



Journey to an Anti-racism Organization

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Conflict of Interest Disclosure

Susan P. Ehrlich, MD, MPP, reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



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Presenter

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Dr. Ehrlich is the Chief Executive Officer at Zuckerberg San Francisco General Hospital and Trauma Center. She is a Lean-certified physician executive with extensive expertise leading and transforming public health care organizations serving diverse populations. She is devoted to and experienced in health care quality improvement and value development, including staff and patient engagement in care and diversity, equity and inclusion. She currently practices primary care physician for adults.



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JOURNEY TO AN ANTI-RACISM ORGANIZATION

Dr. Susan Ehrlich, CEO
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Sophia Lai, Director of DEI
Zuckerberg San Francisco General Hospital



San Francisco
Health Network


SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



San Francisco Department
of Public Health

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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

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WHY NOW?

2020

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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 marriage of racist policies and racist ideas that produces and normalizes racial inequities.”

- Dr. Ibram X. Kendi

“Racism is a construct birth 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. Camara Jones

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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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What is an Anti-racism Organization?

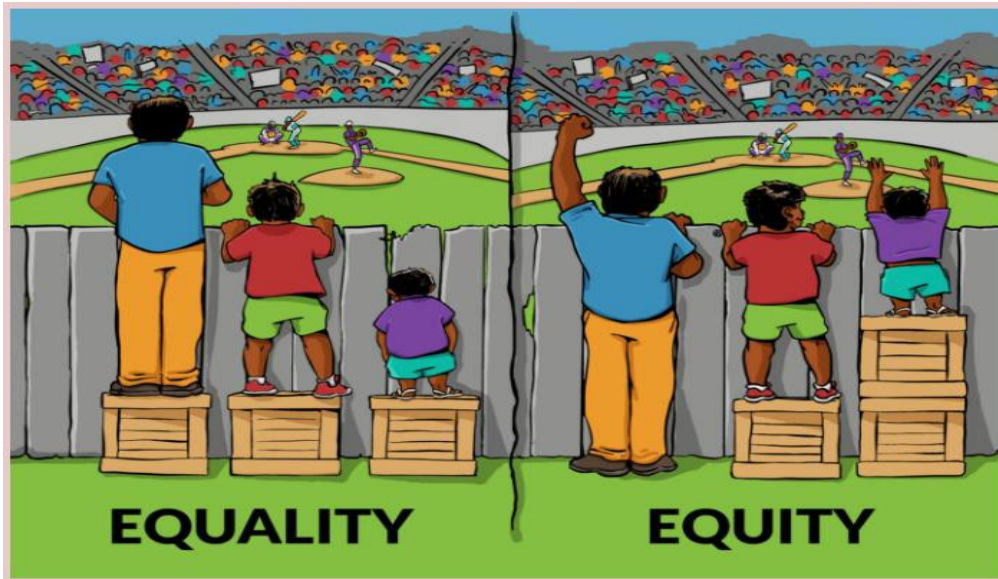
- Equitable care for all patients
- No bias
- All members of our staff feel valued
- Policies written with an equity lens
- Psychologically safe environment
- Listen intently without judgment
- No preconceived notions
- Extend compassion, care, and kindness to everyone equitably
- Treat the disease and care for the patient with an equity lens
- Do the right thing because it is the right thing to do
- Accountability at **ALL** levels of the organization

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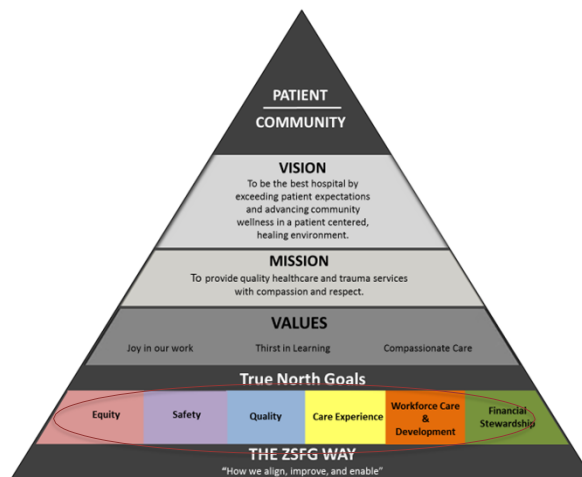
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ZSFG TRUE NORTH



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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



2017

- Equity as True North
- Equity Council started
- Equity Data: REAL Data
- Integrated Equity in Hospital Wide PIPS Committee

2018

- Equity survey
- Equity newsletter
- Equity townhalls

2019

- Director of Equity
- DPH Office of Health Equity
- Equity Champions

2020

- A3/QI Equity Curriculum
- Equity lounge, night staff

2021

- Increased equity sub-councils from 5 to 12
- New Director of Equity and Inclusion
- Align with City-wide Racial Equity Action Plan

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Call To Action: 2017

Staff Survey Revelation

- Only 28% of B/AA staff responded affirmatively that their department at ZSFG was actively taking steps to improve racial equity
- Only 13.4% if ZSFG's staff are Latinx in comparison to 38% of patients

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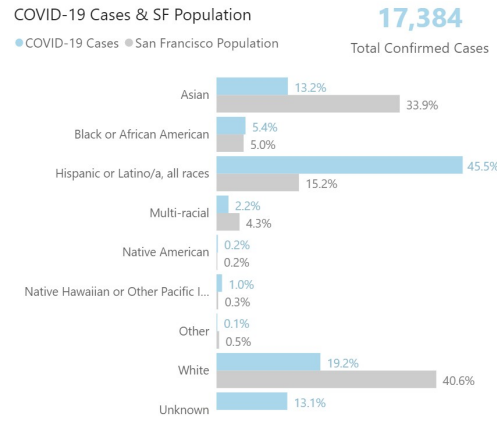
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Call to Action – 2020

Key Points

- Pandemic (COVID-19) highlighted health care disparities
- April 2020, approx. 75% of ICU cases at ZSFG were Latin-X
- Almost 50% of the COVID-19 cases were amongst the Latin-X community
- Less than 13% of the ZSFG staff is Latin-X, while over 38% of the patients seen are of the Latin-X community

Supporting Data



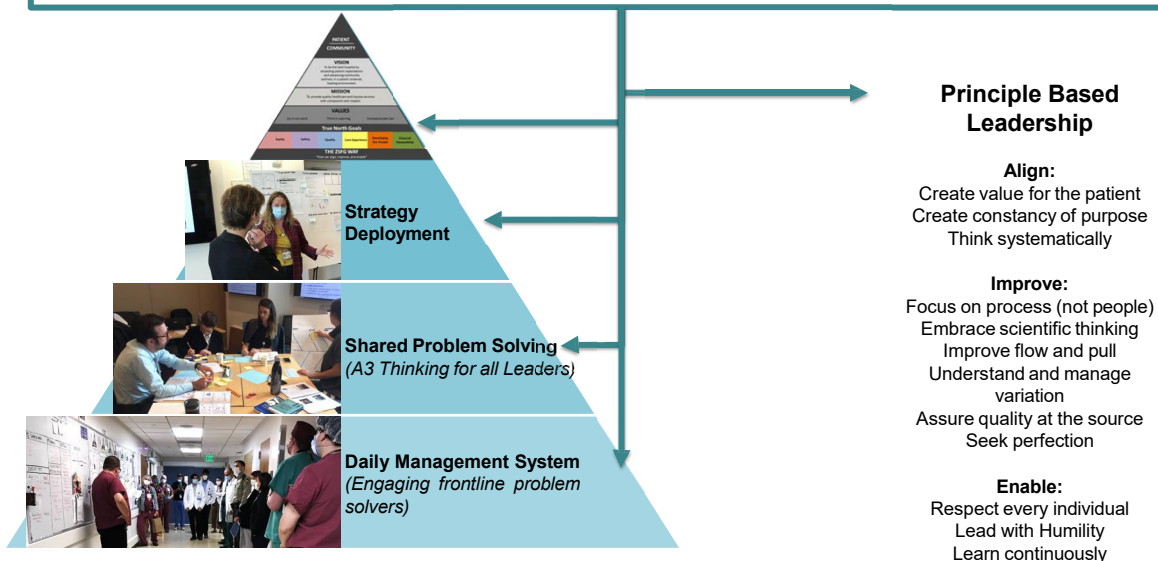
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Operationalizing Racial Equity into all levels of the ZSFG Way



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A3 Thinking and Coaching for Equity Applying “targeted universalism”

Equity A3 Tool Template - This template is designed to help you think through the process of applying targeted universalism to your organization's equity goals. It is a tool for thinking, not a checklist. Use it to guide your thinking and to help you communicate your ideas.

1. Problem Statement: What problem are you trying to solve and why is it important?

What is the high-level summary of the problem and its outcomes on stakeholders/organization?

What is the problem's current status? (e.g., how is it affecting the organization, its stakeholders, or the community?)

Why is this problem a priority you have chosen to focus on now?

- Internal Drivers: Describe alignment with True North goals, vision, strategies, existing A3s, especially in connection to equity.
- External Drivers: Describe external drivers such as policy, legislation, needs, existing organizations.
- Historical Context: Consider a timeline of past efforts and events. (1—2—3—4—5—6—7—8—9—10)
- What is the current status of the problem? (e.g., how is it affecting the organization, its stakeholders, or the community?)

2. Current Situation: What is happening now and what is not working?

Describe what is currently happening (e.g., current processes, what are getting today's results).

What data or evidence do you have to support your current situation? (e.g., data, research, stakeholder input, etc.)

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3. Problem Statement: What specific, measurable problem will arise as your baseline performance?

What is the current status of the problem? (e.g., how is it affecting the organization, its stakeholders, or the community?)

What is the current status of the problem? (e.g., how is it affecting the organization, its stakeholders, or the community?)

4. Problem Statement: What specific, measurable problem will arise as your baseline performance?

What is the current status of the problem? (e.g., how is it affecting the organization, its stakeholders, or the community?)

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A3 as Racial Equity Tool

* Targeted universalism = Setting universal goals and using targeted processes to achieve those goals. John A. Powell

1. **Normalizing:** “What problems do you think your department has around inequities or disparities in patient care?”
2. **Defining:** “How have you stratified your data by racial sub-group to measure potential disparities in achievement of your 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?”

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Problem Statement

While disparities in healthcare is not a new phenomenon, COVID-19 in 2020 exacerbated the inequities fueled by the overt **racism** nationally. ZSFG recognized the approach to deliver an anti-racism organization requires a deliberate focus on the improvement by all departments.

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Countermeasures

- Establish an Equity Council
- Provide resources to support managers/supervisors in creating inclusive & equitable workplace cultures
- Strengthen equity leadership training for ZSFG workforce
- Review and modify hiring, promotion, and retention policies/practices to ensure equitable treatment; and to build a workforce that reflects the patients/community
- Increase transparency through communication internally & externally

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Equity Newsletter

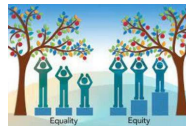
August 2022



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Advancing Equity.

In this quarterly staff newsletter, we hope to educate, advocate, and inspire efforts to advance equity across our organization.



"Health equity means everyone has a fair opportunity to live a long and healthy life. Those with the greatest needs and least resources require more efforts to equalize opportunities."

Welcome New Equity Council Members!

We welcome our newest council members! They will advise and support ZSFG's Department of Diversity, Equity, & Inclusion (DEI) and ZSFG more broadly on DEI matters. The council will critically analyze hospital operations, policies, staff experience, and patient health outcomes through an intersectional race-conscious lens. As an influential and collective voice, the council holds ZSFG Executive Leadership and the ZSFG Department of DEI accountable in leading the ZSFG community in dismantling institutional and structural racism and building a culture of respect and inclusion.

• Nora Franco, MSIS, Clinical Research Librarian

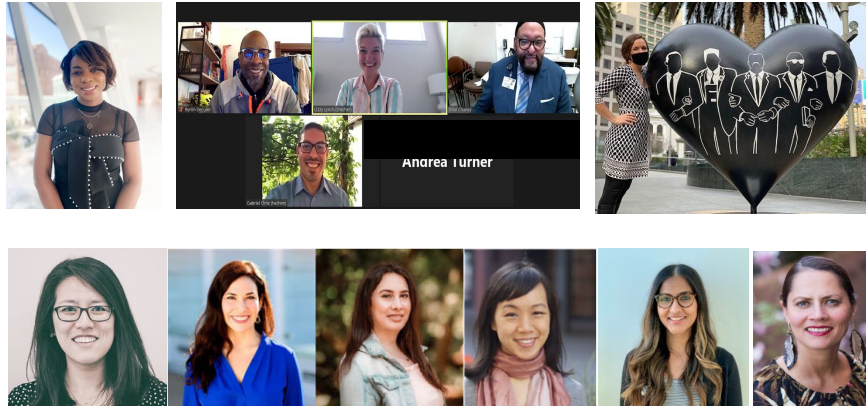
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Equity Council Pictures



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Huddle Board

Emergency Room Department

- Led by the Director
- Other department leaders are present
- Address equity concerns as well as safety issues



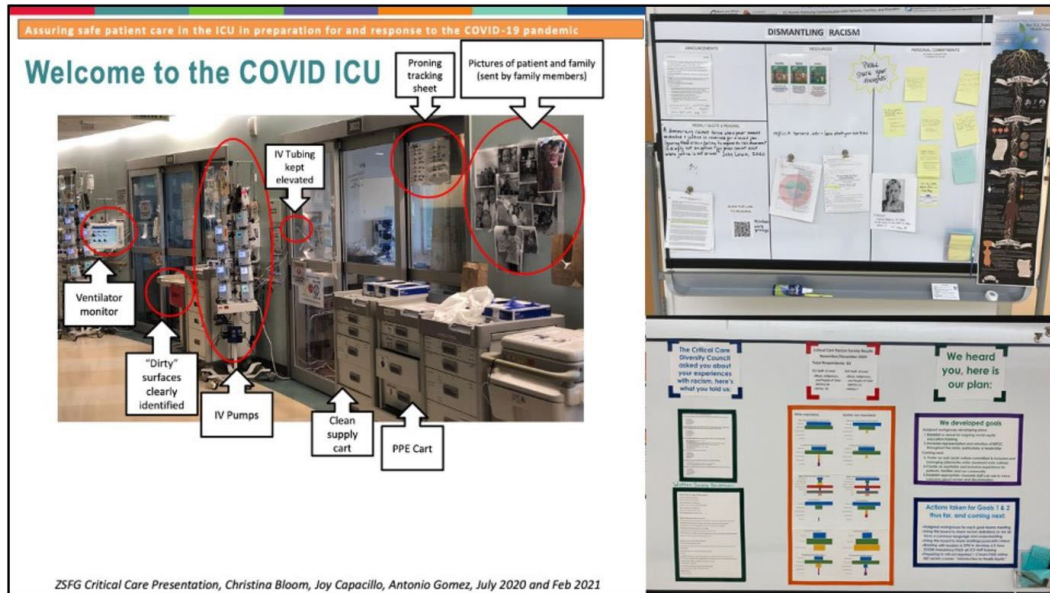
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Equity Improvement Leaders are Passionate



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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

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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*



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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

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."

"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

"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

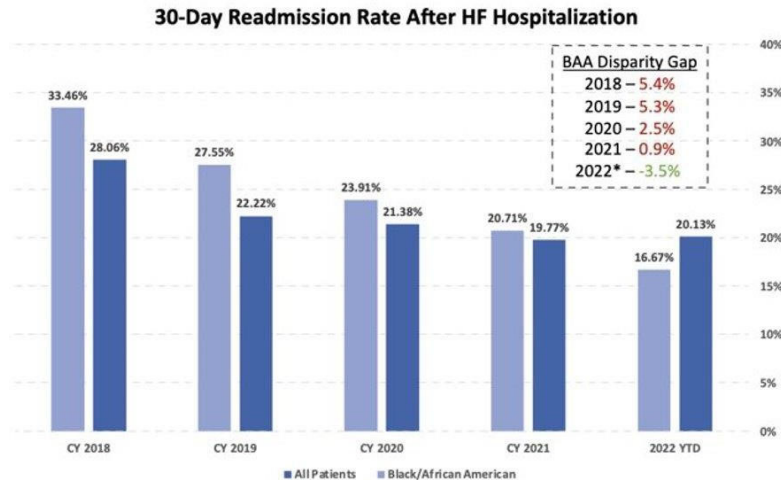
Increased Record Requests by Language – Medical Records

"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

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Equity Improvement Leaders are Data-Driven



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Davis, J & Zier L, ZSFG Cardiology

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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. And, it is a mindset and skillset that 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"

Thank you!

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2022 HQI Annual Conference



restore. inspire. lead.

Questions

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Thank you

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