



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Unifying and Leveraging Quality Work Across the ZSFG Campus

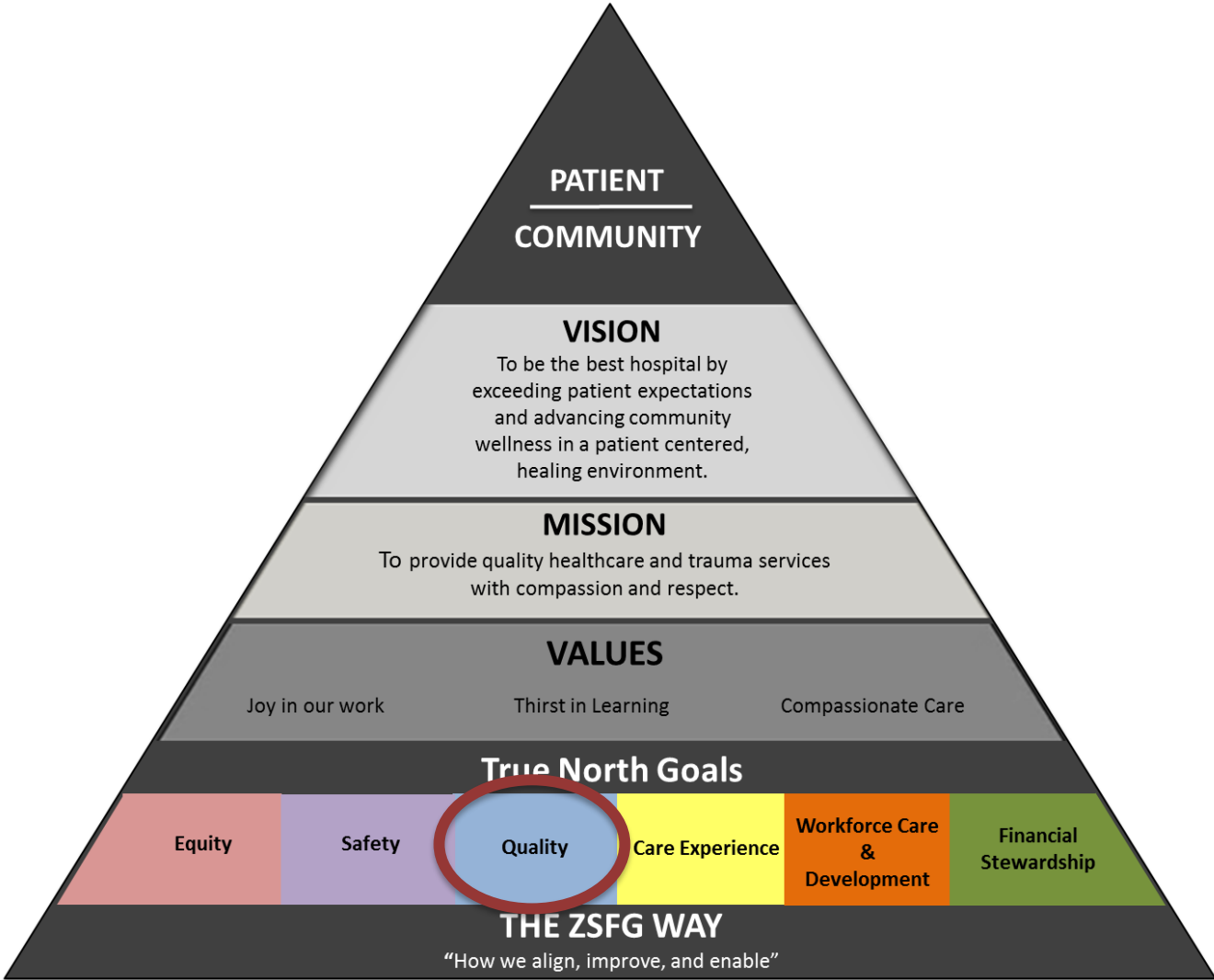
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San Francisco Department
of Public Health

ZSFG TRUE NORTH



ZSFG A3



Title: Dialing Up the Quality Needle: Harmonizing Access and Flow Across the ZSFG Campus
Owners: Lukejohn Day, Terry Dentoni

Ver: 1.0	Date: 12/1/2020		
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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 that 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)	86.8%	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 diversion metrics handling and meet their roles on projects related to quality.	1. Disparate and fragmented communication strategy. 2. Inconsistent and disparate drivers for access and flow for inpatient and outpatient settings.	1. Lack of data validation on numerous quality metrics reported to Epi. 2. Inconsistent on how to use Epi 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 rising 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?

Code	Priority	Countermeasure	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-Verlynn Navarro	Malini Singh Bridget Hargarden David Stasoros	A3	1/31/21
Medical-Surgical and Critical Care	Gabriel Ortiz Leslie Holpit Antonio Gomez Christina Bloom	Andrea Turner Val Burnett Francisco Saenz Reylard Manatan	A3	1/31/21
Department of Care Coordination	Hemal Karozia Natasha Hamilton	Molly Rosenthal Jenae Bryant Justin Yap Eric Rodriguez	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 Ling Patty Coggan	Juliann Susman Ashley McClintock Phiroz Tarapore Gerard Padilla	A3	1/31/21

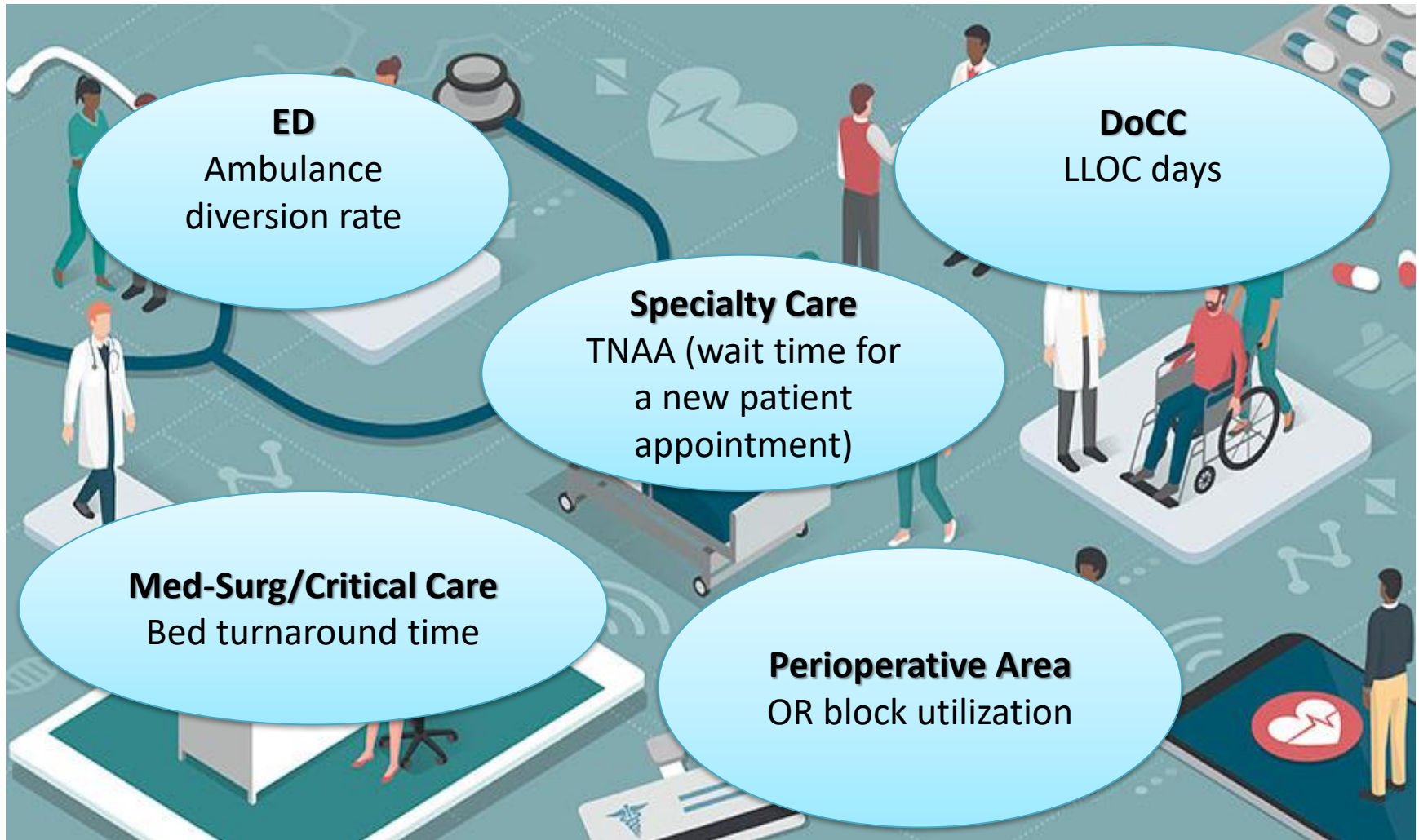
VII. Follow-Up: How will you ensure ongoing PDCA?

Countermeasure	Owner	Due
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
- Historically, quality improvement work and indicators have 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



CURRENT CONDITIONS

Operational Area (Metric)	CY 2021	Target 2021
Emergency Department (ambulance diversion rate)	50.0% 	≤ 40%
Medical-Surgical/Critical Care (bed cleaning request turnaround time)	76.0 minutes 	≤ 60 minutes
Department of Care Coordination (LLOC patient days)	839 days 	≤ 950 days
Perioperative and Procedural Areas (surgical services with OR block utilization ≥ 80%)	76% 	≥ 90%
Outpatient Specialty Care Clinics (clinics with TNAA ≤ 21 days for new patient appointments)	75.6% 	≥ 90%

ZSFG X MATRIX: TYING OUR IMPROVEMENT WORK TOGETHER

Updated: 05/01/2021

Accountability	1	2	3	4	5	6
Equity	1					
Safety	1					
Quality			1			
Care Experience				1		
Developing Our People					1	
Financial Stewardship						1
True North Goals						
Star Rating	1	1	1			
"Likelihood to Recommend Hos (HCAHPS)"			1			
General Fund Spe Not Exceed Budg Amount					1	
"Likelihood to Recommend ZSF Friends and Family Place to Work"					1	
Reduce BAA heart readmission:	1	1	1	1	1	1

Accountability	1	2	3	4	5	6
Equity						
Safety						
Quality	1					
Care Experience			1			
Developing Our People				1		
Financial Stewardship					1	
True North Goals						
Star Rating						
"Likelihood to Recommend Hos (HCAHPS)"						
General Fund Spe Not Exceed Budg Amount						
"Likelihood to Recommend ZSF Friends and Family Place to Work"						
Reduce BAA heart readmission:						



5-Star Quality Rating System



Committee (Deployed)	FY 18/19	FY 19/20	FY 20/21
Lukelejohn Day	70%	70%	TBD
Margaret Damiano	N/A	TBD	TBD
Neda Ratanawongsa	70%	70%	TBD
Sue Carlisle	70%	TBD	TBD
Susan Ehrlich	N/A	TBD	TBD
Terry Dantoni	N/A	TBD	TBD
Dave Woods	N/A	TBD	TBD
Jim Marks	N/A	TBD	TBD
Karen Hill	N/A	TBD	TBD

PROBLEM STATEMENT

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

Yet, while significant improvements were achieved in our ZSFG Quality KPIs, our 2021 targets were not achieved, some operational areas were not included in the improvement work and it is unclear if this work would advance our goal of reaching a higher CMS star rating.

CMS Star Rating Measures

- Mortality
- Safety of care
- Readmission
- Patient experience
- Timely and effective care



Threading Together True North Goals and Outcomes

- Low Back Pain MRI prior to PT
- Patients who left ED without being seen
- Patient Safety and Adverse events composite (PSI-90)
- 7-day standardized risk rate after Outpatient colonoscopy
- Colon surgical site infection
- Pneumonia Excess Days in Acute Care
- Time in ED after admit before arriving in patient room
- Appropriate Care for Sepsis/Septic Shock
- Hospital Visits After Outpatient Surgery
- ED Visits for patients receiving outpatient chemotherapy

COUNTERMEASURES

<i>Plan: What, where, how will you implement, and by whom and when?</i>			
<i>Barrier/Cause Addressed</i>	<i>Countermeasure(s)</i>	<i>Owner</i>	<i>Date/Status</i>
ED and Med-Surg staffing shortages	Fill all ED nurse vacancies (current 19) and obtain travel nurses and P103s to backfill large number of staff leaves	Terry Dentoni	9/1/22 Ongoing
Standardizing patient room cleaning turnaround process	Develop, monitor and communicate standard work for patient bed turnaround process to EVS staff	Valerie Williams	9/1/22 Ongoing
Frequent and prolonged clinic and perioperative closures during COVID-19 surges	Update and revise COVID-19 surge plans to minimize outpatient closures in future COVID-19 surges	Lukejohn Day	6/1/22 Ongoing
Patient backlog for new appointments	Develop targeted clinic strategies to expand access for new patient referrals (i.e., telemedicine, additional clinics, collaborating with other healthcare systems)	Lukejohn Day	9/1/22 Ongoing
Increase Med-Surg capacity to help with patient flow	Obtain approval to open H58 permanently and hire into all positions to operationalize it	Terry Dentoni Lukejohn Day Jennifer Boffi	9/1/22 Ongoing

NEXT STEPS

- Continue to meet with stakeholders to solicit input on quality KPIs and refine and update them as needed
- Align performance improvement work with DPH and SFHN quality improvement work
- Participate and complete ZSFG Hoshin 2022

QUESTIONS COMMENTS DISCUSSION

