ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

ZSFG Strategic Planning & Deployment

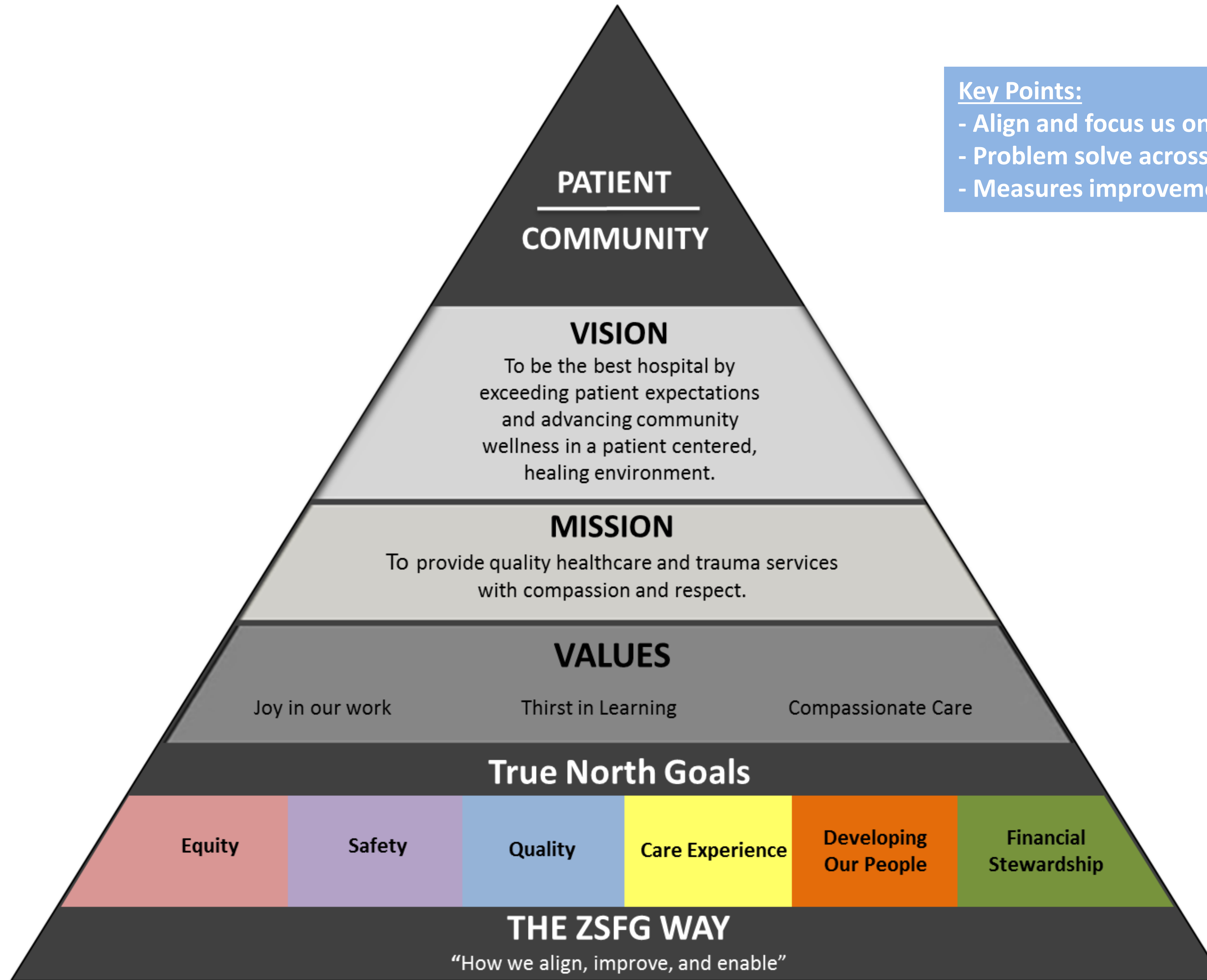
March 2024

San Francisco Department
of Public Health

Terms

- **Hoshin** – "Policy deployment" a method of strategic planning in which strategic goals are established, communicated, and put to action
- **Incubator** – tool to support strategic A3 development, ensure resources and completion of milestones, prior to deployment
- **Flow** – a continuous stream of work, one by one, non-stop
- **Key Performance Indicator (KPI)** – a metric used to measure success of strategic implementation (12-18 months)
- **True North Outcomes** – 3-5 year metrics that help us understand if we are achieving our True North
- **Catchball** – Structured sharing and conversation to support understanding, feedback and alignment

Strategies for Achieving True North



Key Points:
- Align and focus us on our mission
- Problem solve across our systems
- Measures improvement

ZSFG Strategic Deployment Cycle

1. TRUE NORTH & MISSION	2. ESTABLISH GOALS & TARGETS	3. DEVELOP & CATCHBALL STRATEGIES	4. OPERATIONALIZE & IMPLEMENT	5. SUPPORT CONTINUOUS PDSA	6. VISUAL MANAGEMENT & DATA	7. FOLLOW UP
• Unwavering commitment to patients & community • Internal and external scan of alignment with mission and vision • Aligns to SFDPH and SFHN priorities	• True North Scorecard review • Annual key performance indicators (KPIs) • Long-term goals	• Develop strategic initiatives using shared problem solving A3 plans • Catchball for structured dialogue, feedback, alignment	• Develop cross-functional strategic teams to execute • Project management of action plans aligned vertically and horizontally	• Deploy resources and training for ongoing PDSA by staff in units and departments	• Visualize items for which teams have control • Clearly indicate achievements and challenges	• Tiered reporting • Remove barriers • Standardize • Share learnings • Continue to adjust and improve

ZSFG Strategic Deployment Cycle

Patient Voice

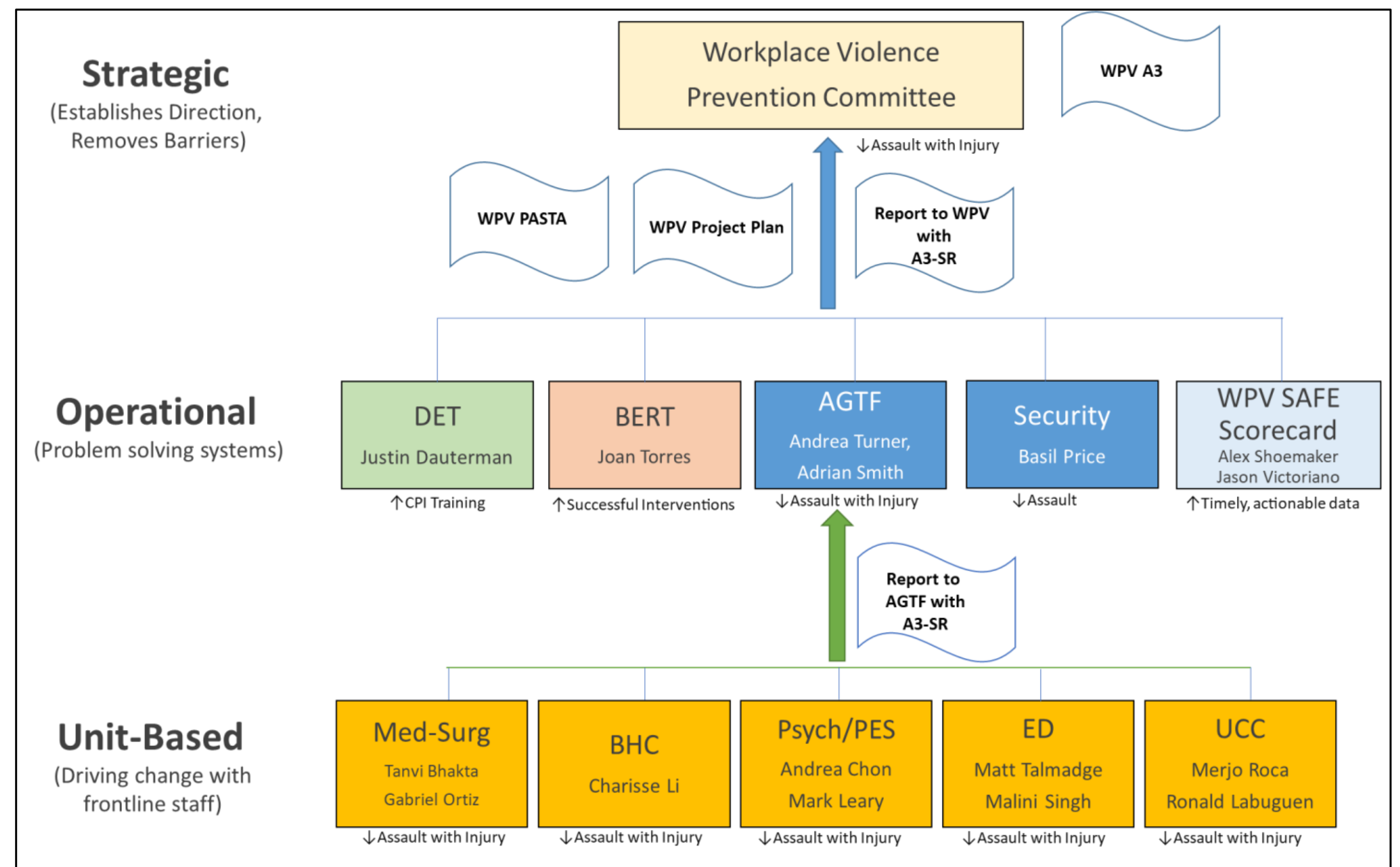
Staff Voice

Internal & External Data

1. **Revenue Cycle Optimization**
2. **Harmonizing and Synergizing Access and Flow Across the ZSFG Campus**
3. **Achieving Safe & Equitable Patient Care**
4. **Achieving Safe & Equitable Staff Experience**

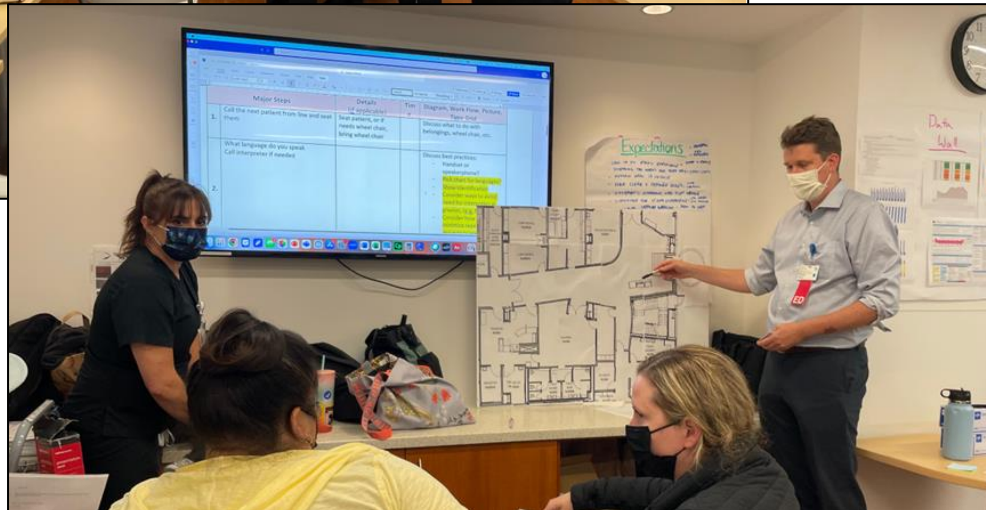
ZSFG Strategic Deployment Cycle

Example of Strategic Catchball at Expanded Exec

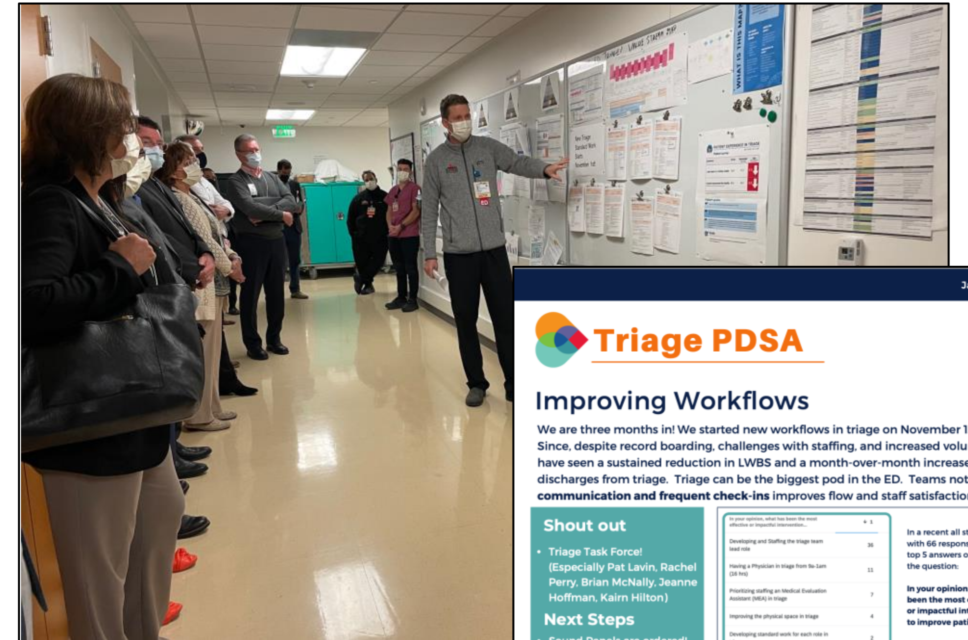


Example of Strategic Deployment and Tiered Reporting

ZSFG Strategic Deployment Cycle



Value Stream Map & Kaizen Improvement Workshop



January 2024

Triage PDSA

Improving Workflows

We are three months in! We started new workflows in triage on November 1st, 2023. Since, despite record boarding, challenges with staffing, and increased volume, we have seen a sustained reduction in LWBS and a month-over-month increase in discharges from triage. Triage can be the biggest pod in the ED. Teams note, that **communication and frequent check-ins** improves flow and staff satisfaction!

Shout out

- Triage Task Force! (Especially Pat Lavin, Rachel Perry, Brian McNally, Jeanne Hoffman, Kairn Hilton)

Next Steps

- Sound Panels are ordered!
- Feb 5th Meeting to discuss wayfinding with security officer

In your opinion, what has been the most effective or impactful intervention...	
Developing and Staffing the triage team lead role	36
Having a Physician in triage from 9a-1am (16 hrs)	11
Prioritizing staffing an Medical Evaluation Assistant (MEA) in triage	7
Improving the physical space in triage	4
Developing standard work for each role in triage	2

In a recent all staff survey with 66 responses - the top 5 answers out of 10 to the question:

In your opinion, what has been the most effective or impactful intervention to improve patient flow?

UPDATES:
Five "as needed" new NP positions approved.
One Patient Experience Specialist has been hired.
Significant improvement in **LWBS** and **Discharges** from Triage.

Give Feedback: https://forms.office.com/g/KdhCAqu9i5

Metric Updates

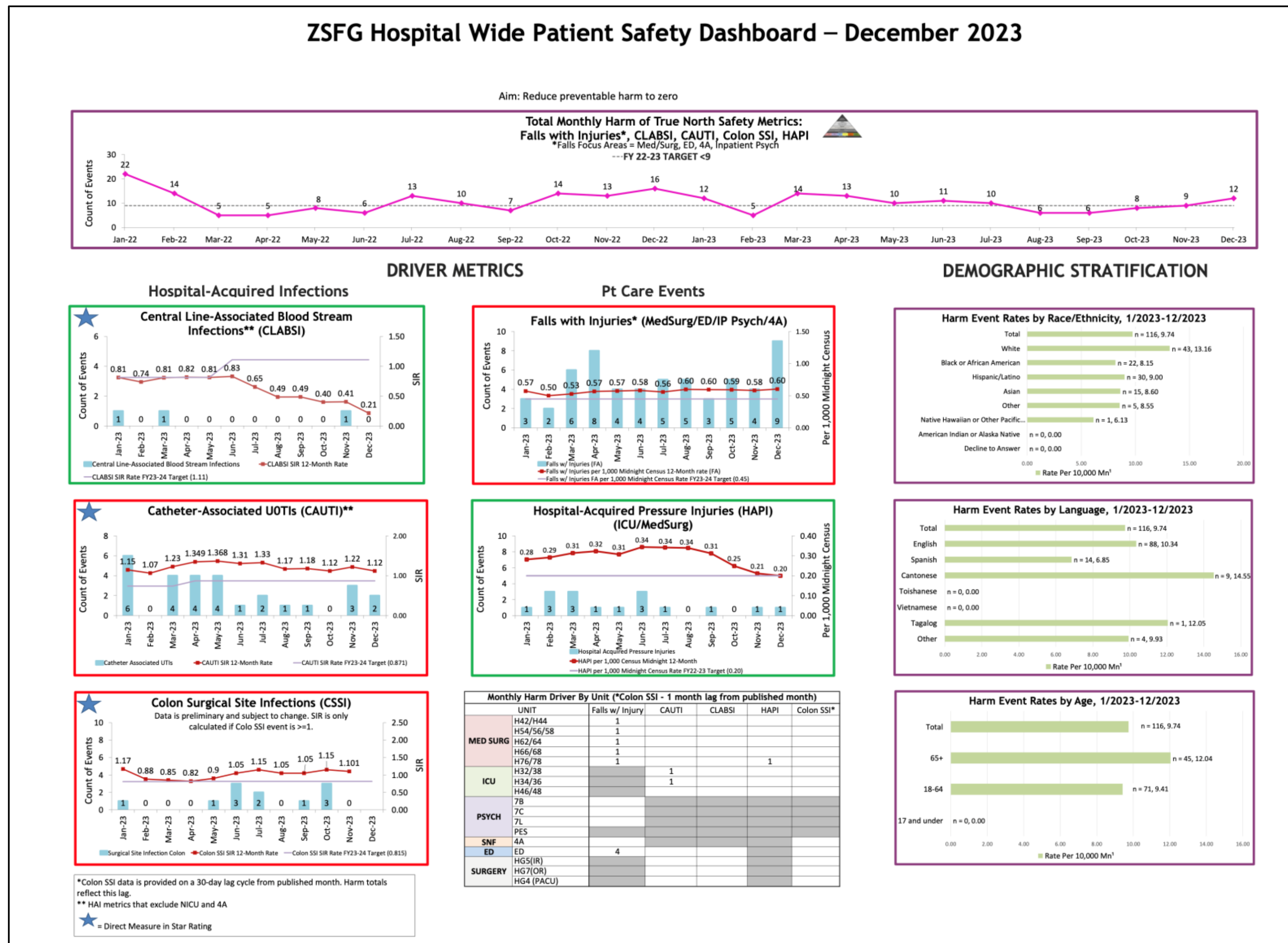
5.3%	5.9%	30.7	39.1
11/1-01/31 **LWBS** Baseline 6.8% Goal 3%	11/1-01/31 **AWOL** Baseline 4.7% Goal 3%	Jan Pts **D/C from Triage/day** Dec 28.9, Nov 25.9 Baseline 22.8/day Goal: 29/day	11/1-01/31 **Patient Satisfaction:** Seen in a timely manner Baseline: 37.3 Benchmark 44.9

The Triage Task Force - is a multidisciplinary group of Emergency Department RNs, NPs, MEAs, and MDs.

Data is aggregate, no patient identifiers, for internal use only

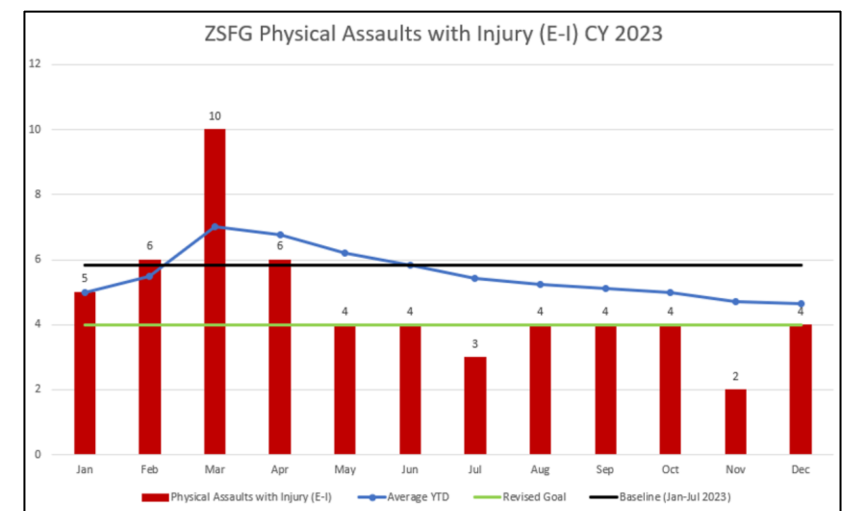
Visual Management & Data in DMS

ZSFG Strategic Deployment Cycle



Harm Dashboard

Executive Strategic Huddle



Workplace Violence Run Chart

Strategies for Achieving True North (2023-2024)

True North Pillar	Equity	Safety	Quality	Care Experience	Developing Our People	Financial Stewardship

Revenue Cycle Optimization

True North Pillars: Financial Stewardship
Executive Sponsors: Hemal Kanzaria, Eric Wu
Key Performance Indicator: Hospital Billing Denial Rates (acute stays and outpatient specialty procedures)

Harmonizing and Synergizing Access and Flow Across the ZSFG Campus

True North Pillars: Equity, Quality
Executive Sponsors: Gillian Otway, Gabe Ortiz
Key Performance Indicator: ED Diversion Rate, Third Next Available Appointment, Lower Level of Care Patient Days, Left Without Being Seen (New for 2024), OR Add-on Case Completion (New for 2024)

Achieving Safe & Equitable Patient Care

True North Pillars: Equity, Safety, Care Experience
Executive Sponsors: Adrian Smith, Gabe Ortiz
Key Performance Indicator: Falls with Injury, Hospital Acquired Pressure Injuries, Sepsis (New for 2024)

Achieving Safe & Equitable Staff Experience

True North Pillars: Equity, Safety, Developing Our People
Executive Sponsors: Margaret Damiano, Aiyana Johnson
Key Performance Indicator: Physical Assaults with Injury, Departments Driving Staff Engagement (New for 2024)

Next Steps

- **Implementation Progress of Strategies**
  - Review strategic A3 implementation status and countermeasures

- **True North Scorecard** – March, June, September, December
  - Quarterly review of progress towards achieving True North goals