Dear UCSF Health colleagues—

We are pleased to share our 2018-19 **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 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
Chief Quality Officer
Chair, Quality Improvement Executive Committee

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

UCSF Health

UCSF HEALTH PERFORMANCE IMPROVEMENT SUMMARY
2018-19 TRUE NORTH HIGHLIGHTS

UCSF Health National Recognition Highlights
❖ UCSF Medical Center **#1** in Northern California and **#7** in the nation ❖ UCSF Benioff Children's Hospital ranked in **10** specialties

Patient Experience
We create an exceptional experience for our patients and their families

	FY18	FY19	FY19 Accomplishments & FY20 Opportunities
Would Recommend Hospital (% of units, practices, services improving)	59%	**49%** *IAP Goal: Not Met*	*FY19 Accomplishments* • Earned Pinnacle of Excellence Award from Press Ganey for 3rd year sustained high performance in adult and pediatric inpatient units • Expanded on-the-spot patient feedback tool to primary care outpatient practices • Launched NRC Health short survey pilot for pediatric patients at BCH-SF • Continued Train-the-Trainer for Caring Behaviors • Expanded Crucial Conversations Training for Inter-professional Communication • Implemented Interpreting Services Value Improvement Initiative to better and more efficiently meet needs of Limited English Proficiency (LEP) patients • Expanded to support Patient Experience at BCH-O and Marin Prima Clinics *FY20 Opportunities* • Evolve surveying process to better meet patient and organizational needs • Advance health equity lens on patient experience • Expand reach of Caring Behaviors and Crucial Conversations • Expand and develop targeted coaching for lower scoring areas • Conduct patient parking subsidy pilot and study overall impact
Physician Communication (% of units, practices, services improving)	67%	**55%** *IAP Goal: Not Met*	*FY19 Accomplishments* • Launched Star Ratings Transparency Program and Governance Group • Piloted racial equity component to Communication Micro-skills Training • Trained >500 clinicians since starting CECH Communication Program *FY20 Opportunities* • Implement Racial Equity Train the Trainer to improve communication skills across racial differences • Expand CECH Provider Communication training, particularly for lower scoring areas • Expand standard work based on learnings to create more reliable patient experience across all areas • Expand and develop coaching program

Quality and Safety
We provide patients the right care every time

	FY18	FY19	FY19 Accomplishments & FY20 Opportunities
Inpatient Mortality (O/E index)	0.93	**0.89** Goal: 0.88	*FY19 Accomplishments* • Mortality review process piloted on 4 services demonstrated high rate of provider engagement with 96% of deaths reviewed by frontline providers • New mortality review process enabled rapid identification of systems issues which were escalated to leadership for further action • Expanded Clinical Documentation Integrity (CDI) with increased clinical chart reviews from 42% to 55% of discharges • Enhanced current CDI service line partnerships and APeX support tools resulting in improved query response rates/timeliness and overall reduction in queries required *FY20 Opportunities* • Expand mortality review process across all adult and pediatric inpatient services and continue integration with eM&M platform • CDI will continue to benchmark service line data to align strategic priorities that best support quality metrics including expansion of pediatric service line partnerships

Sepsis Mortality Index (O/E index)	1.18	**1.15** Goal: 1.16	**FY19 Accomplishments** • Redesign of concurrent sepsis chart audit and dashboard data processes yielded ~50% time savings (~10 hours a week) • Utilized A3 problem solving to understand clinical opportunities of patients that transfer from outside facilities **FY20 Opportunities** • Analysis of existing gaps and opportunities for patients who develop sepsis on inpatient units (higher relative O:E subgroup) • Engage with BCH leadership to identify and address opportunities
30-day Readmissions (per monthly discharges)	11.40%	**11.23%** Goal: <11%	**FY19 Accomplishments** • Readmission rates continued to fall with several months below target • Decreased SNF LOS (24 to 18 days) and readmissions (19% to 17%) by launching SNF NP and health care navigator program for at-risk patients • Started Virtual High Risk Transitions Program where high risk elders with UCSF PCP are followed through longitudinal call program • Decreased COPD readmission rate to below state and regional levels by pairing RT and health care navigator to provide education and follow-up **FY20 Opportunities** • Partner with SNF on improving care, especially in the 0-7 day window with 9.2% readmission rate • Improve heart failure and sepsis prevention after discharge • Focus on disparities in readmission rates by race, ethnicity, language and payor
Ambulatory Quality: **Advanced Care Planning** (% of patients with an ACP documented in APeX)	28.92%	**39.72%** Goal: 36.02%	**FY19 Accomplishments** • Achieved 25% improvement in the proportion of patients ages >65 with advance care planning (ACP) discussion documented in APeX • Launched APeX ACP Navigator as a single point of truth for documentation of patient's wishes across inpatient and outpatient care teams • Leveraged multi-UC PCORI research grant and Population Health Outreach Program to offer ACP support to over 1,600 primary care patients • Provided "Mastering Tough Conversations" VitalTalk training to 56 clinicians **FY20 Opportunities** • Maximize MyChart patient portal tools to support patient engagement in ACP activities • Scale population health outreach to all primary care clinics and support health equity by offering ACP support in multiple languages • Continue to train clinicians in mastering tough conversations
Healthcare Equity: **HTN Control in Black/African Americans** (% of Black/AAs with BP meeting goals)	64.19%	**69.01%** Goal: 68.32%	**FY19 Accomplishments** • Achieved 6.4% improvement in blood pressure (BP) control among Black/African American primary care patients • Launched open access nurse visits for BP management • Distributed 152 home-monitoring BP cuffs to Black/African American patients with hypertension (HTN) across 6 primary care practices **FY20 Opportunities** • Integration of clinical treatment protocols for HTN management into APeX ("CarePath") with tailored guidelines for at-risk patients • Testing and scaling telehealth and home BP monitoring interventions • Continue HTN disparity focus across cardiology and clinical integration partners • Identify community-based interventions in partnership with SOM/Population Health
Harm Events (actual # of harm events)	1,324	**1,324** *IAP Goal: Threshold*	**FY19 Accomplishments** • Reduced 58 harm events, when adjusted for volume • Greatest improvements in: CLABSI, Falls with Injury, Adverse Drug Events and Reportable Privacy Events • Implemented Nurse-driven protocol for removal of urinary catheters • BCH-SF CLABSI Prevention Committee received annual Patient Safety Award in recognition of 35% reduction in CLABSI facilitated by twice monthly huddles with broad engagement and sharing and spread of best practices • BCH-O "It Takes Two" to Reduce Unplanned Extubations team received annual Patient Safety Award in recognition of partnership between BCH-O Neonatal Intensive Care Unit, Neonatology Service, Respiratory Care and Patient Safety • Advanced work of Opioid Stewardship Taskforce **FY20 Opportunities** • Continue efforts to improve the culture of safety • Standardize and implement reliable Universal Protocol process • Implement new testing strategy for C. *difficile* • Continue development and integration of BCH Quality and Safety Program

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<tr><td colspan="4" align="center">Our People
<i>We create an optimal work experience to help each other redefine possible every day</i></td></tr>
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	FY18	FY19	FY19 Accomplishments & FY20 Opportunities
Employee Engagement Survey (Gallup Grand Mean)	3.88	**3.90** Goal: 3.93	*FY19 Accomplishments* • Increased Accountability Index mean by 0.08 points • Launched inaugural Engagement Town Hall to broadly share engagement results and solicit feedback, then conducted follow up Town Hall to share organization-wide action plan • Developed "Belonging Index" as additional metric to measure improvements and focus on root causes identified for gap between engaged and disengaged *FY20 Opportunities* • Complete countermeasures from Creating an Optimal Work Experience A3 • Gain endorsement for People Manager Competency Model • Launch Diversity and Inclusion Education Model
Provider Engagement Survey			
UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100)	1	**7** Goal: 9	*FY19 Accomplishments* • Continued improvement in overall physician NPS scores for 3rd year • Expanded Caring for the Caregiver Program • Implemented UC Health Collaborative for sharing and learning across UCs • Expanded NPS surveying to include BCH-O • Measured burnout for first time with results lower than national benchmark • Implemented Breaking Bread Women's Leader Dinners • Expanded effective practices (leader dinners, scribes, in basket optimization, reducing clicks in EMR) • Published 52 issues of "One Good Thing" to communicate tips and resources • Created shared APP monthly noon conference across BCH-SF and BCH-O • Awarded ANCC Accreditation of APP Fellowship with distinction • Created distinctive committees with monthly reporting responsibilities to the UCSF Health APP Advisory Board
UCSF Place to Work: APPs (Net Promoter Score: -100 to 100)	21	**18** Goal: 23	*FY20 Opportunities* • Narrow gender gap in physician NPS scores: Learning Groups, Allyship, Communication Skills for Self-Advocacy • Implement a UCSF Physician Onboarding Program • Align surveying across UC campuses, ZSFG, GME and UCSF Health • Initiate first Advanced Practice Grand Rounds • Standardize CME reimbursement for APPs • Roll out of standardized provider-specific performance evaluation • Roll out new Advanced Practice website

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<tr><td colspan="4" align="center">Financial Strength
<i>We optimize financial performance to achieve our vision</i></td></tr>
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	FY18	FY19	FY19 Accomplishments & FY20 Opportunities
Net Income (UCSF Health West and East Bay)	$293M	**$308.4M** Goal: $249.0M	*FY19 Accomplishments* • Revenue favorable to budget by 4.3% despite lower discharges due to the recognition of Medi-Cal supplemental funds, provider fee and 340B • Cash and investments increased more than $125M • 28 Value Improvement Initiatives yielded $74 million in financial benefit to UCSF Health; of the $74M, $40M is attributed to direct expense reductions and $43M is net revenue with $9M in shortfalls related to longer length of stay than budgeted
Operating Cost per Case (adjusted for outpatient activity and acuity)	$24,211	**$26,017** *IAP Goal: Not Met*	*FY20 Opportunities* • 29 East and West Bay Value Improvement Initiative teams will expand FY19 priorities and launch new projects focused on revenue and asset optimization, reductions in direct cost per case and clinical areas of opportunity

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<tr><td colspan="4" align="center">Strategic Growth
<i>We promote UCSF Health as the top choice for consumers, affiliates and referring providers</i></td></tr>
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	FY18	FY19	FY19 Accomplishments & FY20 Opportunities
Ambulatory Visits (Faculty Practices)	1,492,918	**1,973,225** Goal: 5% increase	*FY19 Accomplishments* • 6% increase in ambulatory visits (11% Increase in new patient visits) • New patients seen within 14 days improved by 5% • Referral turnaround times dramatically reduced in pilot practices for new patient self-scheduling and fax to referral automation • Developed supply and demand tracking tools
Ambulatory Access (% of practices meeting unit goal)	53%	**43%** Goal: 65%	*FY20 Opportunities* • FPO & Digital Patient Experience team launching Referral Transformation Program to digitize and centralize referral processing; automate prioritization and routing; and enable self-scheduling and referral tracking • FPO improving clinic operations through centralized pharmacy refill, expanding Call Center (1st call resolution) and launching Medical Assistant/Front Desk Academy

Inpatient Discharges	36,615	**36,042** Goal: 38,248	*FY19 Accomplishments* • While overall discharges did not meet budget goal, adult inpatient transfers increased on three aligned services by more than 9% • Top LOS performers consistently included liver and kidney transplant, thoracic surgery and urology
Length of Stay (O/E index)	1.08	**1.14** Goal: <1.00	• Adult Hospital Throughput A3 completed by multidisciplinary group and multiple rapid cycle improvement efforts implemented • In depth LOS analysis revealed increased LOS, LOS index and opportunity days heavily impacted by outliers • 6% LOS decrease in pediatric medical/surgical and transitional care units • 18% increase in pediatric BMT cases
Average Daily Bed Opportunity (# of beds created if LOS = 1.0)	46	**83** Goal: 0	*FY20 Opportunities* • Continue outreach to affiliates and transfer center process improvement to increase inpatient transfers • Implement adult hospital throughput workgroups and interventions • Implement capacity dashboard and tiered-stat in adult hospital • Increase focus on discharge readiness for pediatric BMT patients

Learning Health System
We improve health through advancing, applying and disseminating knowledge

	FY19	**FY19 Accomplishments & FY20 Opportunities**
% of True North Boards with LHS Pillar populated	*Development of new metrics for FY20*	*FY19 Accomplishments* • Established system-level target metrics for Learning Environment, Lean Transformation, Innovation and Research • Increased Gallup "Learn & Grow" question from 3.77 to 3.92 • Lean active daily engagement deployed in 91 of 122 clinical units (75%) • Increased virtual care visits from 1.2% to 1.9% (58% increase) • Established a LHS Coaching Certification Program *FY20 Opportunities* • Support recommendations from Innovation at Scale FY25 Strategic Planning process • Coach and support implementation of tiered-stat reporting • Accelerate digital and virtual health care access and growth