



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Achieving Safe & equitable Patient Care

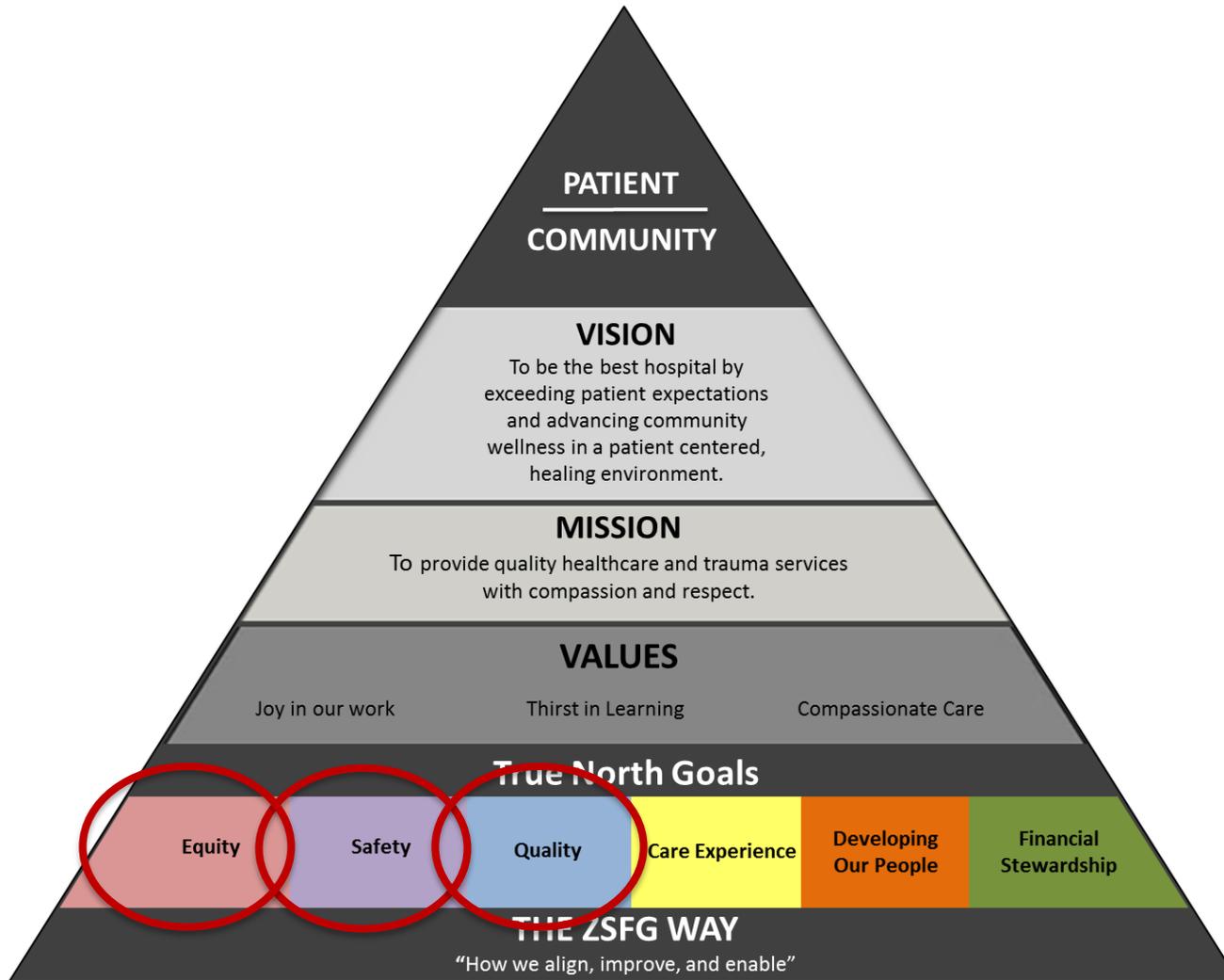
ZSFG JCC

February 23 2026



San Francisco Department
of Public Health

True North



| | | | |
|------|-------|--|--|
| Ver: | Date: | | |
|------|-------|--|--|

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

BACKGROUND: PATIENT SAFETY
Current literature suggests that adverse events occur in nearly one in four inpatient admissions and approximately one fourth of the events were preventable (NEJM, 2023). ZSFG has prioritized safety, both broadly and in very targeted ways with a focus on rebuilding the Patient Safety Program, developing a standardized approach to setting up new Harm Taskforces and achieving some success – especially with HAPI. Unfortunately, harm events persist at unacceptable levels, this performance contributes to the hospitals 2025 1-star CMS rating.

BACKGROUND: STRATEGY WORK
ZSFG declared patient safety and equitable care a hospital priority in 2022 post pandemic. This strategic work has been focused on specific harm or outcome metrics, with 2025 targets being Falls with moderate and Major Injury, SEPSIS Bundle Compliance and MOUD Starts at discharge from inpatient, ED and PES at ZSFG.

BACKGROUND: 2025 CALENDAR YEAR
See Harm Dashboard for focused harm reduction efforts.
Driver metrics include active improvement teams and consistent focus on the work; however, all three drivers remain off target. Falls analysis demonstrates just 3% of injuries from falls result in moderate or major injury. The Sepsis Taskforce stabilized SEP-1 data abstraction, completed a root cause analysis, and mapped a future state care path in 2024, whilst IT resourcing was not available initially the care path build is being prioritized for CY2025 Q4. MOUD Data proved to be difficult to define but custom reports now enable us to track the KPI at ZSFG.

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

Star Rating Preview: ★★★★★
Summary Score: 4.75

Facility Details
Type of Facility: Short-term
Type of Ownership: Government - Local
Emergency Service: Yes

Select Reporting Period: JUL 2025

Lack of access and visualization of available harm data

RL Report **EPIC Report** **HDB**

NOW WHAT?
With the loss of 1 star, making ZSFG a 1 Star Hospital, the focus of this work needs to shift to focus on the key metrics measured as part of the CMS Star Rating, and also focus on the analysis and availability of Patient Harm Data to enable us to know definitively where our patients highest risks are. No direct alignment of PIPS Drivers with Strategy

Problem Statement: What specific, measurable problem will serve as your baseline performance?
Patient harm events persist at unacceptable levels as reflected in SAFE- reported events and benchmarked Quality metrics, including those in CMS Star rating AND We have a limited ability to stratify all harm data by REAL metrics using current system (SAFE)

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

| Selected Metrics | Baseline | Benchmark | Target |
|--|----------|-----------------|--------|
| WATCH Falls with Moderate and Major Injury | 0.10 (9) | Internal target | 0.07 |
| Sepsis Bundle Compliance | 28.1% | 59% | 60% |
| MOUD, New starts of Buprenorphine at discharge (I/P, PES, ED) | 20 | Internal target | 22 |
| NEW # of Departments with Driver aligned with Strategic A3s/CMS Star Rating | ? | Internal target | 50% |

V. Impact: What impact did you have on your processes/outcomes? (Baseline/Target/Actual/YTD)

SEPSIS

- Transformed Sepsis Abstraction from a quarterly, pass/fail metric to a monthly process, that tracks initial and subsequent opportunities, with inter-rater reliability.
- Future State mapping for Sepsis Care Pathway

MOUD

- Consensus and collaboration regarding improved access to MOUD at discharge
- Development of single metric to measure success

FALLS

- Demonstrated low incidence of significant harm across a 12-month period,

IV. Countermeasure Implementation: What, where, how did you implement, and by whom and when?

| Barrier/Cause Addressed | Countermeasure | Owner | Date/Status |
|-------------------------|----------------|-------|-------------|
| See project plan | | | |

VI. Further Analysis: How have you stratified, identified top barriers/causes? What have you learned?

| | | |
|---|---|---|
| SAFE Data Reporting <ul style="list-style-type: none"> Canned reports in SAFE are sufficient for the day-to-day operation of the system, but do not allow for sophisticated data analysis Custom Reports require specific access and knowledge and are not easily accessible | CMS Star Rating <ul style="list-style-type: none"> Insufficient institutional focus on STAR rating Work independent of the Patient Safety A3 is needed | PIPS Driver alignment <ul style="list-style-type: none"> All PIPS Drivers have True North alignment Repetition in drivers between departments without collaboration Few Drivers are aligned directly with 4 Strategies Alignment not tracked centrally |
|---|---|---|

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

| Barrier/Cause Addressed | Countermeasure | Owner | Date/Status |
|---|---|--------------------------------|-------------|
| SAFE Data | Transition reporting and dashboards to Power BI | Uwodukunda Maslin | 12/26 |
| Insufficient institutional focus on STAR rating | Analyze opportunities for improvement within the star rating measures directly affecting Patient Safety # Readmissions # Safety # Timely & Effective Care Using standardized approach, stand up taskforces for identified opportunities | Smith | 3/26 |
| PIPS Driver Alignment | In 2026 require all departments that report to PIPS to have at least 1 driver aligned with the 4 Strategic Goals or a CMS Star Rating Measure in same way as Equity | Smith Griffin | 3/26 |
| SEPSIS & MOUD | Sustain work following Operational A3s for each strategy | Smith/Freiser Mercer/ Op Teams | 12/26 |

VII. Unresolved Issues:

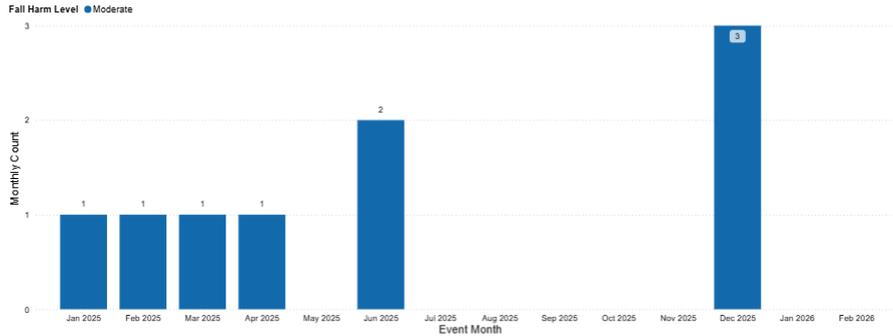
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|---------------------------|----------------------|------------------------------------|
| # Baseline for new Driver | # PSI 90 Review | # PSI04 Automation |
| # Readmission Work | # Mortality Redesign | # Central Tracking of PIPS Drivers |

Retired Driver – Falls (Now “Watch”)

Falls with Moderate/Major Injury Locations: MS, ED, IP Psych, PES



Monthly Individual Count



Open Epic for real-time data. The data on the ZSFG Hospital Equity, Operations, and Quality Dashboard has been validated by the [KPO](#) and the [Quality Data Center](#) and endorsed by business owners: Dana Fraiser and developer: Nina Escobar

CAUTION: This dataset contains Protected Health Information (PHI) per the Health Insurance Portability and Accountability Act under Pub. L. 104-191 and subject to penalty under 42 USC § 1320d-6. Do not forward it to a third party without prior authorization. You may only save this document to a file on the CPH server or to a CPH-approved encrypted device. Contact Compliance.Privacy@zsfh.org, (415) 734-0040 if you have any questions/concerns.



Significant reductions made to falls with injury across all care areas

Moving Improvement work directly to care units through Daily Management System (DMS, a.k.a. huddle boards, and will continue monitoring as a “Watch” metric

- ZSFG recently referenced against Medical-Surgical national benchmarks reported for 2023, and ZSFG exceeds prevention levels of nationally reporting hospitals

Progress with data accessibility & visualization

True North Goals

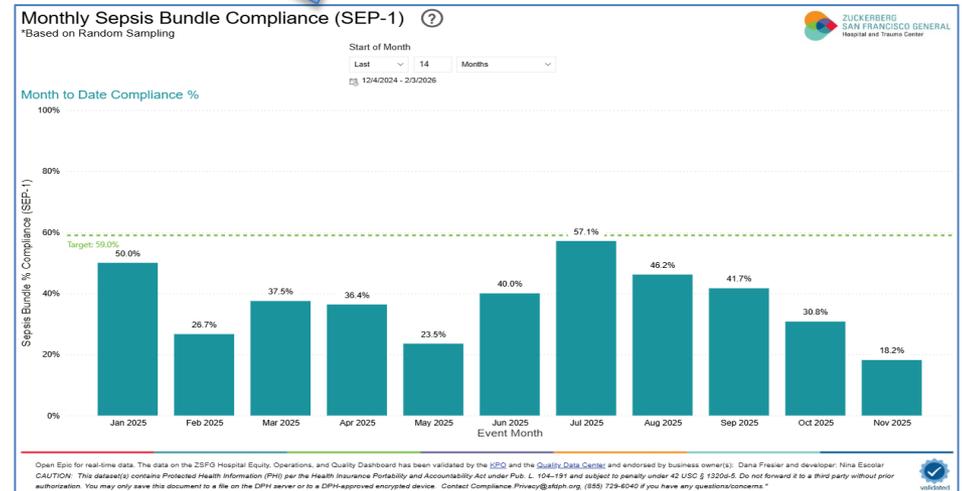
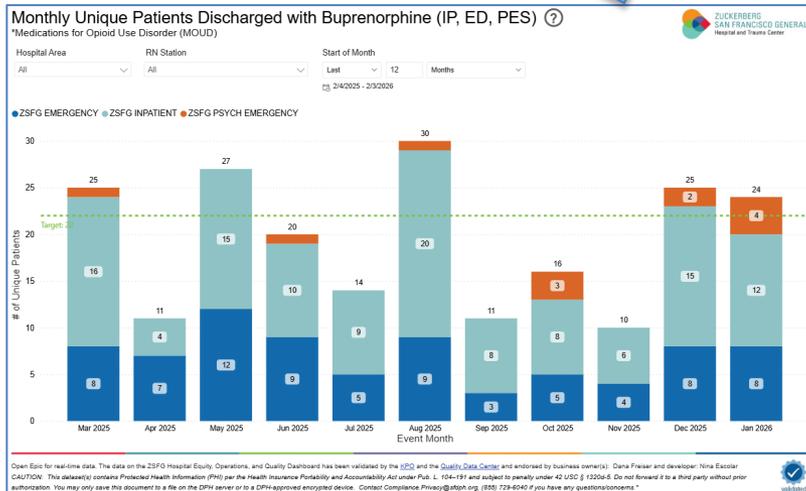
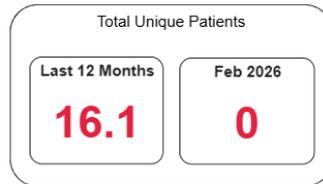


- Quality
- Safety**
- People
- Finance
- Equity

Strategic KPIs

Unique Patient Discharged with Buprenorphine
 Target: Increase to > 22 patients per month
 Baseline: 18.42

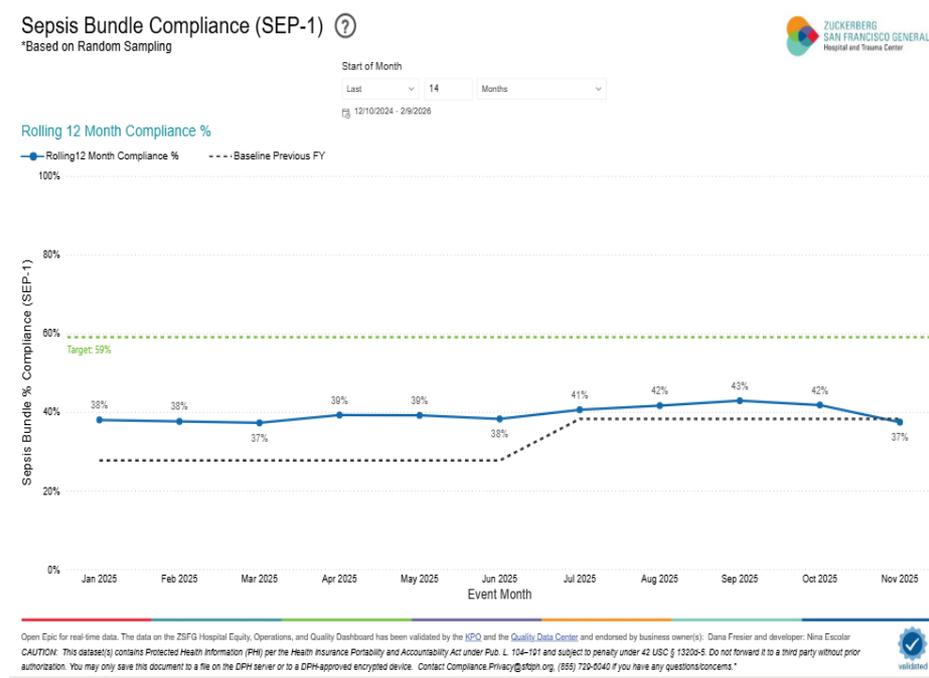
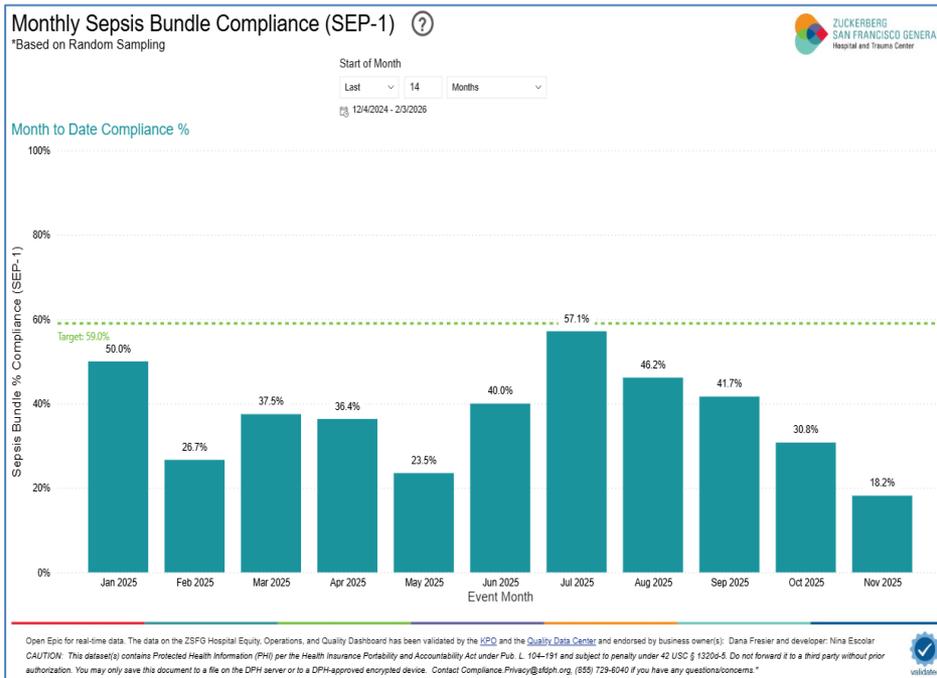
Sepsis Bundle Compliance
 Target: Increase to ≥ 59% per month
 Baseline: 38.2%



Sepsis Data

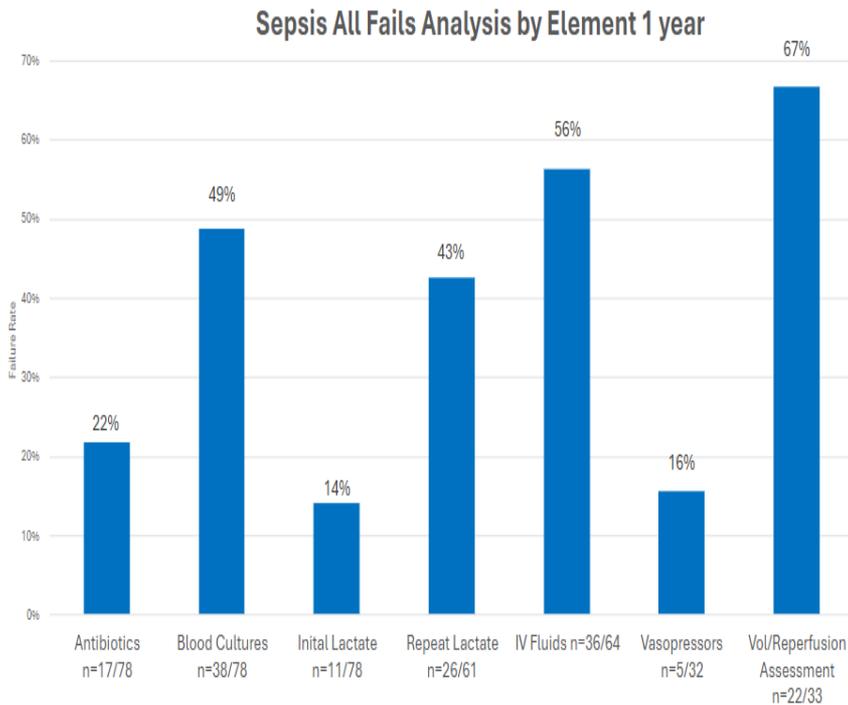
MONTHLY SEP-1 COMPLIANCE

ROLLING 12 SEP-1 COMPLIANCE

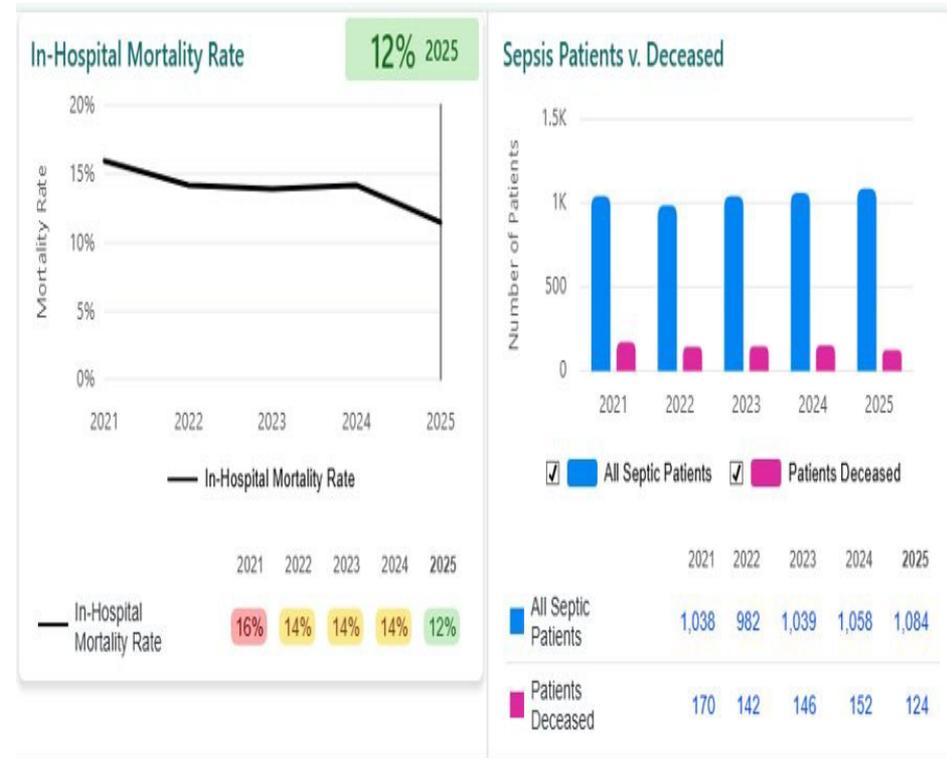


Sepsis Data

MISSED SEP-1 ROOT CAUSES



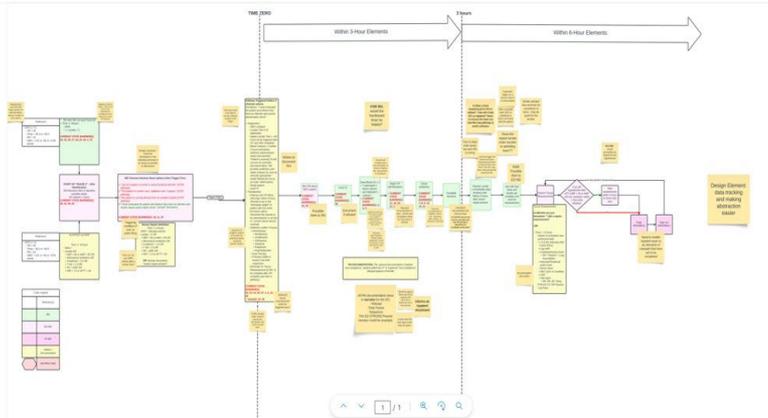
MORTALITY DATA



Sepsis Countermeasures

Interdisciplinary Team: Patient Safety, ED and Inpatient Clinicians, IT, Data Abstractors

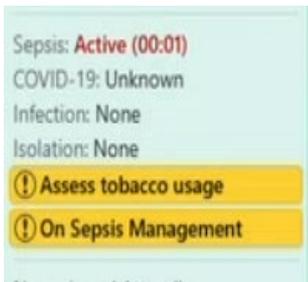
FUTURE STATE MAPPED – EHR BUILD
IN PROGRESS



TIMELINE: BACK ON TRACK

| Phase | Task Name | Start Date | End Date |
|-------------------------------|--|-----------------|-----------------|
| Initiation & Planning | Official Project Kick-off | 11/18/2025 | 11/18/2025 |
| | Finalize Team and Roles | 12/3/2025 | 12/3/2025 |
| | Confirm Detailed Requirements | 12/3/2025 | 12/22/2025 |
| Design & Development | Design Epic Workflow | 12/3/2025 | 1/6/2026 |
| | Review Lucid Chart | 12/3/2025 | 1/30/2026 |
| | Build Bundle Compliance - Turbo Charger | 12/3/2025 | 2/13/2026 |
| | Develop Sepsis Dashboard & Reports | 2/2/2026 | 2/13/2026 |
| | Abstraction Reporting Requirements Review | 2/23/2026 | 3/27/2026 |
| Operational Change Management | Sep-1 Bundle Compliance Education & Campaign | 2/4/2026 | 2/20/2026 |
| Testing | Test Epic Build and Workflow | 12/15/2025 | 2/27/2026 |
| | User Acceptance Testing (UAT) | 3/9/2026 | 3/13/2026 |
| | Gather Feedback & Make Adjustments | 3/10/2026 | 3/16/2026 |
| Training & Go-Live | Develop Training Materials | 3/16/2026 | 3/18/2026 |
| | Conduct Training Sessions | 3/23/2026 | 3/27/2026 |
| | Go-Live | 4/1/2026 | 4/1/2026 |
| Post-Go-Live Support | Monitor Metrics & Address Issues | 4/1/2026 | 4/10/2026 |
| | Official Project Closure | 4/13/2026 | 4/13/2026 |

New Sepsis Timer:
Visual Urgency



5 New OPAs:
Mistake Proofing



MOUD Data

MONTHLY PATIENT COUNTS

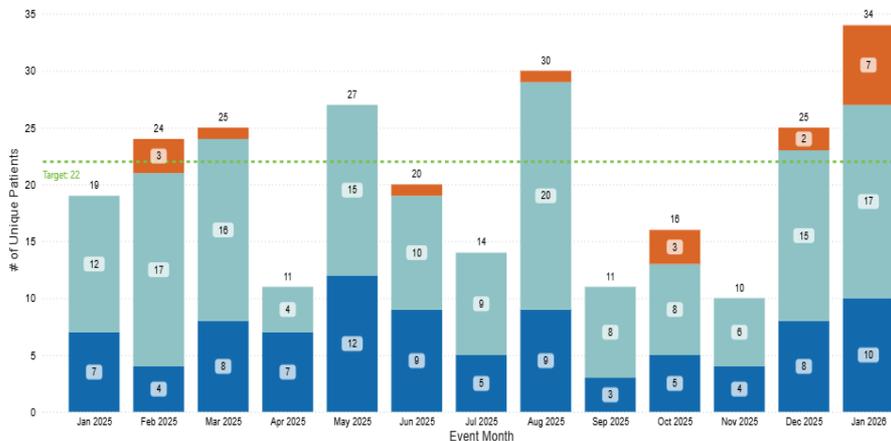
Monthly Unique Patients Discharged with Buprenorphine (IP, ED, PES) ?

*Medications for Opioid Use Disorder (MOUD)



Hospital Area: All | RN Station: All | Start of Month: Last 14 Months | 12/10/2024 - 2/9/2026

ZSFG EMERGENCY ZSFG INPATIENT ZSFG PSYCH EMERGENCY



ROLLING 12 AVERAGE PATIENTS

Unique Patients Discharged with Buprenorphine (IP, ED, PES) ?

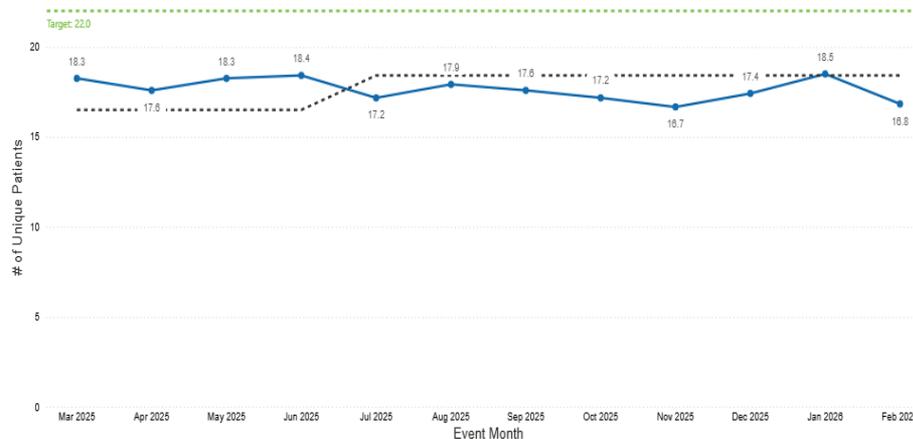
*Medications for Opioid Use Disorder (MOUD)



Start of Month: Last 12 Months | 2/10/2025 - 2/9/2026

Rolling 12 Month Average

Rolling 12 Month Average Baseline Previous FY



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MOUD Countermeasures

Interdisciplinary Team: ED/PES/IP Clinicians, ACT, Bridge Clinic, Patient Safety, IT, Data Center

ED PDSA

Launch Date: Jan 2026

Goal: Increase Access to LAI in ED

| Measure | Owner | Unit (#, %) | Baseline | DEC | JAN |
|-------------------------------|-------|-------------|----------|-----|-----|
| Brixadi Administrations in ED | Aram | # Per Month | 1 | 5 | 8 |

- Signage - Passive Identification
- 24x7 Consult with ACT
- RN Trained Addiction Care Staff
- Smartset for MDs
- Daily Huddles and Staff Socializing



PES PDSA

Launch Date: Feb 2026

Goal: Increase Access to MOUD in PES

- OUD Screening in Triage
- Smartphrase for MDs
- Escort to Bridge/OTOP
- RN Injection Training
- KPO Partnership – DMS Support

RN OUD SCREEN

Substance Use Screening

How many times in the past year have you used a drug or prescription medication for non-medical reasons?

1 or more None

Patient Declined Unable to Assess

Substance Use Assessment

Which of the following substances or drugs have you used in the last year?

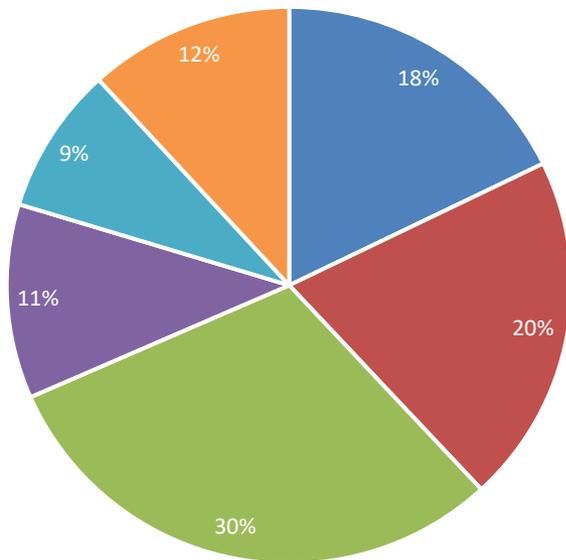
Opioids (heroin, oxycodone, methadone, etc.)

In the last year have you experienced an opioid overdose?

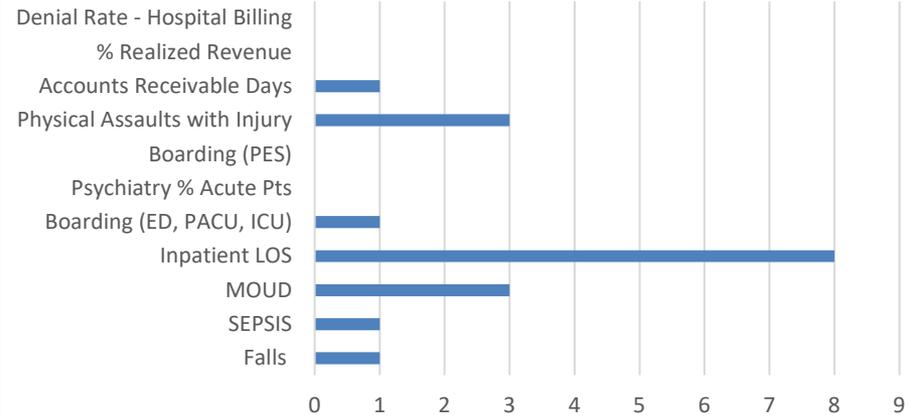
Yes No

PIPS Reporting Alignment

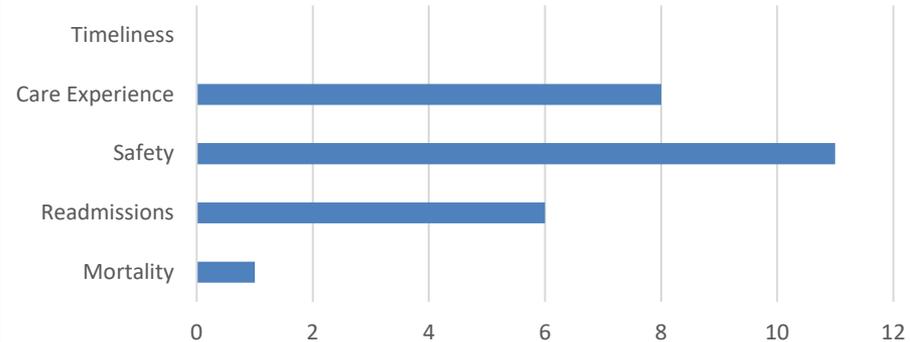
2025 TN Driver Alignment



2025 Strategic KPI Alignment



2025 Star Rating Driver Alignment



Questions

