



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Keeping Patients Safe

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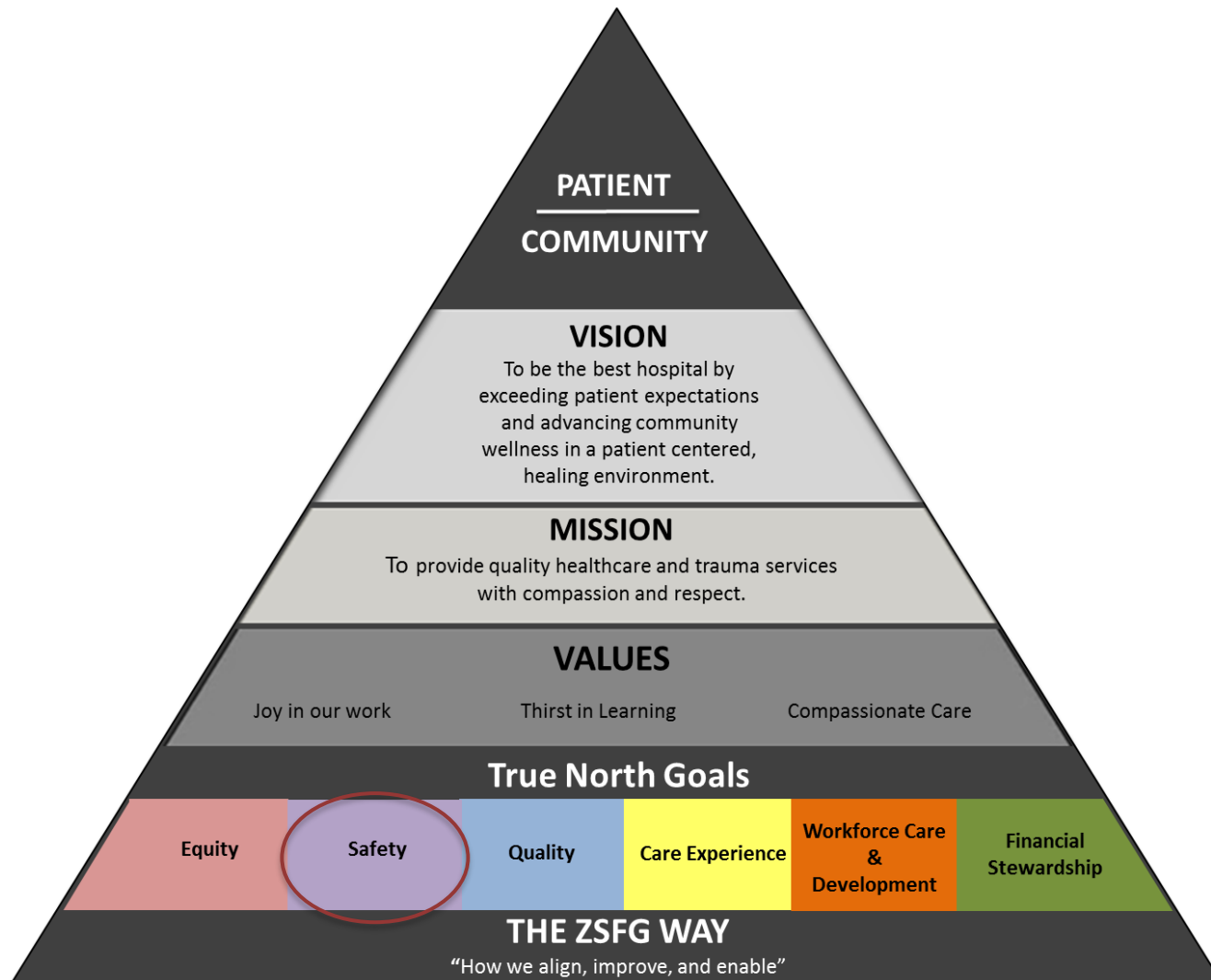
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San Francisco Department
of Public Health

ZSFG TRUE NORTH



ZSFG X MATRIX: TYING OUR IMPROVEMENT WORK TOGETHER

Strategic A3s									
True North Outcomes									
Executive Committee (Deployed)									
SFH True North Outcomes									
FY 2023 Target									
FY 2024 Target									
FY 2025 Target									
FY 2026 Target									
FY 2027 Target									
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FY 2100 Target									

- LEAN concept to prioritize and define priorities
- Uses pillars and strategic goals to demonstrate and ensure alignment of all actions being planned

The goal of Safety and the Strategic A3 address the CMS Star Rating but also affect other True North outcomes

- Care Experience
- Finance
- Quality



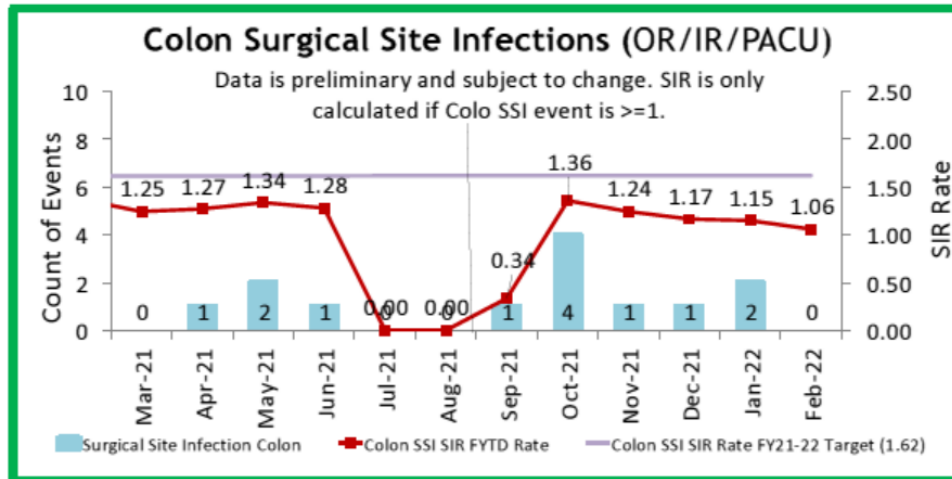
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ZSFG A3 Status Report Patient Safety

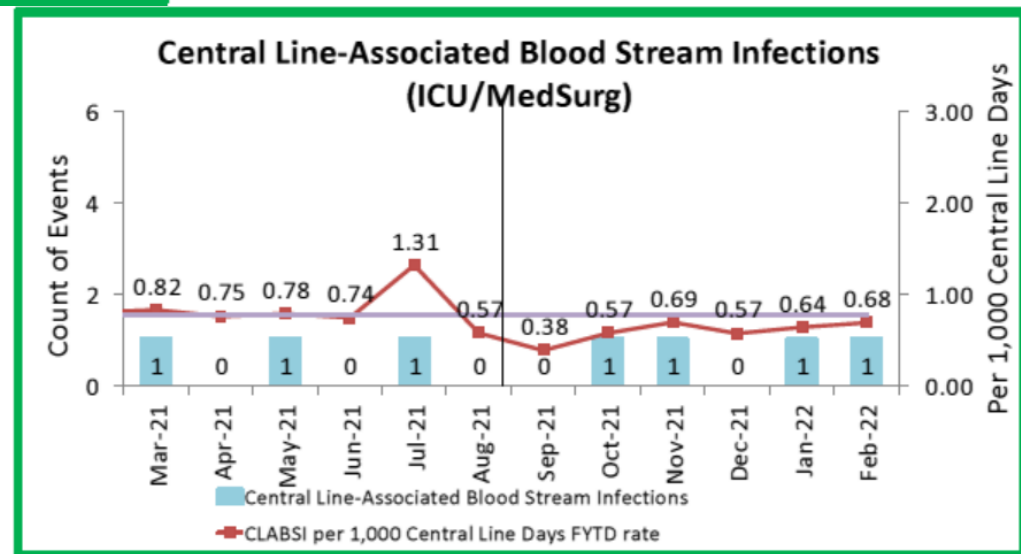
BACKGROUND

- Minimizing patient harm is an intrinsic priority in healthcare
- Value based purchasing incentivizes reduction in patient harm
- Previous strategic focus reduced harm events at ZSFG
- In FY19-20, harm events increased and ZSFG had multiple competing priorities during and since this period
 - EPIC
 - COVID
 - Staffing & leaves

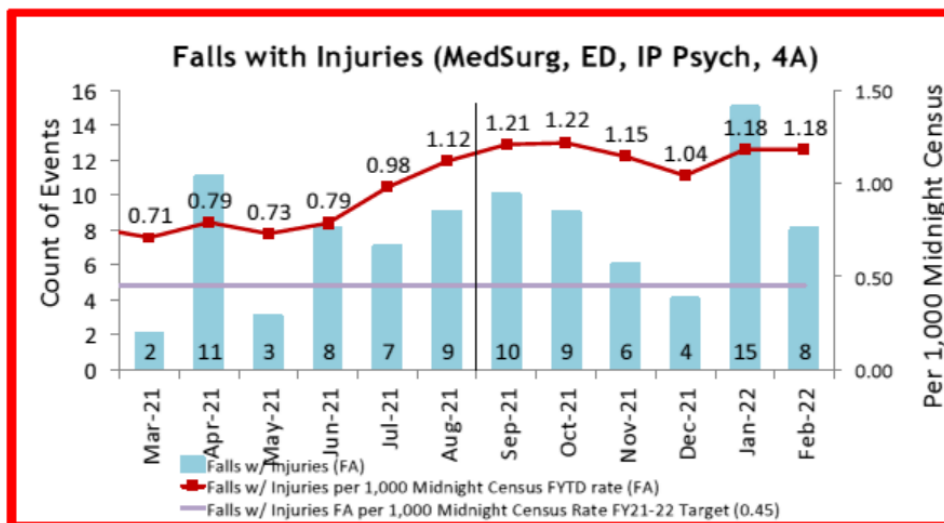
CURRENT CONDITIONS (Feb 2022)



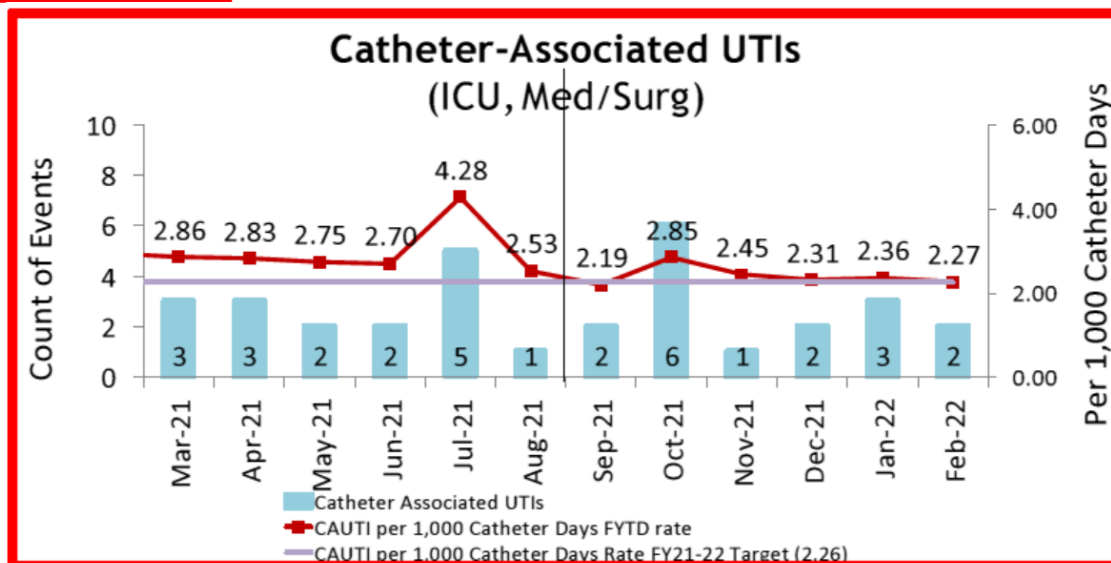
Meeting reduction targets for Colon Surgical Site Infections and Central Line-Associated Blood Stream Infections



CURRENT CONDITIONS (Feb 2022)



Off-target for Falls with Injury and Catheter Associated Urinary Tract Infections



PROBLEM STATEMENT

- In FY 20-21, ZSFG patients experienced 130 instances of the targeted preventable harm metrics and ZSFG remained below national safety and value-based care benchmarks.

TARGET AND GOALS

- Composite Metric goal not met

Selected Metrics	Baseline (FY 19-20)	FY 20-21	CY 2021	Target (FY 20-21)
CAUTI (rate/1,000 urinary catheter days)	2.82 (38 total)	2.70 (40 total)	2.43 (36 total)	2.26 (~30 total, ~2/month)
CLABSI (rate/1,000 central line days)	0.97 (10 total)	0.74 (8 total)	0.66 (7 total)	0.77 (~8 total, ~1/month)
COLO SSI (infections/procedure count)	1.62 (13 total)	1.28 SIR (14 total)	1.15 SIR (13 total)	1.62 SIR (~10 total, ~1/month)
Falls with injury (med surg, 4A, ED, inpatient psych) (rate/1,000 Midnight Census)	0.28 (51 total)	0.79 (68 total)	0.95 (82 total)	0.22 (~40 total, ~3.5/month)

COUNTERMEASURES

Categories	Proposed Countermeasure	Status Update
Competing Priorities, Harm Teams disbanded, varying use of standards/best practice	Engage with Med-Surg Nursing Falls Leader: <ul style="list-style-type: none"> Unit-specific initiatives 	In progress
Competing Priorities, Harm Teams disbanded, varying use of standards/best practice	Engage with ICU Leadership around CAUTI: <ul style="list-style-type: none"> Insertion/Daily Care training Neuro service criteria 	Completed Completed
Competing Priorities, Harm Teams disbanded, varying use of standards/best practice	Engage with Colon SSI stakeholders: <ul style="list-style-type: none"> Colon ERAS Pathway Colon Periop Checklist and Data Analysis Standardize wound closure and antibiotic practice in emergency cases and data analysis 	In progress In progress Completed

ACHIEVEMENTS

- Sustained reductions in Colon Surgical Site Infections
 - Key factors: engaged multidisciplinary team, integrated into PIPS process, executive support
- Decrease in CLABSI Standardized Infection Ratio, despite national trends of increase during the COVID-19 pandemic
- Increase of Harm Measures embedded as PIPS Drivers in individual departments Performance Improvement Work

PLAN AND NEXT STEPS

- Hoshin process for strategic planning scheduled for June 2022
 - Continue current metric through FY21-22, reassess and potentially redefine through Hoshin process
- Work centered on reducing patient harm will continue even if strategic goals are modified
- Embed goals into departmental PIPS drivers and watch metrics
- Use as foundations for the redesigned Patient Safety Program

QUESTIONS COMMENTS DISCUSSION

