

Dear UCSF Health colleagues—

We are pleased to share our 2017-18 **Performance Improvement Executive Summary**. While the summary captures highlights from the past year across our key **True North** pillars and metrics, it represents only a fraction of the time and commitment that many people, teams, and committees contributed to in helping us deliver the highest quality care. We would like to express our gratitude and admiration to our frontline providers and staff who set the standards for excellence and define the culture we're proud to believe distinguishes us across our UCSF Health settings.

Over the past year, we have tried to continue bringing the pyramid below to life with a goal to communicate why we exist, where we are headed, and how we get there. At the top of the pyramid is our mission of Caring, Healing, Teaching and Discovering - *why we exist*. The body of the pyramid shows how UCSF Health's vision, values, priorities, management and branding all align to serve our mission.



We've translated the above pyramid into a *True North Scorecard* that communicates our monthly progress and begins to create prioritization and alignment with local improvement work; the latter is now reflected in the growing number of True North visibility boards in our clinical microsystems (e.g. hospital and ambulatory settings). Observing our focus on people development, our active daily engagement with huddles and leader rounds, and our adoption of "A3 thinking" as the organizational approach to problem-solving together demonstrates our progress towards a culture of continuous improvement. We also acknowledge the work and opportunities ahead.

It's an incredibly exciting and dynamic time at UCSF Health. We look forward to the year ahead and trying to fulfill the responsibility we have to our patients and communities in fostering improved health.

With thanks and appreciation,



Niraj Sehgal, MD, MPH
 VP & Chief Quality Officer
 Chair, Quality Improvement Executive Committee



Josh Adler, MD
 Executive VP of Physician Services
 Vice Dean for Clinical Affairs

UCSF HEALTH PERFORMANCE IMPROVEMENT SUMMARY 2017-18 TRUE NORTH HIGHLIGHTS

UCSF Health National Recognition Highlights



- ❖ UCSF Medical Center **#1** in California & **#6** in the nation
- ❖ UCSF Benioff Children's Hospital ranked in 10 specialties
- ❖ Leapfrog Safety Grade "A" at Parnassus & Mission Bay



Patient Experience

We create an exceptional experience for our patients & their families

	FY17	FY18	FY18 Accomplishments & FY19 Opportunities
Would Recommend Hospital (% of units, practices, services improving)	62%	59%	<u>FY18 Accomplishments</u> --76% of ambulatory practices improved compared to FY17 --True North leader rounding, daily huddles & visual management of patient experience scores focused attention on key improvement strategies --Created new tools to allow service & practice-specific goal setting --Expanded communication training through the <i>Caring Behaviors & Scheduler Phone Skills Training</i> pilots -- <i>Voice of the Patient</i> A3 developed to prioritize improvement work <u>FY19 Opportunities</u> --Pilot NRC Real Time survey in pediatrics to align with BCHO --Inclusion of patients on key experience committees --Enhance services to patients with limited English proficiency
		IAP Goal: Target	--Pilot NRC Real Time survey in pediatrics to align with BCHO --Inclusion of patients on key experience committees --Enhance services to patients with limited English proficiency
Physician Communication (% of units, practices, services improving)	63%	67%	<u>FY18 Accomplishments</u> -- <i>Medical Director Standard Work</i> created for Provider Communication Improvement efforts: data visibility/push, pillar champions, improvement guide based on individual scores, utilization of priority index, & greater recognition from leadership --New resources created & disseminated: Cliff Notes, Tip Cards, Communication Rx Book & Mini Refresher Courses --Departmental/Divisional focus on skills training, targeting of lower scoring areas & expansion to residents/fellows <u>FY19 Opportunities</u> --Establish transparency of provider Star Ratings on UCSF Health website --Communication skills to address diversity/bias added to curriculum --Provider communication coaching enhancements with greater 1:1 emphasis
		IAP Goal: Outstanding	--Establish transparency of provider Star Ratings on UCSF Health website --Communication skills to address diversity/bias added to curriculum --Provider communication coaching enhancements with greater 1:1 emphasis

Quality & Safety

We provide patients the right care every time

	FY17	FY18	FY18 Accomplishments & FY19 Opportunities
Inpatient Mortality (O/E index)	0.83	0.90	<u>FY18 Accomplishments</u> --Piloted new real-time mortality review process, leveraging the <i>e-Morbidity & Mortality</i> platform now expanded across all clinical departments --Partnership developed between real-time Mortality Review, Sepsis & Clinical Documentation Integrity (CDI) teams to align best practices <u>FY19 Opportunities</u> --Expansion of real-time mortality review process to all inpatient services & nursing following enhancements to the <i>e-Morbidity & Mortality</i> platform --Expansion of CDI program to support key service partnerships & align with strategic improvement priorities
		Goal: 0.80	--Expansion of real-time mortality review process to all inpatient services & nursing following enhancements to the <i>e-Morbidity & Mortality</i> platform --Expansion of CDI program to support key service partnerships & align with strategic improvement priorities
Sepsis Mortality Index (O/E index)	1.11	1.16	<u>FY18 Accomplishments</u> --Successful collaboration with the CDI team to accurately reflect sepsis "present on admission", other comorbidities, & procedures for patients that transfer from outside facilities (higher relative O/E subgroup) <u>FY19 Opportunities</u> --Utilize A3 methodology to understand clinical opportunities that exist in the care of patients that transfer from outside facilities --Use further data & analytic solutions to develop insights into sepsis bundle compliance, mortality & performance data
		Goal: 1.08	--Utilize A3 methodology to understand clinical opportunities that exist in the care of patients that transfer from outside facilities --Use further data & analytic solutions to develop insights into sepsis bundle compliance, mortality & performance data

30-day Readmissions (per monthly discharges)	11.40%	11.34%	<u>FY18 Accomplishments</u> --Lowest readmission rates in UCSF Health's history were achieved in two months during FY18 (~10%) --Redesign of the After-Visit Summary to help patients better understand expectations after discharge: meds to pick up, follow-up appointments, key instructions from team & whom to call with issues --Partnership with skilled nursing (SNF) & home health (HH) with a focus on early identification of issues & a connection back to our providers --Interdisciplinary collaboration with population health clinical programs to facilitate safe discharges & high-touch transitional care for high-risk patients <u>FY19 Opportunities</u> --Investing in a new UCSF Health navigator & NP to help SNF & HH care providers address issues that arise after discharge; test virtual high-risk transitional care model utilizing existing resources & telehealth
		Goal: <11%	
Ambulatory Quality (% of metrics meeting benchmark)	5/9	8/9	<u>FY18 Accomplishments</u> --Achieved >90 th percentile performance in the following Ambulatory Quality measures: Tobacco Assessment & Counseling; Diabetes Care; Cervical, Breast & Colorectal Cancer Screenings; Controlling High Blood Pressure; & Influenza Immunization --Clinical Depression Screening improved from 1% to 56% <u>FY19 Opportunities</u> --Continue improvement work on Clinical Depression Screening --Focus on Sexual Orientation & Gender Identity (SOGI) Disparity Reduction: Define strategies for collecting SOGI data, leveraging expertise from Differences Matter, Nursing Informatics, Clinical Labs, Population Health & Ambulatory Practices --Expand health equity focus to improve HTN screening among Black/African American patients
		Goal: 9/9	
Harm Events (actual # of harm events)	1,070	1,001	<u>FY18 Accomplishments</u> --7% reduction in overall Harm Events --13% reduction in <i>C. difficile</i> --24% reduction of CAUTI --38% reduction in reportable privacy events --68% reduction in communicable disease exposures in ambulatory setting --Received UCOP Award for lowest rate of Workplace Injuries among UCs --Established BCH CLABSI Prevention Committee --Established Opioid Stewardship Taskforce <u>FY19 Opportunities</u> --Expand focus to include High Alert Adverse Drug Events --Implement BCH Leadership CLABSI Huddle -- <i>STOP for Safety</i> Campaign expansion & focus on providers --Deeper Engagement with <i>Solutions for Patient Safety</i> Engagement in BCH --Development of data/tools to address opioid stewardship
		IAP Goal: Outstanding	
Our People <i>We create an optimal work experience to help each other redefine possible every day</i>			
Employee Engagement Survey (Gallup Grand Mean)	FY17	FY18	FY18 Accomplishments & FY19 Opportunities <u>FY18 Accomplishments</u> --Detailed analysis identified trends from lower engagement areas/groups (including race/ethnicity) & more meaningful gap analysis --Shifted focus towards correlation between Accountability Index & Grand Mean, facilitating more actionable goal setting across organization <u>FY19 Opportunities</u> --Targeted gap analysis through focus groups & affinity group engagement --Finalize <i>Our People</i> strategic countermeasures & action plan
	3.87	3.88	
Provider Engagement Survey UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100)	-4	1	<u>FY18 Accomplishments</u> --More detailed NPS subgroup analysis to clinical practice settings --Weekly <i>One Good Thing</i> Newsletter to make efforts visible --Expansion of Practice Efficiency Interventions: Scribes, PEAK (1:1 support, in basket optimization), OR E-case room, Zoom & e-prescribing of controlled substances --Expansion of Family Friendly Initiatives: Child Care & Parental Leave --Culture of Support/Well Being Initiatives: Peer Support & Schwartz Rounds expansion, Meal Services Discounts, Headspace Meditation App, Mindfulness/Well Being Courses, Leader dinners/office hours & DEI training --Emphasis on local efforts in departments/divisions with local leadership <u>FY19 Opportunities</u> --Local engagement in clinical practice settings based on new data --Perioperative-specific improvement plan & implementation --Focus groups & learning from faculty who come from other organizations --Better School(s) & Health System alignment
		Goal: 6	
UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)	13	21	
		Goal: 21	

Financial Strength			
<i>We optimize financial performance to achieve our vision</i>			
	FY17	FY18	FY18 Accomplishments & FY19 Opportunities
Net Income (UCSF Health West & East Bay)	\$164M	\$322M Goal: \$153M	<u>FY18 Accomplishments</u> --Service lines with greatest cost per case reductions include: Adult Cancer (-2.1%), BCH (-2.2%), Heart & Vascular (-10.5%), Hospital Medicine(-4.3%), Neurosurgery (-5.3%) & Surgery (-3.1%) --50+ value improvement initiatives yielded \$131 million in financial benefit to UCSF Health, exceeding annual financial target by more than \$50 million; Of the \$131 million, \$44 million is attributed to direct expense reductions, \$33 million is net revenue & \$54 million are complex initiatives comprised of contribution margin, avoided utilization, new volume & backfill
Operating Cost per Case (adjusted for outpatient activity & acuity)	\$23,336	\$24,211 IAP Goal: Outstanding	<u>FY19 Opportunities</u> --26 value improvement teams will expand FY18 initiative & launch new projects focused on the revenue cycle, specialty pharmacy, interpreter services & clinical areas of opportunity
Strategic Growth			
<i>We promote UCSF Health as the top choice for consumers, affiliates & referring providers</i>			
	FY17	FY18	FY18 Accomplishments & FY19 Opportunities
Ambulatory Visits (Faculty Practices)	1,412,110	1,492,918 Goal: 1,508,990	<u>FY18 Accomplishments</u> --6% increase in ambulatory visits --% new patients seen within 14 days in strategic growth practices improved to 71% by creating capacity through increasing space, adding resources, reducing no shows & level-loading schedules
Ambulatory Access (% of practices meeting unit goal)	55%	53% Goal: 80%	<u>FY19 Opportunities</u> --Develop tools for each practice to understand their supply of & demand for appointments, existing capacity that is wasted, including no shows, late cancellations & inefficiency in structured templates --Work with Digital Patient Experience team to improve the referral process
Inpatient Discharges	36,004	36,615 Goal: 36,395	<u>FY18 Accomplishments</u> --2% increase in inpatient discharges --Adult inpatient transfers increased 10% from FY17 --Significant expansion of our affiliate & partner network <u>FY19 Opportunities</u> --Increased focus on patient throughput & leveraging our affiliate & partner network
Length of Stay (O/E index)	1.08	1.08 Goal: <1.00	<u>FY18 Accomplishments</u> --LOS decreased on services with focused work (Adult Heme/BMT, OHNS Thoracic, Orthopedics, Pediatric Medicine) --LOS in patients with delirium decreased by 6%
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)	46	49 Goal: 0	<u>FY19 Opportunities</u> --Established three UCSF services at Dignity Health St. Mary's --Expansion of Delirium prevention & treatment efforts --Implementation of new discharge checklist --Planning for adult patient throughput strategic A3 to address barriers
Learning Health System			
<i>We improve health through advancing, applying & disseminating knowledge</i>			
	FY17	FY18	FY18 Accomplishments & FY19 Opportunities
% of True North Boards with LHS Pillar populated	NA	54% Goal: 80%	<u>FY18 Accomplishments</u> --151 Posters presented at UCSF Health Poster Symposium in May --125+ True North Boards across clinics, inpatient units, ancillary departments & administrative areas --1000+ faculty & staff received Lean training in FY18 --74% Agree/Strongly Agree that "UCSF has established a culture of continuous process improvement" (up from 70% in FY17 & 58% in FY16) --AHRQ LHS Career Development Program awarded (2018-2023) <u>FY19 Opportunities</u> --Establish LHS True North metrics reflecting how a supportive learning environment contributes to enhanced care delivery & patient outcomes --Increase capacity for LHS support through LHS Coach Certificate program & AHRQ LHS Career Development Program