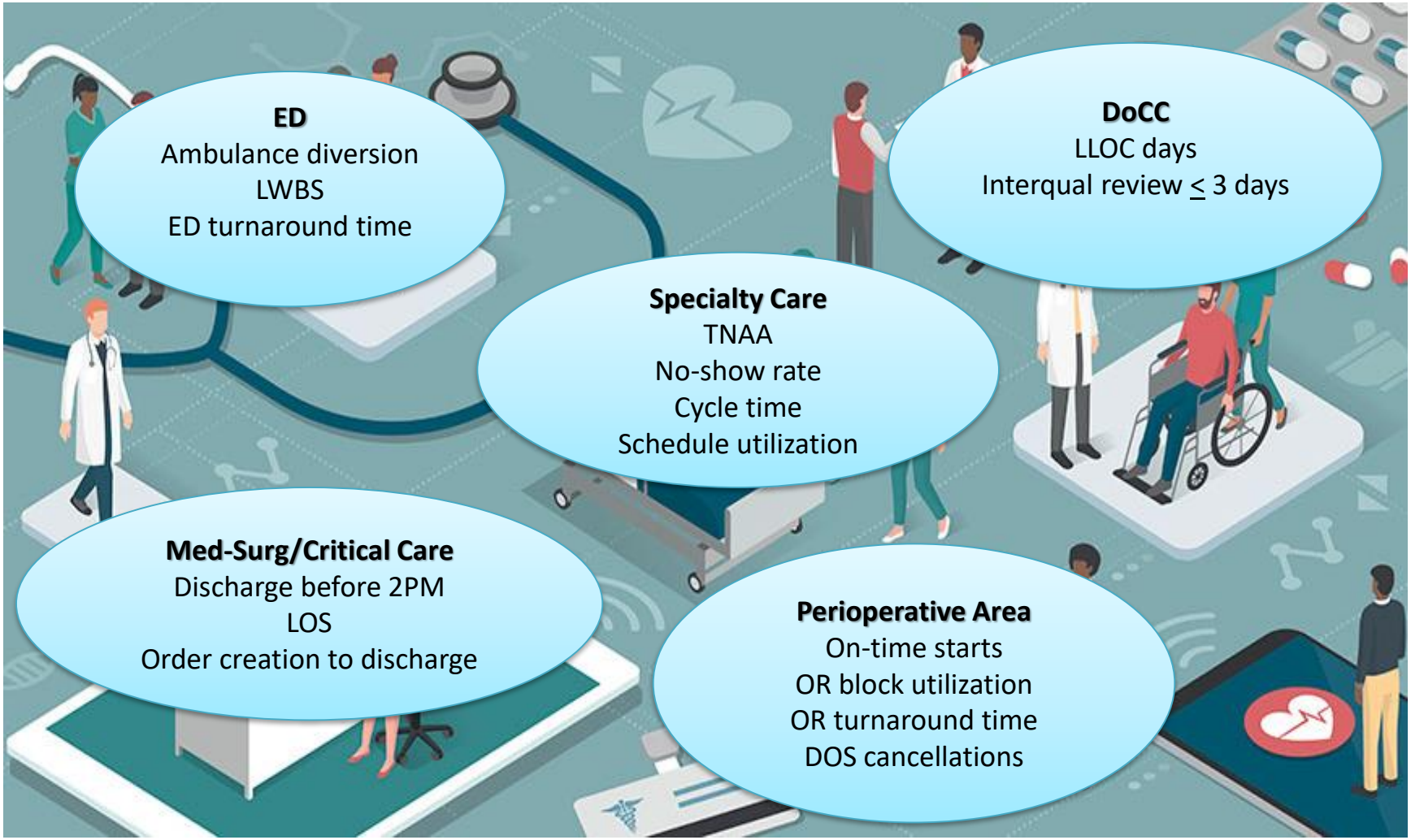
VII. Follow-Up: How will you assure ongoing PDSA?

	Owner	Date
Catchball, Report, and Review with Executive and Strategic Team	Day/Dentoni	Bi-Monthly
Report True North Scorecard Monthly to Executive Team	Day/Dentoni	Monthly
Quarterly A3-SR or Countermeasure Summary to Executive Team	Day/Dentoni	Quarterly

BACKGROUND

- Healthcare quality falls into multiple domains which span effectiveness, efficiency, equity, patient centeredness, safety, and timeliness
- ZSFG's quality work has been fragmented and siloed
- Quality improvement work and indicators focused on the inpatient setting
- COVID-19 pandemic turned ZSFG's efforts to operational readiness with less of a focus on enhancing quality

CURRENT CONDITIONS



PROBLEM STATEMENT

While ZSFG is engaged in battling the COVID-19 pandemic it must continue its True North goal of improving access and quality care for our patients.

Yet, ZSFG lacks a clear and unified strategy for how to drive, improve, and sustain improvements with respect to quality across all operational areas.

TARGET AND GOALS

Operational Area (Metric)	Baseline	Target (Dec 2021)
Emergency Department (ambulance diversion rate)	58.3%	≤ 40%
Medical-Surgical/Critical Care units (bed cleaning request turnaround time)	86.5 minutes	≤ 60 minutes
Department of Care Coordination (LLOC patient days)	1,192 days	≤ 950 days
Perioperative and procedural areas (services with OR block utilization ≥ 80%)	60%	≥ 90%
Outpatient specialty care clinics (clinics with TNAA ≤ 21 days)	84.8%	≥ 90%

COUNTERMEASURES

No.	Proposed Countermeasure	Completion Date	Status Update
1	Clearly **identify and define quality indicators** to include in a ZSFG quality composite score that links all operational areas	11/30/20	Completed
2	**Monitor, track, and validate quality indicators** recognized for each operational area (inpatient and outpatient)	1/4/21	Completed
3	**Create governance structure** and meeting format/cadence for each operational area with the objective of improving quality indicators	1/18/21	Completed
4	**Conduct needs assessment** in each operational area to identify barriers and outline project plan(s)/A3s for improving individual quality metrics	3/5/21	Completed
5	Develop **communication** and **information** strategy for sharing data and improvement work with front-line staff	3/12/21	Completed

ACHIEVEMENTS

- ✓ Governance structure developed and enacted
  - Steering committee formed
  - Bi-monthly status sheets with each operational dyad
- ✓ Completed A3s and project plans for each quality indicator
- ✓ Created structure for monitoring and tracking data

ACHIEVEMENTS

QUALITY					Jan	Feb	Mar	Apr					
Access & Flow During COVID-19	Day, Dentoni	Individual Composite Items		↑	50% (2 out of 4)	50% (2 out of 4)	60% (3 out of 5)	60% (3 out of 5)			55.6% (10 out of 18)		80% (4 out of 5)
Emergency Department - Diversion Rate	Navarro, Colwell	% of time on Diversion	58.30%	↓	31.90%	22.60%	29.80%	39.90%			31.05%		40%
Dept of Care Coordination - Lower Level of Care Patient Days	Kanzaria, Hamilton	Patient Days	1192	↓	838	629	849	785			775.25		950
Perioperative Dept - OR Block Utilization	Lang, Coggan	% surgical services above 80% utilization	60%	↑	Due to surge, adjustments were made to OR blocks		90.00%	90.00%			90.00%		90%
EVS - Bed Turnaround Time	Head	Minutes	86.5	↓	75	80	82	85			80.5		60
Specialty Clinics - Third Next Available Appointment	Tuot, Ferrer	% all Clinics with less than 21 days TNAA	84.80%	↑	76.79%	80.36%	80.70%	78.90%			79.19%		90%

NEXT STEPS

- Refine definitions of each quality indicator and ensure there is ongoing, consistent tracking of them
- Implement countermeasures to improve underperforming quality indicators with a focus on bed turnaround time and specialty care clinic access
- Develop communication strategy and project plan for sharing quality indicators, associated data, and improvement strategies to front-line staff

QUESTIONS
COMMENTS
DISCUSSION