



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# The ZSFG Way to Achieving Equity

Dr. Susan Ehrlich, CEO  
*Zuckerberg San Francisco General Hospital*



San Francisco Department  
of Public Health

## Today's agenda:

- ZSFG has been on a journey to use lean as its operating system in order to achieve its True North
- ZSFG leaders use lean philosophy to guide personal development in order to achieve True North
- Healthcare quality cannot be attained without equity
- ZSFG has normalized, organized and operationalized health equity work in a broad, deep integration with our quality journey
- Health equity improvement is uncomfortable, AND it can be owned and led at all levels through a mix of safety, courage and passion





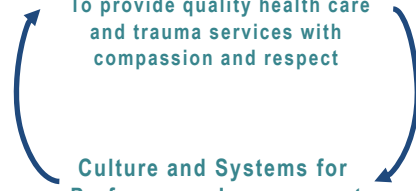
## Public Academic Safety-Net Hospital

- SF Department Public Health and SF Health Network
- UCSF Research and Teaching Mission
- City's Only Level 1 Trauma Center & Psychiatric ER
- Diverse patients and staff

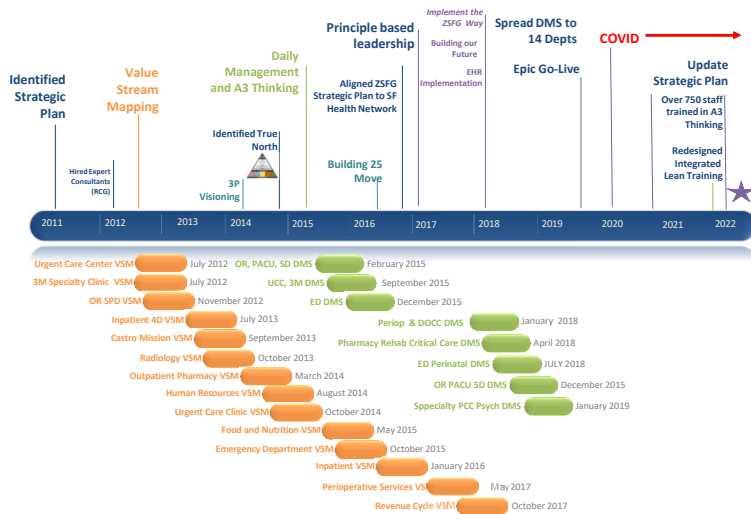
### Our Mission

To provide quality health care and trauma services with compassion and respect

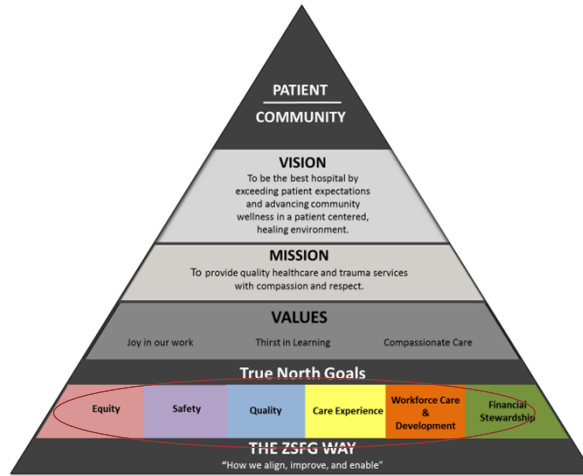
Culture and Systems for Performance Improvement



# ZSFG Lean Journey: Tools to Lean Leaders

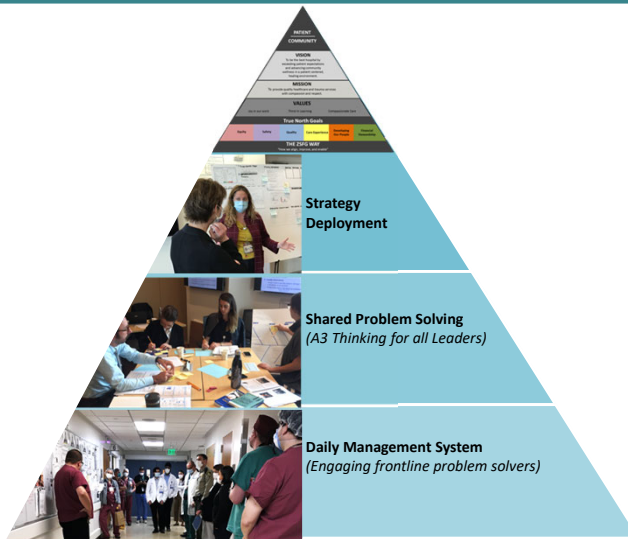


# ZSFG TRUE NORTH



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## The ZSFG Way – Our Leadership and Improvement System



### Principle Based Leadership

**Align:**

Create value for the patient  
Create constancy of purpose  
Think systematically

**Improve:**

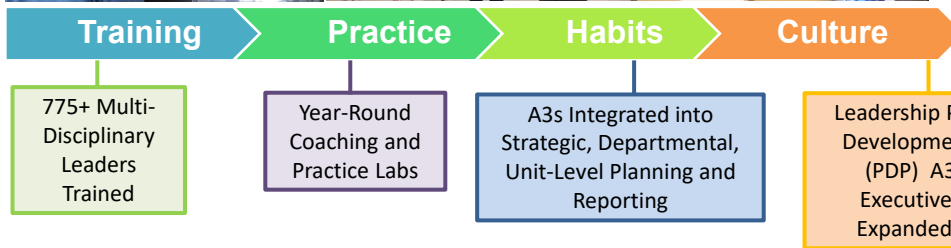
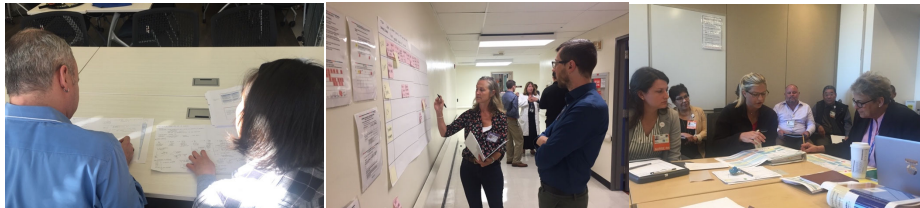
Focus on process (not people)  
Embrace scientific thinking  
Improve flow and pull  
Understand and manage variation  
Assure quality at the source  
Seek perfection

**Enable:**

Respect every individual  
Lead with Humility  
Learn continuously

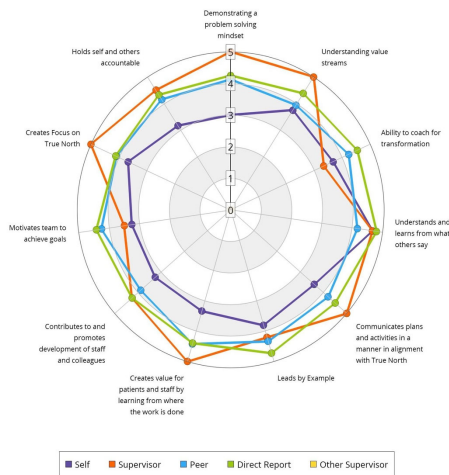
# A3 Thinking – Leaders as problem solvers

*“This is our shared approach to learning, coaching and problem solving together.”*



# PDP informed by 360° assessment

Dr. Ehrlich Principle/behavior radar chart



Opportunity Statement

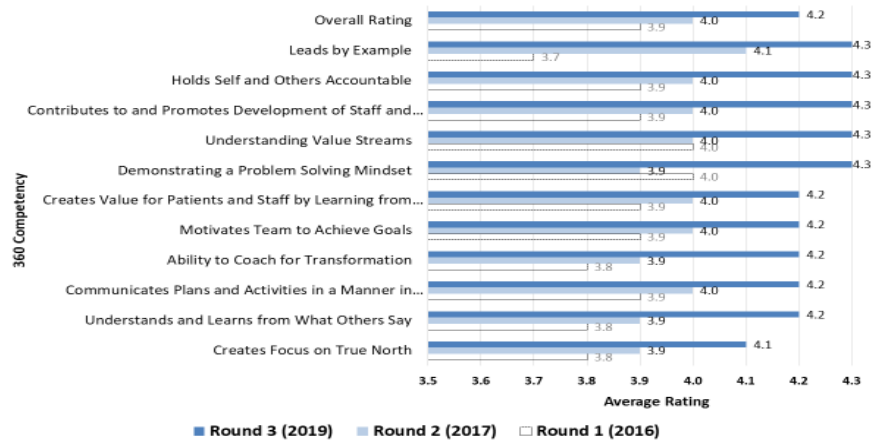
Over the time I have led ZSFG, I've seen gains in terms of using personal principle-based leadership tools like LSW effectively, and I've seen gains in measures related to coaching and mentoring my team. In order to continue to make gains in meeting our goals, I need to ensure that all on my team are consistently meeting their own goals related to achieving True North, and ensure that I'm working on engagement with those throughout the SFHN and the SFDPH

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# As a group, our leaders improved

## Compared to Previous 360 Surveys



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### Nationally....



### In our Community....



### In our own waiting room....



**“Differences in care stem from often unconscious bias among healthcare staff and from unexamined policies and practices that have inequitable impacts on Black/African American people.”**

2018 Black/African-American Health Report, BAAHI SFDPH

**What has been our role in perpetuating or resolving racial disparities?**

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## What is Racism?

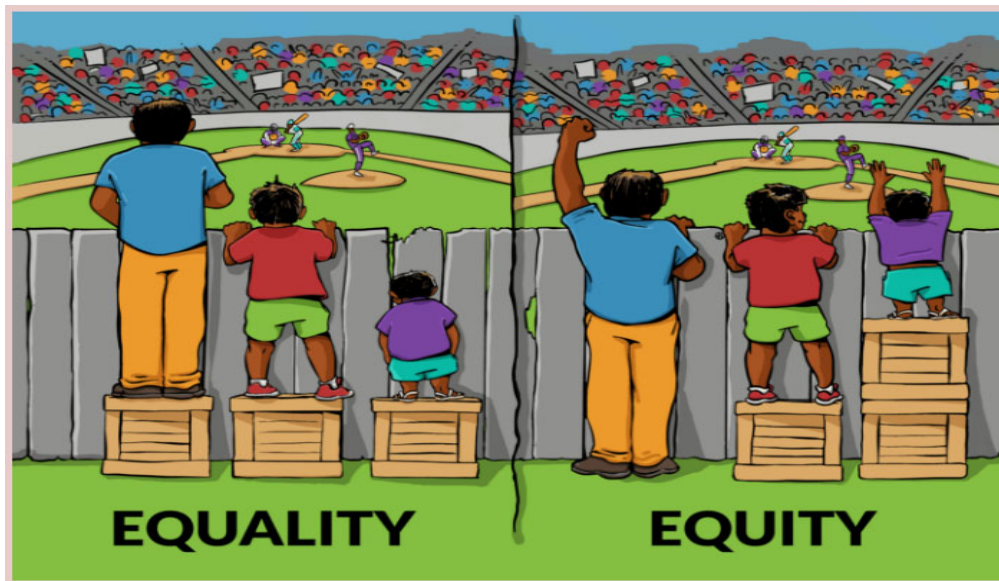
“Racism is a construct birthed out of implicit biases, structural racism, harmful stereotyping, and indescribable hate. Such a construct is detrimental to health, safety, prosperity and overall wellness of a nation.”

- Dr. Jones

## What is Anti-Racism?

- Awareness
- Motivation
- Skill development
- Unlearn
- Quality improvement frame of mind
- Consistency
- Empathic challenge
  - Intentional listening
  - Psychological safety
- Love and kindness
- Space to feel
  - Legitimizing
- Introduction & Affirmation
  - Task and relationship

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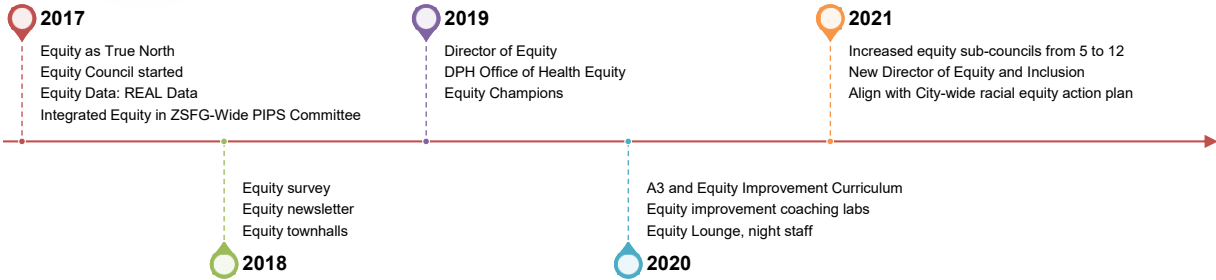


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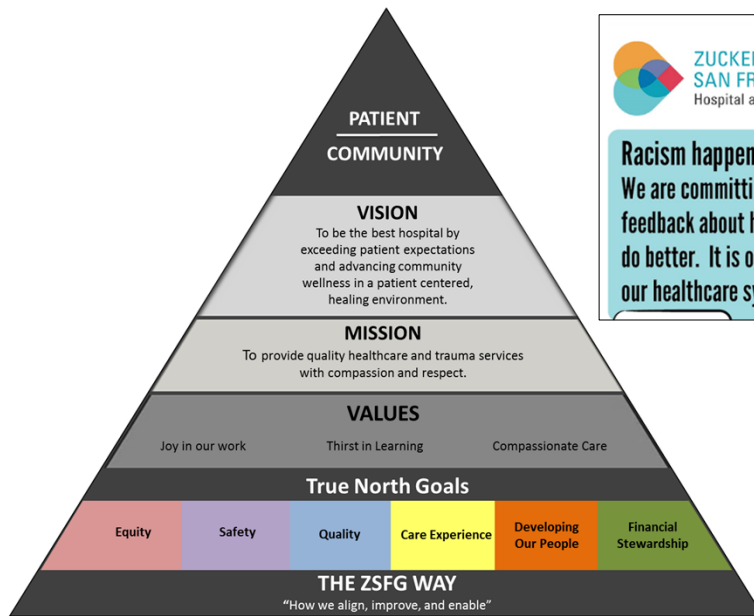
# ZSFG Racial Equity Journey



- Applying the Governmental Alliance for Racial Equity (GARE) framework, we identified barriers in:
  1. Communication
  2. Leadership commitment
  3. Organizational commitment
  4. Hiring/recruitment/retention
  5. Staff competencies
  6. Community & staff engagement



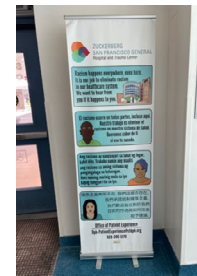
# Normalizing and Organizing for Health Equity



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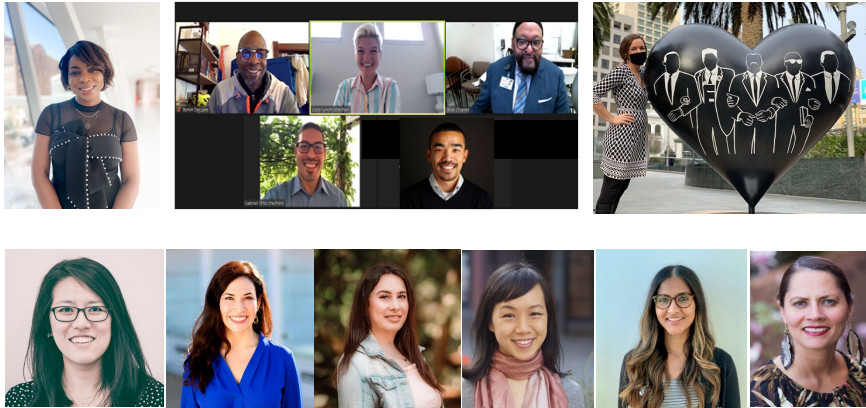
Office of Patient Experience  
Dph-PatientExperience@sfldph.org  
628-206-5176

Racism happens everywhere, even here. We are committing to anti-racism. We welcome your feedback about how we are doing and how we can do better. It is our job to eliminate racism in our healthcare system.



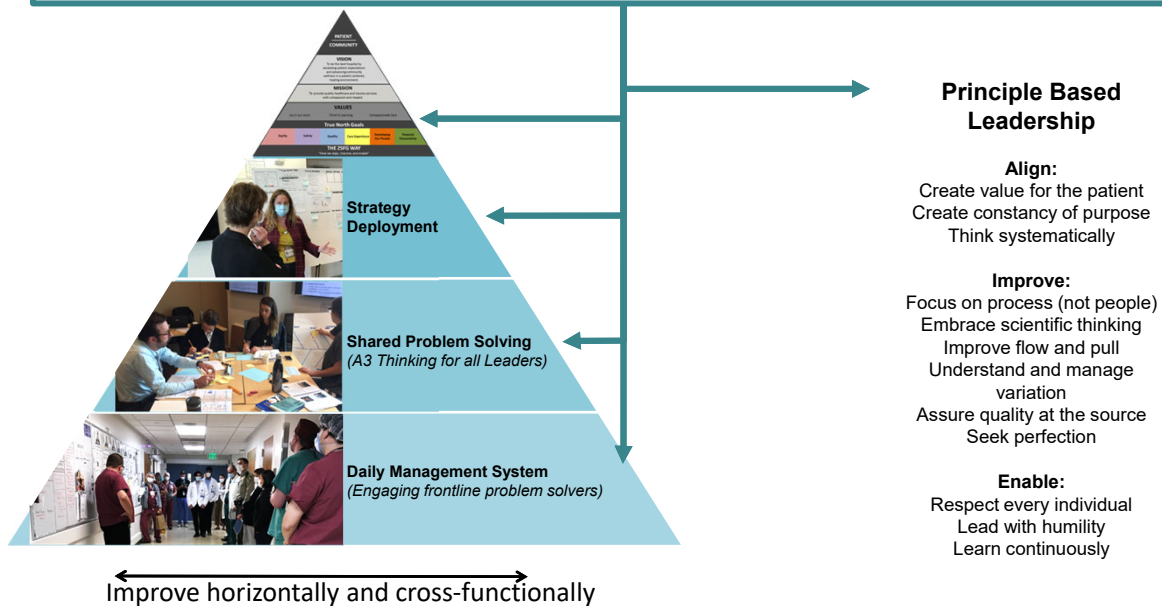


# Equity Council and Newsletter



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## Operationalizing Racial Equity into all levels of the ZSFG Way



# Coaching for Equity

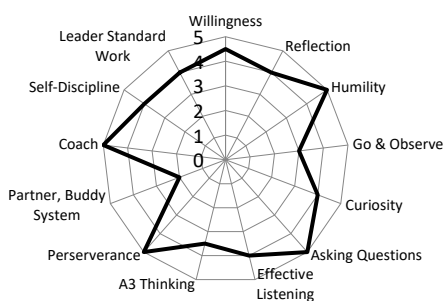
## Kata for Identifying goals and addressing disparities

- 1. Normalizing:** "What problems do you think your department has where we may have inequities or disparities in achieving a universal goal in patient care?"
- 2. Defining:** "How have you stratified your data by racial sub-group to measure potential disparities in achievement of your universal goal?"
- 3. Asking Why:** "What are the risk points in your processes or policies for individual bias or systems failures affecting targeted sub-groups?"
- 4. Action:** "What changes can your team test to resolve problems in individual bias or systems failures for each sub-group?"

Script used in ZSFG Equity Coaching Learning Labs  
Applying "Targeted Universalism" - Set universal goals that can be achieved through targeted and universal approaches

# Personal Development Plan A3 Thinking

1/27/19



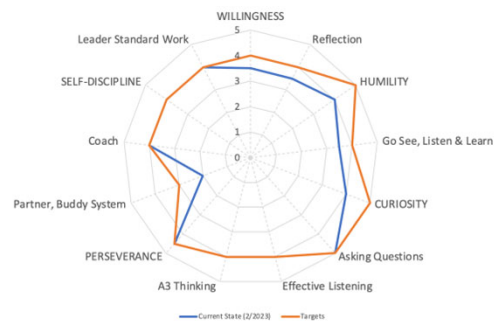
5 Changes Great Leaders Make to Develop an Improvement Culture

- Willingness
- Humility
- Curiosity
- Perseverance
- Self Discipline

<https://catalyst.nejm.org/five-changes-great-leaders-improvement-culture/>

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2/6/23



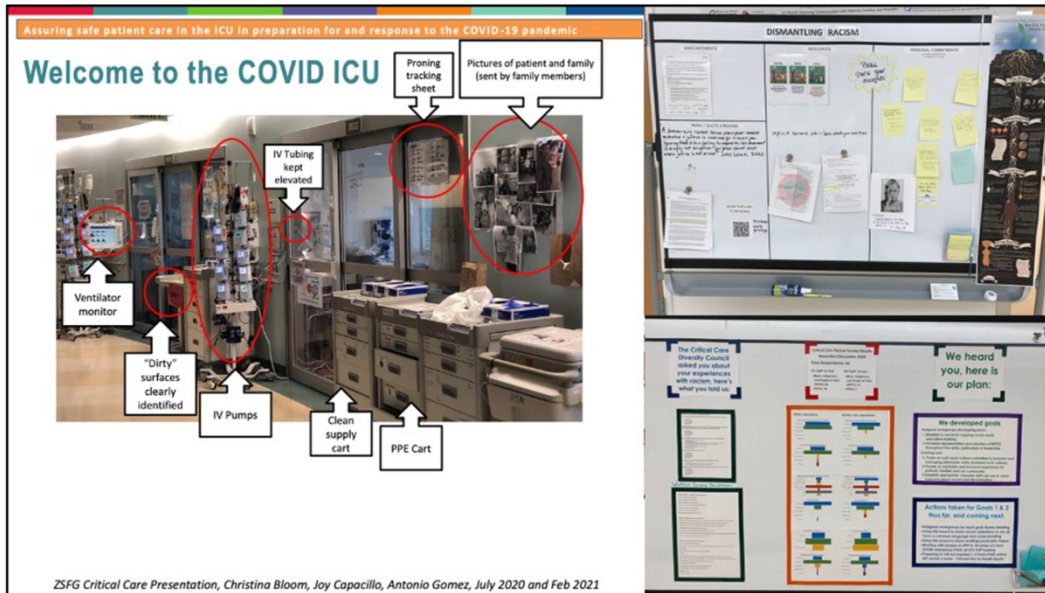
**2023:** Executive Team Piloted Incorporation of Equity as a Critical Outcome

Example sub-behaviors included:

- Embracing diversity, equity, and inclusion
- Encouraging open dialogue
- Empowering others



## Equity Improvement Leaders are Passionate



## Equity Improvement Leaders are Self-Reflective

- “We should think about what we do as leaders that may be perceived as racist.”
- “We have to understand why and look at the data.” “Let’s design our own survey.”
- “What can we do to allow staff to speak up, without being anonymous?”

Reyland Manatan, Manager, Environmental Services

## Equity Improvement Leaders are Empowered

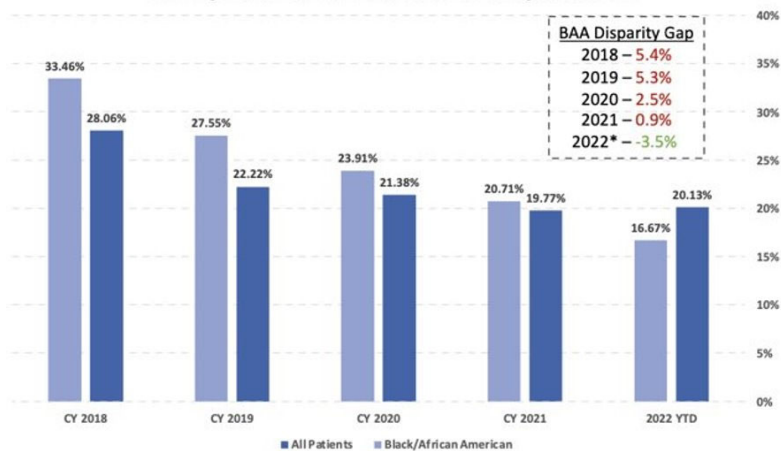
“If a subset of our patients are telling us they are uncomfortable, and we have the power to do something about it, we should ‘just do it.’”

*Alonn Ilon, Nurse Manager  
4M Surgical Subspecialty Clinic  
Performance Huddle*



## Equity Improvement Leaders are Data-Driven

30-Day Readmission Rate After HF Hospitalization



Davis, J & Zier L, ZSFG Cardiology

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"The Stroke team has focused on equity by ensuring processes, order sets, care delivery, and performance improvement are tracked to mitigate the biases of race, ethnicity and language." - Dept of Neurology

"77 % of surveyed clinicians agreed that they plan to change parts of their practice based on what they learned from our equity dashboard." - Dept of Emergency Medicine

Telehealth Utilization by Language, Specialty Access

Use of Force and Behavioral Response Team, by Race – Security

"Continue to provide education on health equity and guideline adherence at monthly resident orientation . We stratify performance data by race for serum EtOH screening to determine if implicit bias affected guideline adherence."  
– Dept of Neurosurgery

"With each challenging case, we are now asking how inequity and bias may have affected these unfortunate patients. It's uncomfortable.

**And that's what doing equity work is supposed to be. Uncomfortable."**

Alma Martinez, MD  
Pediatrics  
Risk Management Committee

Patient Grievances and Equity Concerns by Race – Patient Experience

"We've assessed the data for disparities in colon SSI as well as wait time for cholecystectomy". – Dept of Surgery

Increased Record Requests by Language – Medical Records

"Equitable Patient Care: ICU is in the assessing & planning stage regarding racial disparities in end-of-life care in the ICU. Staff [also] identified a gap in available supplies for the BIPOC population for hair care and hygiene."

– Critical Care

## We are still learning:

1. We cannot achieve quality without health equity. It can't be assumed.
2. Health care leaders can normalize, organize and operationalize a health equity framework in broad, deep integration with their quality journey.
3. Health equity improvement is uncomfortable. Grounded in respect for people and leading with humility, this leadership mindset and skillset can be learned, practiced, and coached.
4. Ownership and leadership at all levels - through a mix of safety, courage and passion. "We have the power to do something about it"



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Questions?





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Thank you!

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