Lean Leadership to Advance Strategic and Health Equity Goals

Zuckerberg San Francisco General Hospital & Trauma Center

Lean Action Research Learning Collaborative (LARLC)

CLEAR
Center for Lean Engagement & Research in Healthcare

Berkeley Public Health

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BACKGROUND

Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) is a member of the Lean Action Research Learning Collaborative (LARLC) organized by the Center for Lean Engagement and Research (CLEAR) at UC Berkeley. As part of the Collaborative, LARLC members requested an assessment of lean practices used by leaders to advance strategic goals in their organization. A current priority for several LARLC members is to advance health equity and workforce diversity, equity & inclusion (DEI) as an important organizational goal.

This report summarizes interviews conducted with 21 ZSFG leaders, ranging from nurse managers to directors and executives. In total, we spoke with 67 such leaders across 5 LARLC member health systems. We used qualitative, in-depth interviews to gather information on the following topics:

- Types of lean-based tools or practices that leaders regularly use to engage staff
- Leader behaviors and practice of 'humble inquiry'
- Modeling a problem-solving mindset via PDSA rapid cycle improvement
- How leaders support organizational goals
- Performance visibility, i.e., how leaders demonstrate progress on goals
- Vertical catchball among leaders across the organizational hierarchy
- Accountability as a leader competency.

For LARLC members with health equity and workforce diversity as a key priority, in addition to the topics listed above, we asked a series of targeted questions focusing specifically on DEI. For example, after assessing the types of tools that leaders use to engage staff more generally, we asked about those used specifically to engage staff in DEI work. We also asked leaders about practices they use to encourage diverse viewpoints from their teams. Similarly, in addition to querying leaders on the presence of accountability structures in general, we asked about specific mechanisms for holding leaders accountable to DEI work.

All interview topics, whether general or focused specifically on health equity and workforce DEI, include follow-up questions on experienced challenges/barriers as well as potential solutions for overcoming such barriers, perceived facilitators, and recommendations for success. The information provided by all ranks of leadership in this individualized report for ZSFG offers unique insights that can be leveraged for organizational action and continuous improvement.

As is customary in qualitative research, direct quotes from interviews appear throughout the report to support thematic findings. All identities are anonymized; only generic categories of job roles accompany each quote for context that may assist with interpretation of the data. A description of research methods and interview questions can be found in the Appendix.

1. PRACTICES USED BY LEADERS TO ENGAGE STAFF

1A. General Engagement

Huddles. We asked leaders about the practices or tools they use to engage staff on a regular basis. Leaders most often report using daily and weekly huddles, which they view as a key management tool and important way to connect with team members. There are operational huddles that occur daily, and improvement huddles that occur twice a week. While having their own standard work processes, both types of huddles are used by leaders to solicit staff input and have been particularly useful in recent years. As one director shares:

> *"The pandemic actually allowed us to use some of the lean tools that we had in place, especially using the voice of the customer, of our own staff, in coming up with novel solutions for problems that we haven't encountered before."*

Status sheets. Another common tool that leaders report using to engage staff is the status sheet. This document is used for many purposes, including facilitation of group discussion about work tasks, check-in meetings with individual staff members, and leader gemba rounding. Data from status sheets are also used to inform the content to be placed on visual boards.

Report-outs, leader standard work. Due to the hectic nature of the healthcare landscape during the pandemic, ZSFG leaders describe a shift away from written and formalized procedures during huddles in favor of a shortened, group "report-out" format. In this context, the practice of providing examples of leaders' own work process can help engage staff and promote clarity in workflows. According to one director:

> *"Leader standard work is a daily cadence for the leader to put on a whiteboard their daily goals. …I actually share with the team what I'm working on as well, because lean leadership is always leading by example."*

Promoting psychological safety. An executive describes the creation of 'huggles' among some teams at ZSFG, which is a combination of a huddle and hug. In efforts to increase psychological safety in the workplace, such team building fosters connections by encouraging more personal conversations among staff that focus on individuals and not solely the business of patient care.

Barriers to Engaging Staff

Time and resources. According to leaders, the main barrier to regularly engaging staff is lack of adequate time and resources. Leaders express difficulty in engaging with team members individually as their calendars are often overbooked. Human resources are also lacking due to employee retirements or the city's re-deployment of ZSFG personnel to other hospitals and areas in need of support. As one director succinctly expresses:

> *"Can we make days longer and make budgets bigger?"*

Knowledge of lean processes. Barriers to engagement also include lack of common understanding of lean terminology and processes, which may slow down improvement work at ZSFG. Frontline staff are not as familiar with typical protocols for lean-based problem solving, making it difficult to come to solutions systematically versus jumping to conclusions. This barrier and need for staff training is described further below.

Departmental ownership. Interdepartmental work also creates some degree of difficulty with engaging staff in addressing root causes of problems, as it may not ultimately be in the purview of the departmental staff who identified an issue to also provide the solution. One nurse manager explains:

> *"There's so much interdepartmental connectivity that we're not necessarily in control of the eventual solution or the root cause. It's not unusual at all for us to identify a problem that impacts our patients or our day-to-day work, but that root cause is not within our locus of control. It's not even occurring in our department, potentially."*

COVID-19. The pandemic created several barriers to staff engagement and leader tools such as leader rounding, due to the need to limit exposures only to essential personnel in patient care areas. Huddles were also impacted particularly among executive and administrative staff as meetings were held virtually until vaccines became available. Other general barriers to staff engagement include feelings of burnout and underappreciation, especially for the extra work required of them during the pandemic. As one administrator shares:

> *"I think with Covid it was so hard to get that level of engagement. Staff were coming in every single day at the height of Covid. They were burnt out. They felt underappreciated by the organization. And they were overwhelmed. So it was really hard to harness that level of engagement. We were always putting out fires. They probably weren't working on things they were initially hired to do, so that was hard."*

Facilitators / Solutions for Overcoming Barriers

Lean training. A specific suggestion to overcome engagement barriers is to increase exposure and access to lean training, so staff can understand what process improvement typically looks like. This would also allow more employees outside of leadership to be educated in lean methodology. As one nurse manager recommends:

> *"Increas[e] the time and attention we pay to training everyone. Really giv[e] access to everyone at every level in every job description access to training to have just a readier understanding of what the process is, so that more people besides leadership are saying, 'Hey, let's [conduct 5 Whys]'… and be able to foster that culture. So that would be helpful, having that access."*

Leaders across the institution with lean expertise are valuable coaches who can support local work processes. A nurse manager responds to our question about helpful facilitators for staff engagement at ZSFG:

> *"Facilitators are strong institutional support, and multiple folks who join the huddles from outside our immediate clinic who can support those processes. So our nurse educator is highly trained in lean techniques. We have our KPO department that can help support and they often join. My director joins at least weekly, is supportive of the processes and well trained, as well as the chief medical officer."*

Flexibility, standard work. In addressing post-pandemic barriers and staff burnout, leaders cite the need to be more flexible and then to routinize changes via standard work. According to a director:

> *"There was allowing flexibility and work from home once Covid was subsiding, where it became more predictable. And so with that predictability, we were able to develop standard work and develop a mechanism … And we were able to harness a flexibility so that folks didn't feel as burnt out."*

Humble inquiry. Another facilitator of staff engagement is the practice of humble inquiry. This method can help leaders solicit information from staff while improving relations in the workplace, which increases psychological safety and creates smoother workflows. Humble inquiry is described in more detail in Section 2.

1B. Diversity, Equity & Inclusion (DEI) Engagement

Tailoring status sheets. We asked leaders how they foster equity and inclusion while engaging staff, and what practices or tools they use specifically to promote DEI work. Although status sheets provide a standard way for leaders to engage staff, several describe tailoring protocols to better fit the needs of diverse team members. For example, based on an employee's language background or preferences, leaders may allow for written or emailed vs. verbal, in-person status review. Leaders may also tailor questions and spend more time than minimally recommended to individualize plans for staff. An executive and director, respectively, describe the importance of being cognizant of staff differences when using this standardized tool:

> *"Well first off, it's not assuming that everyone is at the same point, right? And so I think that's the piece I mentioned, is that my status sheet is uniquely tailored to that individual. … So it's not putting everyone in the same box. I think it's really important to recognize everyone has different needs."*

> *"It's about meeting your staff where they're at, [as] I do have direct reports with pretty different styles…. So in terms of inclusion and equity, it's about seeing what works for my staff, meeting them where they're at, and being inclusive of their ideas and what works for them."*

A more explicit way of using status sheets for DEI work is to include direct questions about equity. One director describes how they regularly integrate such questions to guide staff performance:

> *"One of the ways is embedding [DEI] into standard work and into the structure. So one of the things I do in terms of my status sheet is I always ask a question about equity…It really depends on the person and where they're at, but sometimes I'll ask, 'What's your conception of equity? How do you see the connection with equity in your work?' Then with some we'll get a little deeper. I'll work with them to set goals around X number of equity learnings, or 'I'm going to read in journal [club] the types of goals I shared.'"*

DEI A3s. There is an institution-wide A3 for equity work at ZSFG. Following this model, leaders also use A3s as a tool for individual projects that fall under the larger umbrella A3 for DEI work. Moreover, one leader described using a sub-A3 specifically for the areas of staff development and communication around DEI issues.

Diversity celebrations. Informational boards and themed meals in the cafeteria are used to engage staff by celebrating events such as Pride Month, Black History Month, Lunar New Year, Filipino Heritage, and Cinco de Mayo. Such events occur monthly at ZSFG to highlight diversity and cultures. This information is integrated by leaders into daily huddles, along with any problems that might be discussed from an equity lens. According to a nurse manager:

> *"It is more in the operational huddles. There might be announcements about community or institutional celebrations, opportunities to learn about various communities, populations, backgrounds, holidays. Things like that would be included in operational [huddles] and then if any concerns for the day get teased out during an operational huddle, there's an equity component that would also be included."*

Leaders are also mindful to inform, engage, and celebrate all personnel types whether clinical or non-clinical. One nurse manager describes the inclusion of all job classifications:

> *"The way I do the huddle in the morning is, for example, if there's a practice change or a celebration for a staff member, I try to be really mindful [that] it's not just about the RNs. We also have unit clerks here, we have nursing assistants... Are there any updates related to their classifications, or their care delivery that's important for everybody to know? So trying to be as inclusive as possible in that way."*

Hiring practices. A common theme that leaders mention is their effort to seek representation and different viewpoints when hiring new employees. This is described as bringing balance to the team while reflecting ZSFG's patient population. Yet there are limits as the HR department typically redacts identifying information from job applications. Some alternative ways that leaders work with HR are to conduct recruitment efforts among diverse student bodies or community volunteers. A director introduces the overall goal when hiring for diversity:

> *"I make it a point when I'm developing my team or hiring that it's really important to have that diversity lens. You're not trying to hire someone who's exactly like you but who can complement you, bring something new to the table. And so, just in terms of how we show up as a team, is ensuring that diversity is always on our mind from the very beginning and then recognizing those different ideas."*

More detail is provided by an executive regarding hiring practices in the public sector:

> *"In terms of recruitment and retention, I think it's important for my team to reflect the patient and staff population …We're limited in how we do that in a city-county department. There's a lot of things that are redacted…like we don't know people's demographics and so forth. But we try to work with HR on diverse recruitment. …We will make sure we reach out to schools we've interacted with before that have really diverse students…We [also] use volunteer services as an entry point. A lot of volunteers are actually community members that have sought care here or family members, and we really try to work with them to successfully obtain a job within the city and county."*

Awareness of perspectives. Other practices or tools that leaders use to support DEI include soliciting input from different viewpoints. This might be done formally using an institution-wide staff experience survey, or informally by seeking to be more aware of different opinions on the team. A medical executive and administrative officer, respectively, describe these approaches:

> *"On the staff side, we look not only at the representation of our staff to make sure we reflect our community, but we survey our staff around DEI. We don't do it every year, but we do it every couple of years. Again, really trying to assess our climate especially as it relates to DEI, to understand our staff's perspective, what they're feeling and perceiving, and then potentially what we might improve on."*

> *"We try to be, I guess I would say, 'DEI-informed'…apart from representation of different rules and perspectives, I try to include everyone in the discussion. If someone is not necessarily being forthcoming, I try to ask explicitly for input, try to surface alternative or contrary points of view. So those are some of the tools that I use."*

Similarly, another administrator describes how they informally build awareness of current events and issues pertaining to DEI:

> *"Another thing I try and do, maybe it's not codified in the process, but especially when there's a national issue that's impacting people, I try to at least acknowledge it in the conversation. It's just about acknowledging that it affects people differently."*

Barriers to Engaging in DEI Work

Inclusion vs. exclusion. When asked about barriers to engaging staff in DEI work, many discuss challenges associated with the topic itself. DEI can be controversial as active efforts to include one group may inadvertently exclude another group. One nurse manager speaks frankly about

this and advocates for a need to actively support underrepresented groups. According to this manager, proper validation of issues that certain groups experience is a prerequisite for improvement. Several leaders mention huddles as a venue for discussing DEI topics. Staff wellness surveys are also used to monitor staff experiences, thus promoting inclusivity. The nurse manager addresses these points:

> *"I think it's fair to say not everyone is going to feel included. Someone is going to feel some kind of exclusion at some point, and it varies. I think a misconception is you don't have to put active effort into it. I think actually we do. And I think things are organic for sure, but you still have to put an active effort…into the areas that tend to be underrecognized, underrepresented.*
>
> *I try and test the limits sometimes in my huddles; I do talk about things that perhaps other people don't feel comfortable talking about. But because I know it affects a certain population of my staff…that gun violence, for example, racism, healthcare inequity, these are all things that some of us will experience more than others.*
>
> *I think it's important to call it out, because it's the only way [staff] can first of all feel validated and acknowledged, and then move towards changing the way we do things. …One of the metrics that we followed and did a driver for was specifically staff wellness, which is unusual, but we tracked very basic things in a way that was inclusive of all staff."*

Hiring rules, regulations. There are also systemic barriers to hiring for diversity. Besides HR's redacting of demographic information, rules for hiring within the public system may be at odds with diversity, according to one executive:

> *"[One of] the biggest goals we have is to diversify our workforce. That's big for us; really looking at who it is that we hire and what the makeup of that is. One of the biggest barriers we face happens to be the rules and regulations that come with civil service... People have to take a test; sometimes that is a written test. In addition to taking a written test, you have an oral interview and you also get credit for years of service.*
>
> *A lot of red flags [there]…in terms of taking a written test when not everybody's first language is English. The computer proficiency might not be the same for everyone if we're talking age demographic. In addition to that, the years of service. The longer you've been here, there are points that accrue from a union and civil service perspective that all adds into how this list of staff that you can hire from is created. There are institutional and historical issues that impact that list.*
>
> *Your opportunity to reach someone who might be just as great of a performer, but didn't test as well or is new to the organization and might bring diversity and a very different perspective that we need, is taken away almost without even your knowledge. …I would say there are a lot more rules that are intending and well-meaning to do the right thing, but unintentionally backfire in a number of ways."*

Having the conversation. Beyond the hiring of new employees, leaders also recognize challenges to engaging in conversation about DEI with existing staff. There may be lack of personal confidence in discussing this issue or misconceptions about equity. As described by an executive and director, respectively:

> *"I'd be remiss if I didn't acknowledge the barriers and challenges that come with some of this work. One of the things that we struggled with at the beginning is just being able to have a conversation with our staff around it. There's definitely some concern and hesitation when talking about DEI. People worry they might say the wrong thing, or they might offend someone, or they don't know how to address a particular topic."*

> *"When we first started asking about equity, people would think we were calling them racist. And everyone felt that [just because] they worked at this organization, because we're a safety net in the community we serve, that was equity. It took a lot of work over a number of years to break that down."*

Need for equity resources. Along with lack of confidence or misconceptions about equity, leaders cite a need for resources to support conversations about DEI. This could take the form of equity training, toolkits, or external facilitators. One director shares:

> *"It was challenging for me for a while, because I'm a white woman and I have a certain experience. But my learning the language: How to coach in a respectful way around equity? I think I was scared about mis-stepping or I was more apprehensive as we started, like what was my toolkit? I'm supposed to be the person coaching this, but what's my toolbox? I never had any training around how to coach equity. … If someone is struggling to understand equity and I'm trying to explain it and they're not getting it, who else can I pull in, or where can I send them, or how can I offer more support? …People would ask me questions that I didn't know the answer to, and it was hard."*

An administrative officer reinforces this need for training:

> *"I think there's always the need to better train people to have these conversations. So yes, it's specific facilitators and I think our organization needs more people who have the skills to facilitate these kinds of conversations. … Because there are some people that are just great communicators and they're great facilitators on all subjects, but especially about diversity, equity, inclusion, which can be a charged topic."*

Silence, reluctance to speak. Another barrier to engaging staff at times is the reluctance to publicly express ideas and opinions particularly about race or other potentially controversial subjects. Other modes of engagement, including written notes, can be a potential solution as offered by a nurse manager:

> *"We use lots of space, lots of questions asked in different ways to try to elicit reflection and participation. The pitfalls are when it doesn't go as well as other times. I've been*

> *surprised that it's more about silence than someone responding with big emotions that are hard on our communities of color. It's…less people saying things that other people find hurtful, and more just sort of [being] very quiet. Sometimes I just get silence in return which might indicate reflection, but it's hard to tell.*
>
> *We brainstormed this as team a couple of months ago, wondering if we should increase the number of ways we have to engage instead of just verbally. A small but public reflection, to have more modalities. Some people might be willing to share, but they don't want to speak. So having a way for people to put 'post-its' with their reflections up where people can see we're sharing them… Different ways of interacting will increase our ability to share ideas with each other."*

Hierarchies in medicine. Another barrier to DEI as it relates to both professional roles and culture is the hierarchical nature of medicine. This makes it difficult for lower-level employees to voice their perspectives, but also impacts physician colleagues who may have dissenting opinions. As one director explains:

> *"People are reluctant to raise alternative points of view. We tend to be very consensus driven and medicine is a very hierarchical profession….I think there are overlays when you add gender and ethnicity to that. We are a hierarchical profession, and that means that sometimes, especially for people who are lower on the power totem pole, it can be more difficult to raise an alternative point of view. But even if you are peers, sometimes it can be hard to raise that."*

Staff inequity, favoritism. Another concern involving DEI is the topic of favoritism in some parts of the organization where certain staff members are given special treatment over others, and how to manage that in a politically correct way. Leaders suggest working with HR and their staff to role play scenarios on how opportunities to work overtime with more pay, vacation scheduling, and corrective measures, for example, should be handled to mitigate favoritism:

> *"Supervisors of a certain background would favor others of that same background, and that was okay in the department. …And so we worked in collaboration with our union and HR experts a detailed outline of how all those processes would take place, and role playing activities for staff to do. That was really setting the standards so that we make sure we handle them in a consistent manner..."*

Workplace violence. While ZSFG strives to promote inclusion in the workplace, at the same time, leaders mention concern around workplace violence and safety. One nurse manager shares the need for tools and assurance of institutional support when staff encounter complex situations that occur at the intersection of patient DEI and staff safety:

> *"We had a family from an underserved community that was very much struggling with an end-of-life diagnosis, and their coping mechanism was angry outbursts to the point where the staff were feeling abused. So the question was really, 'What tools do you feel*

> *like you've got to deal with these kinds of challenging situations? What tools do you need? Where's the gap? And do you feel like if you speak up and set boundaries that you'll be supported by the organization?'"*

In a similar vein, another director shares about the difficulty of balancing employee safety with creating a welcoming environment for patients and families:

> *"One thing we're struggling with is how we approach violence in the workplace. There's a balance of keeping our employees safe and creating a welcoming environment for patients and families, and I don't feel like we internally have struck that balance effectively because staff are still getting harmed in the workplace and we are not making our patients feel welcome. So we're at odds with ourselves. There's metal detectors and sheriffs present on campus, and there's a disproportionate number of Black African-Americans that we are using force with our security on campus. To me, those are all problems in the same realm of, 'How do we create a safe, welcoming environment for patients and families while keeping our workforce safe?'"*

Societal empowerment, disempowerment. Finally, leaders discuss the reality of societal barriers and their desire to address them. As two senior executives openly share:

> *"Some of the barriers are more systemic, outside of the organization, that are very real. And so how do we address some of those things and support change in our world?"*

> *"There are certainly societal barriers that people may come to the table feeling more or less empowered to speak up based on their experiences outside the workplace. I think in a perfect world, we have plenty of time every meeting for all voices to be heard and encourage people to speak up. But it can be chaotic in terms of decision making. In the heat of a moment, sometimes it may be the more decisive or more empowered voices; if you speak first, that's the direction you're moving in. So I think that is something to be conscious of. I don't know that it's something we can completely eliminate…but it is something we can go back and revisit and debrief and make sure that if we had a meeting or clinical situation, or something where everybody wasn't heard, that there are opportunities for people to speak up later."*

Facilitators of DEI Engagement

Standard work. When asked what would be helpful for engaging staff in DEI efforts, leaders recommend that equity be incorporated as a regular part of daily work. One director suggests ways that attention to DEI can be encouraged among staff:

> *"One of the ways is embedding [DEI] into standard work and into the structure. We started asking about equity, and so we ask what work they're doing, what support they're needing; that's actually built into our standard work. … We just need to start taking this lens."*

An executive echoes this notion of standardizing equity work:

> *"I'll just share what our team has come up with in terms of ways to support equity across the organization. I think the main principle here is to standardize. To think about: What can we make in practice our engagements related to equity? … Whether it's in our status sheet questions, which are one-on-one, day-to-day questions that we ask during our coaching sessions… What questions are we asking related to equity?"*

Dedicated champions, more training. Other supportive factors are dedicated job roles to champion DEI and provide training on this subject. Examples of such champions include organizational leaders, council members, and coaches who can set the agenda at ZSFG while providing resources for DEI training across the organization. According to a senior leader:

> *"One thing that helps quite a bit was we have our Diversity Officer here on campus. So we have a position that is created specifically to focus on DEI. … But we also have a Diversity Council, which brings together staff, providers, trainees, and patients to really talk about DEI, how to get it out to the broader campus. We've also had training; I think a lot of our diversity champions early on would say they didn't know how to have these conversations or how to teach or educate others. By going through the training, they feel more empowered that they have the tools to be able to lead this work."*

Following this description, a director presents from a learner's perspective how meeting with DEI champions and participating in such training allows leaders to become more aware:

> *"Participating in facilitated discussions around equity helped me, and then meeting with the champions. I'd say there are a few members of the medical staff who are really outspoken around equity, hearing what they're saying in their preferences, how they ask questions, and modeling some of those types of behaviors. So it's more experiencing it but then also being in facilitated discussions and seeing those types of questions..."*

Language sensitivity. Virtually all leaders acknowledge there is a need for safety in DEI-related conversations and a shared language that facilitate courageous, respectful communication. A nurse manager describes this and how intervention by a trained facilitator can help:

> *"[We're] trying to build a framework and language that we all share so that we can talk about issues that are specifically DEI, or [about] the interpersonal communication issues that are probably influenced by DEI….to have a shared language and set of tools we can use together so it's clear that what we're trying to do now is [have] a courageous conversation. We're trying to have a courageous conversation with respect.*
>
> *There were explicit conflicts between racial groups that were interpreted by staff as being influenced by, and in some cases driven by, racial differences. So the facilitator was meant to address patterns of communication and misunderstanding that can occur, [or] interpreted as occurring, because of race/ethnicity and language."*

Similarly, leaders encourage using trauma-informed language, which considers the use of terminology that avoids triggers to people's life events. This is often done by bringing in a facilitator to conduct communication workshops with a focus on DEI sensitivity.

Data stratification. Finally, stratifying data by race, ethnicity and language (REAL) and sexual orientation and gender identity (SOGI) was cited by multiple leaders as a way to engage staff in DEI work. One director describes stratification as a routine way that data are provided to the organization and used in staff performance evaluations:

> *"We work to really make it a standard in any data that we provide, to stratify by race, ethnicity and language. We first developed what the standard was for stratification and then shar[ed] it as part of the pre-PIPs [Performance Improvement and Patient Safety] coaching sessions."*

A manager and executive, respectively, describe the importance of data stratification to identify nuances regarding gaps or disparities and to make needed improvements:

> *"I know mine [standard work] specifically, is, "How are you coaching on the stratification of REAL or SOGI data?"… We're constantly working with teams across the organization to understand, 'Yeah, your metrics may look good, but does it look good across these stratifications? And are there specific gaps that we could identify and target interventions around?'"*

> *"We've really taken a strong stance on looking at both our staff and patient data around DEI. So, we stratify much of our data around SOGI and REAL, looking for disparities in healthcare among our patients. And then when we identify those, we ask our teams to come up with countermeasures to improve them."*

2. HUMBLE INQUIRY

2A. How Leaders Practice Humble Inquiry

Principle-based leadership. We asked leaders about their use of humble inquiry as a management tool. This is well understood by many as an approach to engaging staff by asking open-ended questions rather than telling members what to do. One senior executive discusses this in the context of principle-based leadership, which is operationalized at ZSFG using tools such as standard work and status sheets:

> *"When I think about humble inquiry, I think about it as a strategy that's incorporated into the bigger topic of principle-based leadership. Humility is one of the characteristics of leaders we're trying to promote; humility, curiosity, resilience... I think about that with respect to my team. Part of my leader standard work is coaching and mentoring, and part of the way I judge myself [is] if I'm doing humbling inquiry. How am I digging into problems my leaders are facing using humbling inquiry? I want to make sure my leaders are doing that as well, and that is what I can explore with them using status sheets…"*

Use with engagement tools. Similarly, other leaders report using humble inquiry in tandem with staff engagement tools such as status sheets, huddles, and rounding. Humble inquiry is described as an open conversation between supervisor and team member, as described by a medical executive:

> *"The status sheets and huddle have been consistent tools we've used to practice humble inquiry, and also with my intentional rounding. So when I do round and go into the gemba, it's done intentionally with asking specific questions, and they are questions that are open-ended: 'Tell me more about this, or what would it look like to do X, Y and Z?' For the most part it leads to a lot of fruitful conversations."*

Personal connection. Many leaders note how humble inquiry helps them connect with staff. A valuable aspect of this is interacting with team members as individuals and not just employees. This aligns with humble inquiry's emphasis on drawing someone out, asking open-ended questions, and building a relationship based on curiosity and interest in the other person. An executive describes how humble inquiry can be used while also relieving labor tensions:

> *"I use it most when I'm on round and connecting with people as individuals, more so even than when I connect with them as an employee-supervisor relationship. A lot of my time rounding is not so much about, 'What's your problem today?' because that's happening in the daily huddles. [It's] more about, 'What's going on with you? Where is your family these days? How are you managing through the pandemic?'*
>
> *It actually has been a way for me to get to know people and take the air out of some of the tension that existed prior in some of these departments that are very union heavy, had a lot of complaints, a lot of concerns about management; take the barrier away and*

> *make it a more approachable conversation. For me, that is the most valuable piece of humble inquiry. [It] isn't even about the business side of it, so much as it is about the people, which becomes the business, right?"*

Problem solving. Humble inquiry is used by many ZSFG leaders to engage staff in problem solving. However, they recognize that staff must own in order to effectively solve a problem, and then implement the solution in practice. In patient care, it is critical that a leader involves staff members in rectifying problems instead of providing solutions for them, especially as staff are ultimately the ones interacting with patients on a daily basis. According to a nurse manager, this can be done by humbly asking for staff perspectives on a patient's care:

> *"There are other ways of humble inquiry… if there's a patient care problem that we're trying to navigate and something doesn't feel right, instead of providing answers or the solution, I try to engage the staff and ask, 'What do we think about X, or tell me about their background, or what do you think in terms of their pain management, for example?' [Humble inquiry] has grown on…especially our charge nurses, since they oversee all patients on the unit for a given shift. And so their perspective on a patient's care is really important because that leads the day."*

Learning, supporting. Humble inquiry is contrasted with the traditional practice of direct questioning in medicine. One medical executive describes the shift at ZSFG from this traditional style of questioning to a humble inquiry approach:

> *"We have moved in an entirely different direction towards humble inquiry…When I started, it was more directive questions, very much how we get trained in medicine: efficient, concise, direct, trying to get to the point; which is not when you're trying to understand a process, trying to educate, trying to learn. Sometimes it's not the optimal approach. I think that's why humble inquiry is much more effective and appropriate.*
>
> *[One] thing we've been embedding in our language is how [to] clarify something… trying to come from this place of understanding. We call it the 'Five Whys'; trying to ask why something is happening wrong again. In the past, people may not have been receptive to it. But in our organization now, we approach it as: We're just trying to learn."*

A director also describes learning via humble inquiry to better understand and assist staff:

> *"I use humble inquiry in the sense of… 'I really just want to learn where you're coming from, and this is why I'm asking open-ended questions, to give you an opportunity to provide me with a lens of your world.'…That's what humble inquiry is: allowing yourself to step into their world and better understand why they're doing what they're doing, what this means for the organization, and then how I could fit into that world and support them."*

Deeper reflection. Some leaders report that asking open-ended questions is appreciated by staff as it allows them to think through issues in a more meaningful way. A nurse manager summarizes this:

> *"I have learned to lean on humble inquiry, because I have seen that when you ask open-ended questions it's almost as a gift to the other person because it allows them to really think through their thoughts…. Ask[ing] a lot of open-ended questions that stem from my curiosity, I found that the staff were really grateful for that because they didn't always know the answer to what I was asking, which isn't a bad thing. But it just helped them reflect, and really, think deeper."*

Servant leadership. Finally, humble inquiry and a servant leadership mentality go hand in hand. The art of asking instead of telling is a discipline that must constantly be exercised, according to a nurse director:

> *"Humble inquiry [is] a practice that any servant leader would really follow…seek first to understand and then to be understood. I think a lot of nurses, we're helpers and we want to jump in and help. So when I'm trying to gain information from somebody or coach…I just have to chew on my tongue until it bleeds to try to not tell. And it's not coming from a place of trying to bulldoze somebody, but just to help. It's very hard for me…I catch myself all the time, telling instead of asking."*

Challenges to Humble Inquiry

Mindfulness. As several leaders previously allude to, humble inquiry is not easy and requires practice. They highlight the challenges of being a manager who wants to jump in and help, but must instead learn to ask the right questions and help others come to their own conclusions. Many acknowledge it can be difficult to resist the urge to provide solutions and emphasize the importance of being mindful to elicit perspectives of team members to gain a more complete understanding of problems. According to one manager:

> *"Humble inquiry has to be such a conscious practice. So you have to practice a lot, and I find myself having the idea, or wanting to push an idea, and not coming from a place of curiosity which I find challenging for myself. So I just try to be really mindful of that."*

A director echoes this urge to solve problems for staff and the need for mindfulness:

> *"It does take some thought around making sure that you're doing [humble inquiry] and reminding yourself to do it. Because sometimes it's easier to just jump to the solution, or what you think is the solution. But reminding yourself that your team is around you for a reason, they're in their position for a reason and they [come] with their own perspective; you miss a lot of that if you jump to conclusions and don't ask."*

Time constraints. The fast pace of medicine may not always lend itself to humble inquiry, which takes patience and time that medical providers may not feel they always have. One nurse manager shares:

> *"In the environment that we work in, humble inquiry is great. And then there are moments where you're like, it just needs to be 'Inquiry' because we need to get on. So I'm always trying to pause and reflect because we're always at such a fast pace and like, 'Okay, let's take a few minutes, come from a place of humility, try to ask more open-ended questions.' I think it's really hard."*

Building trust. We often heard that actively sharing and participating in humble inquiry is a two-way street. Leaders reiterate the need to create an environment where it is safe to share by pausing and giving people time to process their thoughts. Many describe how they try not to push people to share if they do not feel comfortable. Trust plays a large role in how much staff reveal, and time allowed for self-reflection is necessary. According to one supervisor:

> *"I think it's a two-way street because others may not want to share…So that's challenging but you can certainly ask open-ended questions. But what if they just don't want to respond? … I make sure to pause, to give a long enough time for people to think through their thoughts. And then, if they don't feel comfortable then I am not going to push them further or make them feel on the spot about that topic. So just give them space. And then, finding ways going forward to continue to model or foster an environment that's safe to share."*

Power dynamics. A challenge to humble inquiry that many leaders mention is the power differential between themselves and staff. They recognize the need to be open to other viewpoints to maintain a two-way conversation. A director and executive, respectively, share:

> *"Trying to create space for others with different opinions…hearing from others, saying, 'Does anyone have an alternate thought or a reason why this might not be the path forward?'… especially recognizing power dynamics. If I come in with my idea and I just go, people may just come along but I might be missing something or have a blind spot. So creating space for people to share that information, and creat[ing] space for more productive dialogue where people may not agree on the same thing…"*

> *I will say it's important to set expectations around humble inquiry when you're using it because it's an approach not a lot of people know how to use or how to receive. …It's engaging the person in a bidirectional conversation that is fluid and open both ways, so that conversation doesn't just stop with my question [as] a leading question that basically turns into an answer."*

Managing power differences is a general challenge to humble inquiry that is magnified in the context of race relations, as discussed further in the section below on humble inquiry and DEI.

2B. How Leaders Practice Humble Inquiry to Advance DEI

Tool for racial humility and learning. Leaders note the genuine appropriateness of humble inquiry when addressing issues of diversity, equity and inclusion. They acknowledge their own sense of humility and lack of understanding at times regarding race dynamics, and describe this awareness as important for addressing issues when personal knowledge or experience are lacking. A nurse director describes how humble inquiry is a useful tactic that opens the door for conversations about equity, allowing a leader to enter from an authentic place of learning:

> *"Humble inquiry is a great tool when it comes to these [equity] problems, even more so than other things, because I can take the tactic of, 'I don't know and I am coming to this as an inexperienced learner.' And because I am an inexperienced learner in this field, it's really easy to be humble when you don't know anything. So humble inquiry is a tool that definitely lends itself to these conversations."*

A nurse manager echoes the usefulness of humble inquiry for addressing DEI issues:

> *"[Humble inquiry] is incredibly helpful for creating structure or creating space, and also, it helps me as a leader say, 'I don't know. Here's a tool for us to think about it together."*

Managing race, power dynamics. Humble inquiry is also used to give voice and value to marginalized team members. When talking to staff members who feel displaced or discriminated against, leaders recommend showing mutual respect and support, including apologizing for past wrongs if necessary. Some make an effort to talk with team members to address past grievances and acknowledge the need to do better as a leader. Differences involving both race and job roles/hierarchy can be addressed using a humble inquiry approach, as one unit manager describes in detail:

> *"I knew I was inheriting a certain group of staff that has perpetually felt displaced and just in a bad place on the unit. They didn't feel like they were part of the team, they felt like they were victims of some form of bias or racism or being discriminated against or constantly being disciplined, or 'talked to.' [Past leaders] made an effort to talk to those individuals, one-on-one, multiple times. Funny thing is, when I first started doing it, I would tell them to come to the office and they all thought they were in trouble.*
>
> *But I had to break that mold and [say], 'No, I just want to check in because I acknowledge there's history here. I don't know what it is…but I want you to know that I want to do better as a leader. And part of being humble is apologizing for things done, apologizing for what came before you, which has helped me immensely to ensure we can be in different power places, we can be in different classifications…We can still have mutual respect for each other."*

Quality improvement. Besides using humble inquiry to exhibit sensitivity to DEI issues when interacting with staff, humble inquiry can be used in the context of improving clinical quality.

This attention to equity may ensure that implicit biases and assumptions do not prevent healthcare providers from delivering excellent care to all patients. As one director shares:

> *"This is a question that I've started asking, 'Are there places in your process or your work where bias may be introduced?' That's one of the prompting humble inquiry questions we use. Some people think, 'Central line, it's an infection; there's no equity component.' I [try] to understand how deep biases and all the different layers that can be there unconsciously may lead to an adverse event. Because I know when we put in any process, there's still a million central lines, all the catheters…are they doing something different to a person of color or a non-English speaking patient than to someone else? [Staff] don't think so, but maybe; and so, examine themselves with that lens."*

Recognizing all forms of diversity. Leaders also discuss the importance of humble inquiry in problem solving and decision making, though not always in the context of race and gender identity or other apparent differences. They highlight the importance of seeking to understand others' goals and perspectives before attempting to find solutions and to be aware of all types of diversity. As explained by one executive:

> *"It's being aware of when a voice is missing in the conversation. Sometimes we do Clifton strength [assessments] and obviously there's the racial equity and diversity... But I think there's also diversity of ideas and thoughts. And how do we encourage different voices that have different experiences and perspectives?"*

Similarly, one administrator describes the importance of humble inquiry in building a more effective team mentality. This individual shares an example of bringing together a large committee of senior leaders with different personalities, agendas, and goals. By asking each person to share their ideas and listen without an overarching agenda, the group was able to find common ground to move forward:

> *"[Humble inquiry] gives folks the space to share without having an agenda... I think they were really grateful for that and we were able to come together. After a few meetings we were able to come together and have a common goal, and we developed a charter."*

Challenges to Humble Inquiry for DEI

Phrasing questions. We asked leaders about challenges to humble inquiry when addressing DEI issues. Several leaders acknowledged they do not always know how to ask questions in a way that is culturally sensitive. Still, it is an opportunity for learning as one executive shares:

> *"Sometimes, obviously I'm a white female, and so I may not be aware always of how to ask a question. And so sometimes not always knowing exactly how to phrase something or how it may come across for someone can be a very scary moment. That said, I still try to push through it and hope that, you know, that's the only way I'm gonna learn, right? So sometimes those conversations could be hard, sometimes asking a certain question*

> *might be culturally offensive. So, really thinking through how to phrase something in a way that's supportive."*

Notably, appropriate phrasing of questions is a universal challenge that is also experienced by persons of color. As one nurse educator explains:

> *"For me the barrier I encounter is, first of all, personal training and knowing I'm using the appropriate words. …So in my self-evaluation when I get feedback, [there was an] instance where people, maybe by the way I phrase[d] the question, they're saying that I am judging them as a racist or think I'm inclined to one race versus another. One, because I am one; I represent one race…they perceive to be in disadvantaged position. And that is related when I reflect, when I hear the feedback, is really reflect on how I phrase. How do I get trained to be better in this instance? What do I need to tell people clearly?"*

Power and underrepresentation. As with challenges to humble inquiry in general, leaders recognize the need to navigate power structures that may have an additional layer of complexity when the direct report is a person of color. A nurse manager describes humble inquiry in this context:

> *"I've learned the power structure of manager talking to direct report, particularly if the direct report is a person of color or somebody who's marginalized or somebody who's underrepresented. … So I've learned in many ways the best way to approach those situations is to just ask, 'Tell me what happened in this situation; I'd love to hear your perspective because it's your practice and I just want to get a bit more information.'"*

Comfort levels. Some leaders say the model of humble inquiry does not always take into consideration lived experiences on the part of staff members as well as leaders. Not everyone is comfortable asking or answering certain questions, particularly when involving race or other DEI-related issues. A nurse director speaks to this:

> *"I need to accept that in my commitment to dismantle racism at work, I will hurt feelings. Or I will make people uncomfortable with questions they don't want to answer. I see people answering, but you can perceive it is very uncomfortable. I tried to be supportive and said, 'You think about it and I'll follow up with you.' … they are not ready to answer deep[er] questions. …. Another thing I like to [say] is that we are all humans here…the goal is to resolve, not to increase, the problem."*

Unintended consequence: Blame shifting. Finally, leaders discuss how approaching issues using humble inquiry can sometimes make individuals from underrepresented groups feel unsupported by the organization. In having to respond to open-ended questions particularly during heated moments, staff may feel that responsibility is being put back on them to explain or justify themselves. Instead, leaders suggest simply being present and listening, rather than questioning or problem solving. As one administrator explains:

> *If you're dealing with a DEI issue and approaching it from humble inquiry—the person who's had a negative experience because they felt judged or treated by a patient, or by another staff, differently because they're an underrepresented group or gender or any different category—if you're approaching it using humble inquiry, it could feel to them that you are putting it back on them to have to solve the problem.*
>
> *Because if it's at the time where something escalated or someone's agitated or feels attacked, then maybe it isn't the [time] to be drawing stuff out. It's more of a time to just be present with them and to hear them, as opposed to problem solving. I hear that from individuals in the organization: 'Don't make me explain to you right now how this experience is as an underrepresented person.'"*

Whether underrepresented or not, staff members may at times feel they have negatively affected a patient's care to the extent that outcomes might have been different if someone else acted in their place. This calls for sensitivity on the part of leaders to not shame or blame when practicing humble inquiry. A nurse manager describes this:

> *"When there have been issues of inequity or disparity or some concern that perhaps a patient's care would be different if [the staff member] was different, I hear more of those conversations. I need to come from a place of being more aware and mindful, less accusatory, less shaming, less blaming. It's all a very delicate dance…"*

Serving patients and staff. Given the challenges of DEI and use of humble inquiry to address sensitive topics, leaders must be prepared for a variety of reactions to questions. According to one medical executive, a key to successful interaction is remembering the ultimate goal of serving patients and staff through learning and continuous improvement:

> *"You have to be very cognizant that people may have a different reaction than you would anticipate when you have these conversations; so just be prepared for that. Just try to come from a place of understanding, acknowledging how someone else feels. … Many of the time, it's just trying to center it back to: What are we trying to improve? What's our ultimate goal? What are we trying to work on? For us in health care, it's always for our patients, but I include our staff as part of that. So it's just really tying [humble inquiry] back to that, why we're always trying to learn and improve."*

3. PDSA (Plan-Do-Study-Act)

3A. How Leaders Use PDSA to Model a Problem-Solving Mindset

Main tool for problem-solving. We asked ZSFG leaders about their use of rapid cycle PDSA and modeling a problem-solving mindset. Some leaders mention that since the pandemic, they have been doing smaller tests of change. However, PDSA improvement methodology is still their main problem-solving tool and continues to be used often. According to a director:

> *"Everything we do, it's just the continuous improvement spirit we have among hospital staff. And so how often does that occur? Any time we are rolling anything out whether it's a new policy, a new workflow change. We're always PDSA-ing and it's very rapid. So we do it a few times a week, just in our office alone. I know in the organization it's very prevalent because they're consistently trying to improve workflows."*

From huddles to A3s. Leaders report using PDSA mainly in the context of staff huddles, which helps identify issues that require action planning. According to one leader, it is most frequently used among teams that are actively using a lean daily management system. Some leaders also use PDSA to implement or adjust their A3s. For example, an A3 process may be used for strategic planning, defining clinical FTEs, or addressing patient safety concerns. Such plans are constantly re-evaluated as necessary using PDSA.

Improvement projects. Leaders also report using PDSA for various performance improvement projects targeting problems that include patient safety, including falls prevention and medication safety; measurement of physician productivity; and workplace safety. PDSA was used in one instance to help limit the time caregivers spend in rooms of COVID-19 patients, resulting in the placement of IV pumps outside of ICU rooms.

Challenges of PDSA. Lack of resourcing is cited as a barrier and major reason why work changes are not seen following a PDSA. As small tests of change, some leaders also express frustration with the limitations, especially the ability to make broader changes that will have implications across the organization. Another challenge pertains to the third step of PDSA, which is to thoughtfully study/assess or measure activities in order to adjust and improve them. As one medical executive describes:

> *"We're really good at planning and testing things, but it's really that assessment piece and then adjusting afterwards that sometimes we struggle with, because we get so caught in implementing and just moving along. …I always ask, 'How are you going to measure success for this? What does success look like? What are one or two metrics you'[ll] measure as you're going through this process? And then how do you know you're going to need to adjust?' We do this on a continual basis among all my team members."*

Using Metrics with PDSA

Data availability. When asked how metrics are integrated into rapid cycle PDSA improvement projects, many leaders say they do not have sufficient data on the problems they are trying to solve. Where possible, leaders use data management tools to find metrics to help validate anecdotal experiences, learn the scope of problems, and start addressing them.

A barrier to employing metrics in PDSAs is time scarcity, particularly among leaders who wear many hats and have little bandwidth for the amount of effort needed to acquire and manage data. Another reported barrier is staff resistance to their performance being reflected via quantifiable metrics.

Overall, leaders highlight the importance of data, but acknowledge the challenges of collecting reliable and meaningful information. Available tools or methods such as data sheets, census data, or pay-for-performance reports are used by leaders to address problems and support their work. One leader also encourages nurses and other frontline care providers to manually collect data where possible to show the impact of their efforts to improve patient outcomes. However, according to most leaders, it remains there is a general lack of data access for use in rapid cycle PDSA improvement projects.

3B. PDSA to Address DEI Issues

Palliative care. We asked how PDSA is used specifically to accomplish DEI work at ZSFG. Several leaders describe improvement work for underrepresented patient groups, including African American and Latinx families, in the palliative care unit. Those involved recognized a lack of data in this area, so they are gathering information for this PDSA and are making equity their top priority.

Appointment no-shows. Another example of using PDSA for DEI is improvement of no-show rates, which involves collecting current phone numbers from patients during clinic visits. While this change has led to lower no-shows overall, certain types of patients remain less well helped. This is something leaders plan to continue addressing using iterative PDSA.

Language services. COVID-19 provided an opportunity to recognize problems facing underserved and under-resourced populations. During the pandemic, ZSFG saw a significantly higher portion of patients who identify as Latinx or Hispanic; leaders used this to create a platform for change. As one manager describes:

> *"We did quite a few PDSAs and standard work around language access. So we created videos specifically in Spanish that were recorded by providers who work here, so that they were familiar. That helped patients understand they need to call for an interpreter when someone walks in the room and that they're entitled to it."*

Other areas for PDSA intervention. Other DEI topics being addressed using PDSA include hospital campus security, workforce diversity programs allowing medical assistants to return to school to become nurses, and expanding cafeteria menus to include more culturally-sensitive items. PDSAs are also used to align local goals to the goals of the racial equity action plan for the San Francisco Department of Public Health (DPH). One manager describes this:

> *"We have tried to very broadly connect the dots between what our goals are, and the goals of the racial equity action plan for DPH, and then the hospital in between. We started with doing a PDSA and some survey data and piloting."*

DEI Data and Metrics

Hospital security. We asked leaders how DEI-related data and metrics might be used to support PDSAs. Elaborating on the hospital security work and narrowing of entry points, one leader describes new data collection to ensure all visitors have a valid reason for being on campus. Due to the pandemic, data are also collected on symptom screening and proof of vaccination or a negative COVID-19 test result. The DEI question arose of how to implement hospital patient or visitor data requirements consistently, without discrimination. Leaders opted to conduct several PDSAs to address this by revising questions asked during security checks, scripting them for consistency, using de-escalation methods, and identifying partners for support in case of escalation. One executive describes the value of including diverse patient input along with the typical considerations required of hospital executives and administrators:

> *"Our strategic planning to date at the executive level in terms of thinking about patient safety has actually been pretty narrow because there are a lot of regulatory things to focus on. Some of it has been more focused that way. It will be new for us to have patient voices in that work."*

QI data stratification. Another leader describes a DEI-focused PDSA that involves stratifying all quality improvement (QI) data by race/ethnicity, language, sexual orientation, and gender identity. An action plan has been developed to address disparities identified in those data. Additionally, ZSFG had a Patient Safety Committee that required all operational areas to stratify their data by REAL and SOGI, then develop an action plan for any disparities identified. They conducted PDSA cycles to ensure that diverse groups, including different job classifications, received equal treatment.

Small numbers. However, an ongoing challenge of using data to implement DEI-focused PDSAs, particularly in clinical areas, is that patient harm usually occurs across a very small number of events. This makes it difficult to identify disparities among specific patient groups or subgroups. One executive addresses this challenge given ZSFG's surrounding community demographics:

> *"We might have to start with [smaller] representation and then think about making it broader. But our patient panels in other areas have generally been reflective of the patient communities that we serve."*

4. HOW LEADERS SUPPORT ORGANIZATIONAL GOALS

4A. General Strategic Goals

Being data driven. When asked how leaders support institution-wide ZSFG strategic goals, a common response is their effort to be more data driven. An example is using staff engagement surveys to identify areas to work on such as staff safety, communication, wellness, and recognition. One leader describes supporting ZSFG goals by coaching staff to form good projects for quality improvement and helping them think through data needs. Speaking to this topic, one executive shares:

> *"I think with data we're making progress. When we implemented the electronic medical record, that has been huge at least from the patient experience side. We're getting much more data and it would be good to partner with HR to be able to better understand that for our employees as well."*

Enabling tools. Leaders mention using available Performance Improvement and Patient Safety (PIPS) reports and the Epic® electronic health record system as tools to facilitate support for organizational goals. As described in section 3B, there is also mention of using PDSA as a supportive tool by helping connect ZSFG leader goals to the broader goals of the San Francisco Department of Public Health.

Strategic alignment, messaging. Within ZSFG, some mention working with operational leaders to identify operational A3s that align with strategic A3s. Executive leaders play an active role in ensuring that the messaging, buy-in, and dissemination of ZSFG goals starts at the top and makes their way down. Effective dissemination ultimately helps frontline staff reflect on how their improvement ideas will impact organizational priorities. However, this is seen as challenging by some leaders and difficult to do as described further below.

Hurdles to Supporting Strategic Goals

System alignment. Leaders identify obstacles to creating alignment across the organization. One medical executive attributes this to a need for strategic planning and guiding principles that have generally become more necessary in the field of medicine:

> *"I'm coming into a system where a type of talk is common at that [high] level. But just a level below or two levels below, it really isn't as common. It's [a need for] strategic planning and using that as guiding principles for program planning or other things that we do. I would say it is a shift in the world of medicine, and as health systems have become bigger and more complicated organizations, you need that kind of structure. So I think, as a profession, we're in a bit of a transition time. So it's probably new, really across the board, within medicine."*

A similar comment involves the increasing size and complexity of healthcare organizations, which makes communication and alignment toward the same goals difficult. There are multiple hurdles to overcome, including the need for more tools, data, and communication methods, as well as structural and cultural barriers. According to this executive:

> *"When you're dealing with an organization so broad, how you communicate out and support [its goals] and create alignment across the organization, is also a huge obstacle. We've been talking about, do we use the daily management system in the areas where that's rolled out to help spread this work or others? Tools, data, and communication are limited and in development. I think there's other structural, systemic barriers to the work and cultural barriers that the work is about dismantling, but are in place."*

Resources. Finally, another challenge is perceived lack of resources needed for leaders to effectively support the goals of ZSFG as a public entity. One administrative officer shares:

> *"I feel supported by the people I work with, [but] we don't always have all the resources we would like. I'm not sure who does think they have all the resources they would like, but we really don't have all the resources that would be helpful. You know, we're a county hospital."*

Facilitators of Leader Support for Strategic Goals

Tools for goal alignment and achievement. The ability of leaders to support organization-wide goals is facilitated by tools such as A3s, KPIs (Key Performance Indicators), PDSAs, and monthly scorecards. These tools, particularly the A3, are cited by many leaders as helpful to align different goals and priorities, track progress on KPIs, and develop countermeasures to reduce unfavorable variances in metrics. Training executives on how to report on their KPIs through a countermeasure summary is also important at ZSFG, as it ensures progress is made and goals are achieved. As one director explains:

> *"I'm trying to be more mindful, and recently, we leaned on the organizational A3 for equity that our executive sponsor and director are working on. It's been really nice to see the connection between their countermeasures for certain issues, and how the work that we're doing amongst our leaders directly connects to [those] countermeasures."*

Team, colleagues. Another common response to our question about facilitators is the team of people that leaders work with daily who enable their efforts to support ZSFG goals. One administrator summarizes this:

> *"There's a lot to do every day and trying to move through all those things, it can be a challenge. But I really like and respect the people I work with. I'm here working, but they're here working right alongside me. And I work with really creative, smart and dedicated people, and I learn from them every day."*

Financial literacy. Finally, financial literacy is mentioned several times as being important to supporting ZSFG goals, as leaders need to understand how their actions impact the institution's financial statement and availability of resources. One executive mentions an A3 initiative focused on financial stewardship, which aims to increase financial literacy among leaders and staff so they can make more informed decisions that affect the organization's budget.

4B. Supporting DEI Goals

Lean methodology. We asked leaders to describe how they support ZSFG's DEI goals. One group of leaders describes their role in developing training materials and facilitating use of lean methodology to advance equity. As a director shares:

> *"A large part of what we do is curriculum development and implementation. We teach A3 thinking. We teach the daily management system. We teach Lean 101. And our hope is that people decide to use these tools to advance equity across the organization, and they have the tools to do the job. One of the questions we ask is, 'Did this learning session enhance your ability to drive health equity across the organization?' So we can see our part in advancing that organizational directive."*

Understanding disparities beyond stratification. In support of ZSFG goals, many leaders spoke about stratifying performance measures by race, ethnicity, and language. However, one director expressed need to begin looking beyond mere stratification to better understand the disparities underlying equity initiatives. This involves deeper understanding of how equity intersects with many key performance measures:

> *"For a long time we've looked at equity very surface-level; I shared some of our requirements around just stratifying. But now we're looking deeper at what that means, what are some of the disparities coming forth? And what is the data telling us? So our retention rates, our turnover, our staff experience survey, our patient experience survey, when patients provide feedback about certain staff.*
>
> *I've always said in this organization where the data are rich, we just don't use or we're not very good about utilizing and leveraging the data to tell a story and create some intersectionality. So I think equity is one of those things in an organization where it touches upon intersectionality. It's about safety. It's about care experience. It's about quality of care. It's about a lot of the organizational goals, not just one."*

Hiring diverse teams. Also in response to our question of how leaders support DEI goals, some leaders point to their role in hiring a workforce that is reflective of the patient community, which enables ZSFG to provide culturally competent care. Related to this, one leader who is employed cross-institutionally by the hospital and its affiliated academic medical center discusses their role in ensuring that committee members include women and other underrepresented individuals:

> *"I proposed to our Dean that we implement a rule that all committees within the School of Medicine be comprised of at least 50% women or underrepresented people. Prior to that I implemented a rule of 25%, but I thought we should go higher. When we presented that to our department chairs, there was concern about the minority tax [and] there was concern about 'I don't have enough women or underrepresented people.' And so we addressed them. We created system solutions."*

Coaching, training. A common way that leaders see themselves supporting DEI goals is by guiding and training others. One executive encourages others to consider including stakeholders in quality improvement projects who can ensure clinical relevance and cultural appropriateness:

> *"I think of my role to some extent as guiding people to the right people operationally to help them form good QI projects, to form good relationships with the other stakeholders who they may not be thinking of, that they should be including. For example… people just jump into technology because they want to do the right thing. But it doesn't work unless [you ask]: What do the nurses think is the most useful handout? Maybe you need some input from the patients around, is it culturally appropriate?"*

A nurse manager describes efforts to normalize equity work by training unit staff and building a DEI culture. This has included organizing an equity fellowship to teach the subject of DEI and learn across diverse groups of staff and departments:

> *"A lot of what we're doing is still in the normalizing phase of equity work such as training and learning together and culture building. I also was able to do an equity fellowship which was both didactic—making sure it was a mixed group so that everybody was at different levels on their journey with more or less awareness of historical factors so we got to learn—and then the second portion was implementation. We formed groups of folks whose areas or departments are different but have some similarities. We meet regularly to help support each other's work."*

Hurdles to Supporting DEI Goals

Diverse perspectives. We also asked leaders about hurdles they encounter in supporting DEI as an organizational goal. One challenge identified is the relative lack of diversity in ZSFG's staff, which makes it difficult to engage the workforce in providing needed feedback. This issue is compounded by a lengthy hiring process that has made it difficult to onboard employees that reflect the patient community. One executive further notes that the leadership team may not always engage the right people with diverse perspectives, which can be a barrier to DEI work:

> *"I think that's one of the things that has struck me again and again as we do our day-to-day work is, you think you have engaged people [and] made appropriate decisions, reached out, communicated. And it turns out the communication strategy was not as effective as you wished, that groups have been missed, that groups feel they haven't been heard."*

Regulations. Many of the challenges faced in supporting DEI are beyond a leader's control, such as regulations and billing requirements. As noted by an executive:

> *"Unfortunately, a lot of [challenge] is based in regulation or billing requirements or other things. But I think the DPH does a nice job of balancing what's needed for that, and what's actually the right thing for the patients, because sometimes those aren't always the same, or the policies and procedures are meant to do that but actually [do] not."*

Data awareness, linkage. Although stratified data on basic patient demographics may exist at ZSFG, widespread understanding of where it resides and how to access it is an ongoing challenge among leaders. Furthermore, using existing data to tackle DEI issues requires more sophisticated knowledge of analysis and linkage capabilities. Responding to our query about hurdles to supporting DEI goals, one director states:

> *"I'd say one is data; we switched to electronic health records (EHR) and so the whole conversion to Epic and people not knowing how to get their data. But we created some dashboards to have stratified data so we can say, 'We have this available to you. Why don't you start there?' … We've done a lot of work to capture demographic information for our patients. It's sitting in the EHR, but can you get the specific metric and link it to that data and use it effectively? It requires a certain level of skill and it can get complicated in the weeds. Are you [looking] at the encounter level, or at the patient level? …In theory, it's there. But it's not like you press a button; it requires linkages."*

Facilitators of Leader Support for DEI Goals

Community Insights. Leaders offer several solutions to mitigate hurdles in their ability to support DEI goals. One solution is to implement tools such as Community Insights, which involves surveying every patient who leaves the emergency room or has been discharged from the hospital. This allows leaders to collect feedback from patients on personal topics such as their care experience, demographics, and preferred pronouns. The data is used to create PIPS plans for equity by identifying potential disparities in areas, such as pain management or language access, thus enabling leaders to begin taking steps to address gaps.

Staff empowerment, DEI resources. Another facilitator of leader support for DEI work is the recognition that when staff feel respected and empowered, they are more likely to provide high-quality care to patients. Examples of such facilitators include special training for new leaders and fostering affinity groups to create a sense of partnership and celebration of diversity among both leaders and staff. Providing resources for staff to be able to honor their cultures and diversity in all its forms can also foster a sense of empowerment and inclusivity. Furthermore, leaders discuss a variety of dedicated resources they could use to advance DEI goals, including equity seed grants, DEI training, and funding for departments to be venues for community engagement.

Team composition, representation. Another facilitator of leader support for DEI is deliberately including team members with different backgrounds and perspectives. This helps leaders gain diverse input and buy-in and can contribute to more effective decision making and problem solving. As explained by an administrative director:

> *"What we really try to remind people is that when you put your teams together, to really look at different people and their perspectives. Who could be an engaging member to the team? That is the strategy I would utilize when trying to create my team: Who do I need to win over? Whose perspective do I really need to hear out, so they could buy into this? That's what we try to do and encourage the execs to do. …There are going to be a lot of people who maybe feel they don't have time for this [DEI] work but it's additive. And so those are the folks we really want to try and engage."*

In the same vein, another suggestion is to form representative groups to inform decision making about institutional policies. By actively listening and incorporating feedback, leaders can address concerns and make necessary changes in support of DEI goals. One executive reflects on the need for broad representation in the decision-making process:

> *"So just responding to concerns [and] making sure we have appropriate policies and procedures…maybe the most significant thing just in terms of equity and inclusion is—as we move through addressing those concerns and writing the policies and the procedures and speaking to people and understanding their concerns—is just making sure we have a broad enough group of stakeholders."*

Equity training, culture building. Some leaders suggest setting up an Equity Learning Board in a central location that supports equity training, and normalizing equity through culture building and learning together. One senior executive describes the significance of this:

> *"Really giv[e] people a basis of training and education that helps them understand why the topic is important. I'm pretty sure in most other settings, there would be a lot of people who might push back or not agree with the reason why it's important, but we are blessed here to be an environment where the culture and dominant paradigm is really a deep understanding of why racism is a public health issue."*

Incorporate equity into all strategic initiatives. Notably, many senior leaders stress that equity should run through every organizational goal at ZSFG and not be a separate callout. Leaders can incorporate equity metrics into other strategic initiatives rather than having a singular equity goal. By integrating equity into all aspects of operations and strategy, leaders can ensure that DEI is embedded into the fabric of their leader work and not treated as a standalone initiative. Three different executives speak to this point:

> *"The institution itself has really embraced, supported and pushed DEI; very much so that we have it embedded in our strategic plan. It's a pillar, so equity is a pillar within our*

> *True North. But also we ensure that across all our other True North metrics, that equity, diversity, and inclusion is also looked at in each of those lenses."*

> *"How do you make time and focus on [equity] as not being an independent strategy, but being infused in every strategy you have? I think our work now is removing equity as its own, like, 'Here's our metric goal,' but saying actually, there should be DEI goals embedded within all our other areas, because it's not its own independent thing but it is a lens through which we look at all of our work."*

> *"Because you know, we see this as the next evolution of our work in this area: is to not just have this equity goal that's outside of everything else we do, but really incorporating equity and diversity and anti-racism work into every single strategic thing that we do."*

5. PERFORMANCE VISIBILITY

5A. Visibility of Performance on Strategic Goals

Huddles, True North. We asked leaders how they demonstrate their team's performance on strategic goals and how this is made visible to the organization. Many report using huddle boards in conjunction with True North metrics to visually display and review progress on institution-wide goals. As one administrative director describes:

> *"Before we start our huddles, we always look at our True North triangle which outlines our pillars and our goals…. so the team would share. And we may do that once a month just to make sure that we still have an understanding of our goals, and where we fit in with our organization."*

Status sheets, PIPS. Other common responses include use of status sheets and Performance Improvement and Patient Safety (PIPS) reports to track progress on KPIs or other metrics. These are described as data-driven formats for making performance visible within teams and across the organization. According to two directors:

> *"We have KPIs that we track and we talk about that weekly in our status sheets. Our status sheets allow us to see progress too. Every meeting we have notes, follow-ups, and we make sure that it's different, or at least moving forward. Having that continuous conversation has really helped the team."*

> *"Part of the A3 and PDSA process is having an identified problem statement and then measurable goals and targets. So we measure those and report them through different channels, a large percentage specifically is through our PIPS. …We use data [and] have dashboards that we utilize where we can see all our flow metrics in one place."*

5B. Visibility of Performance on DEI Goals

Goal setting and evaluation. We also asked leaders how they demonstrate performance on DEI goals, including how DEI work that rolls up to them is made visible. Some leaders incorporate equity-related goals into their broader strategic plans while others have specific, dedicated responsibilities for addressing equity issues, for example, involving professionalism and staff treatment. Other leaders are setting personal goals that will include equity as a component of their performance evaluation. One director describes this:

> *"Most of the nursing leaders are asking all our leadership team to put three goals in our performance evaluation every year. Their SMART goals have to be measurable, and this is the first year that we've asked folks to put in an equity goal."*

Best practices. Leaders also cite efforts to share best practices on DEI work across the organization. Some examples include websites and an Equity Learning Board to display different DEI-related activities. According to one manager:

> *"[We] created venues and processes for sharing work and aligning work because things were happening in different places that nobody knew anything about and we couldn't share best practices. So that is getting onto a website through a department. That's getting collated and made more whole."*

Metrics for DEI initiatives. There are various initiatives that ZSFG is taking on to promote equity and diversity. Each has required metrics that provide visibility on progress. One example is documentation on the use of an interpreter with consenting patients who don't speak English as their primary language. Measurements include percent of times that patient consent was given to receive interpreter services, followed by validation that an interpreter was used. Another project involves tracking the delivery of patient education for dialysis patients with varying language preferences and backgrounds. Measurement of such activities enables transparency while demonstrating progress on equity initiatives.

Challenges to DEI Performance Visibility

Newness of equity as a performance goal. One leader acknowledges that while ZSFG has incorporated DEI in performance evaluations, visibility is not entirely clear yet in terms of goal achievement and obstacles. Such aspects will be revealed with time, according to a director:

> *"This is the first year we've asked folks to put in an equity goal. My leadership team next year, we will be asking all the staff to put an equity goal in as well and so we think that will help. As far as visibility...once we're into it a couple of years, then we can begin to see how many people are actually meeting the goals they set for themselves and what the barriers are to them."*

Cross-institutional processes. An administrator describes challenges to performance transparency given the different processes for those who are employed by either the public system or its affiliated academic medical center:

> *"ZSFG is complicated because we're owned by the San Francisco Department of Public Health (SFDPH) and managed by them. Most nurses here and many other employees, about 2/3 of the employees, are SFDPH. But 1/3 of us and most or all the physicians are UCSF employees, so we have some parallel processes across the two organizations."*

Awareness of DEI as a Priority

Mission and vision. When asked the extent to which leaders are aware of equity as a priority at ZSFG, interviewees universally respond that equity is valued and embedded in all aspects of the organization's work. As one director summarizes:

> *"Equity is baked into our mission, our vision, our goals, our strategic plan. People walk the talk and so honestly, I can't think of much that that gets in the way of us doing this work. It's really supported here."*

True North. Several leaders note that although equity exists as its own True North goal, it is also embedded in all other True North pillars at ZSFG. This creates a high degree of continuity and integration of DEI as a strategic priority. As one medical executive describes:

> *"Diversity, equity, and inclusion is one of the reasons why I went into medicine; really wanting to improve healthcare for the most vulnerable in our society. ... I think strategically, as an organization, it's of the utmost importance. It is on par with all our other True North pillars. But I think we go a step further: that even though Equity is its own pillar, it's also embedded in all our other pillars as well. Really making sure [as] we think about quality, safety and staff experience, that DEI should be embedded and thought about in each of those respective areas as well."*

Training, infrastructure. ZSFG provides four hours of DEI education for each staff member each year, which leaders see as a reflection of DEI as an institutional priority. A nurse manager summarizes this:

> *"[Equity] really and truly does have time and resources allocated to training and to people with more expertise supporting the work of people who are learning."*

Similarly, one director shares many examples of equity as a priority at ZSFG, ranging from education and infrastructure to strategy and performance evaluation:

> *"I see [equity] in the amount of programming. Things that are coming out through the city and county as well as through the different fellowship programs. There's Equity Fellows, there's an Equity Council. I know there's infrastructure. There's a Director of Diversity, Equity and Inclusion. None of that existed when I started seven years ago. So investing in that department, those people, and putting them at the table. … Equity is the strategic pillar, and integrating equity into PIPS [Performance Improvement and Patient Safety]."*

Finally, awareness of DEI continues to increase at ZSFG as metrics are further developed to measure progress toward achieving equity.

6. VERTICAL CATCHBALL (CROSS-LEVEL COLLABORATION)

6A. Catchball on General Issues

We asked about the extent of leader involvement in vertical catchball where ideas for improvement are shared and/or goals are set by leaders up and down the organizational hierarchy. Some leaders indicate that vertical catchball is utilized in principle at ZSFG, though not necessarily in name or by labeling it as such, i.e., as a formal practice.

A3 problem solving. Catchball is understood at ZSFG as creating a collaborative approach to problem solving. One executive cites its use in the context of implementing A3s across all levels of leadership, from executives to directors and managers:

> *"You just don't do anything around here without an A3, which is great. It's really a hard-wired part of our process. … It's a common paradigm that we use. And we do a lot of catchball, that's just expected."*

Work groups. Catchball may also occur in meetings to either develop or disseminate strategic plans across the organizational hierarchy. Communication and collaboration are highly valued, with feedback sought from all levels to carry out plans effectively. One leader reports using catchball during work meetings with all directors, then cascading that information to managers across the organization:

> *"We have an expanded work group that meets once a month. We bring [catchball] to them in our meeting, which is about 60 directors. And then we have a management forum, and we will share. There's no dialogue in a management room because there's about 200 [managers], but we do try to cascade that information to them."*

Challenges to Vertical Catchball

Time constraints. There is a sense that even though catchball and other lean tools are employed, more time may be needed to adequately reflect on or gather information resulting in desired outcomes. As one executive comments:

> *"Sometimes I feel like we try to power through some of these processes, using structures like catchball, like the gemba, like the A3, all these phrases. But sometimes I think we get so focused on filling out the A3, or playing catchball, that I'm not sure the end product is that good. I feel sometimes you really need time to think about it or talk to more people, and we've always been hard pressed for time."*

Interprofessional communication. On the topic of vertical catchball, some leaders describe how interdisciplinary teams may face communication challenges due to different professional jargon and assumptions made when working together. As one administrator comments:

> *"We as a healthcare organization, a lot of what we do with our patient care and documentation involves working with IT professionals. I do notice that sometimes doctors and IT professionals, we don't always appear to be speaking quite the same language. Sometimes we do have to back up and make sure we're understanding each other and those constraints."*

In summary, leaders reveal some limitations in using vertical catchball to facilitate cross-level collaboration. While some find it helpful, others perceive it as a practice that requires more time and reflection. Effective communication, interdisciplinary work, and thoughtfulness are critical for success.

6B. Catchball on DEI Issues

Examples. We asked how vertical catchball, or various forms of cross-level collaboration, take place to support DEI at ZSFG. Leaders mention working with the Office of Health Equity and their on-campus Equity Council for coaching, counseling, and visioning sessions. Additionally, leaders discuss their equity fellowship, where there are regular meetings to learn historical factors and strategies for supporting each other's DEI work. Another leader mentions a requirement for departments to have equity reports aligned with ZSFG yearly goals, which are then carried out by frontline teams. Overall, leaders express commitment to DEI and employ catchball via regular meetings, learning opportunities, and hiring practices that promote diversity as described below.

Diverse Perspectives in Vertical Catchball

Hiring practices. When asked how leaders incorporate diverse perspectives into the catchball process, they highlight how their executive team and directors consider diversity when hiring in order to introduce different perspectives. As one director states:

> *"We've also worked really hard to fill those positions with diverse candidates, so we're trying to bring diverse viewpoints straight to the table."*

A3 thinking. One leader mentions having several A3s focused purely on DEI, which has resulted in some of the best ideas for catchball. Another leader notes that the whole point of catchball is to bounce ideas, and that the A3 framework itself involves asking clarifying questions that will naturally encourage diversity of thought. ZSFG also has Diversity Champions on campus to catchball with staff members in order to solicit different opinions. Overall, leaders recognize the importance of diversity in catchball and actively work to incorporate that into the process. In this context, one director states:

> *"You're looking for diverse perspectives. That's in some ways the goal of thinking about who are the players and what can they bring in and share with you."*

Challenges to Vertical Catchball on DEI Issues

Hiring, retention. Despite what leaders shared above, many still express a desire for more cross-level collaboration on DEI topics and suggest the organization needs to be more deliberate in its approach to creating diverse and inclusive groups, particularly in terms of committee composition. As previously described, some feel ZSFG needs to do even more in upstream hiring to ensure that downstream processes are inclusive and not inadvertently excluding members. They identify HR functions of hiring and retaining as challenges to creating a diverse leadership group. As one executive states:

> *"I think [vertical catchball] really only comes in the way the groups are composed. But I can't say there's a ton of thought about members of those groups other than who's leading the different services. So that really reflects hiring in promotion and retention processes in the organization, more than it does anything specific about those groups."*

Transparency, metrics. Some highlight the need for transparency and disclosure to further promote equity. Leaders suggest that metrics be put in place to ensure different voices are included in decision making processes. As described by an executive:

> *"Everyone is well-meaning and has goals, but there could be some metrics or standards ensuring that we do have the right voices in the room or the right measures to see."*

PIPS evaluation. Finally, equity components in Performance Improvement & Patient Safety (PIPS) performance evaluations are recommended as an opportunity to encourage more cross-level collaboration at ZSFG.

7. ACCOUNTABILITY

7A. Accountability As a Leader Competency

Challenges to Accountability

Measurement and guidance. We asked interview participants to describe their own understanding of accountability as a leader competency. Many agreed this aspect of leadership is crucial though difficult to measure. According to some, a perceived lack of guidance from the organization creates some uncertainty about how to demonstrate accountability as a leader.

Prioritization. There are also challenges to ensuring this leader competency is prioritized and regularly evaluated. One administrator believes expectations must come from the top:

> *"I think if we as an executive team, say 'You need to make time for this,' I think that'll hold more people accountable."*

In particular, visibility and consistency are cited as two key factors for building formal accountabilities within large departments. This is seen as essential to the success of the organization especially in a highly regulated environment like healthcare. Although leaders are responsible for being lean certified and expected to have a firm grasp of lean principles and behaviors, accountability to these requirements has not been prioritized to the extent that it could be. As one director describes:

> *"I'm not sure if we are where we want to be in terms of accountability. It's definitely a work in progress and I know [CEO's name] is actively working on that. I think our biggest barrier was during Covid; a lot of that had to be put on hold. And so we're kind of ramping back up right now, back to our regular cadence, reporting on KPIs, A3 thinking, and so it's just going to take some more time."*

Another director comments:

> *"We can be better with accountability, and I think part of the reason is, it's just been on the back burner."*

Institutional challenges. When asked about this leader competency, executives mention the use of meetings to ensure they are accountable to completing their tasks. Others feel there is an organizational strategy to enhance accountability that they would like to put forward, but have difficulty finding time to implement due to the pandemic. For example, one leader discusses a policy they are working on but cannot push forward alone, as it requires the involvement of various groups that are still overwhelmed with COVID-related assignments. Ensuring accountability is a struggle, yet one administrator believes it begins with executives working to achieve balance despite challenges, including those related to unionization:

> *"I think where we can improve is, I mean, it starts from the top. So it's using the executive team. I think we struggle with that because it's such a union centric organization, so it's really hard to hold people accountable because a lot of our staff are represented by unions. It's bureaucratic. We are trying to find that balance right now."*

Strengthening Accountability

Build structures. When asked what could be done to strengthen accountability at ZSFG, leaders cite the importance of having formal structures in place for reporting progress and goals. Creating these structures, forming committees to oversee projects, and holding oneself and others accountable to work are all factors that ZSFG leaders believe are important. Notably, one executive reflects on the need to be accountable to one's direct reports as well as to one's supervisors or managers:

> *"I think it's really important. I think we usually consider accountability in the person to whom one reports, rather than downward [and] from a higher hierarchical standpoint."*

Provide measures. Leaders suggest that more guidance as provided via concrete measures for accountability would be helpful. Yet they also acknowledge there are challenges with union representation and bureaucracy complicating the ability to enforce job expectations among employees. Nonetheless, this is recognized as an important competency that requires more effort to incorporate into a leader's role at ZSFG.

Hiring leaders. Finally, one administrator's suggestion for strengthening accountability is to focus on hiring especially into leadership positions. As expressed by others, accountability starts at the top and can be demonstrated at the highest levels of an organization. When asked what would be helpful to strengthen accountability in general, this administrator recommends:

> *"I would emphasize the search process because I think, particularly for higher level leaders, there's still a lot of biases whether they're gender biases or ethnic biases that can come into play. … So I think the way [is to] especially focus on leadership. That would be where I would focus my energy."*

7B. Accountability to DEI Issues

Work expectations. We asked how accountability to DEI specifically has been encouraged among ZSFG leaders and supported as an area of growth. Currently, leaders see accountability as an implicit responsibility and expectation for their work, which may involve collaborating with others to develop DEI-specific goals. As two managers each share, respectively:

> *"The expectation from the institution is that I have goals. I choose them in collaboration with my supervisor, and a lot of the goals I have are actually in collaboration with the Equity Committee."*

> *"The way I've understood it [accountability] is it's all of our responsibilities. We're all accountable for advancing equity on campus. That's the core of our mission; we serve an underserved population. …It has to be part of all of our work."*

Formal accountability structures. Several leaders point to staff check-ins and status sheets as a means for discussing equity work. However, the most common response is that there is currently no explicit structure for holding leaders individually accountable to DEI goals. The closest resemblance to this is the Equity Council structure that is designated to address equity issues. According to a director and executive, respectively:

> *"I ask about [equity] in status sheets...I'm not sure how much at this point it's integrated into our accountability structure. I know some groups have created equity councils and other things, so that creates some type of accountability structure."*

> *"But there aren't necessarily explicit outcomes where people are expecting accountability or where there's a structure of accountability, I would say. So [it]'s not like someone stated, 'Here is the goal, and here's what we're expecting you as a leader to do. And here's how we're going to hold [you] accountable around diversity and inclusion.' I don't think there has been something like that."*

Departmental activity. At department levels, there is monitoring of equity activity in specific categories. Departmental leaders are also expected to undergo training and engage in equity work. A nurse manager describes this:

> *"When we do our performance improvement report out—each department to the executives—there needs to be an equity component…I know we measure how many departments are compliant with tracking [and] doing equity work. They look at how many leaders have equity training and are actively engaging in equity work. They look at how many equity champions we have for frontline staff."*

Plans in development. While all ZSFG leaders now must undergo training on racial humility, plans are underway to increase leader accountability to equity goals, whether individually or on behalf of their department. As described by a director:

> *"We're trying to develop a more accountable approach amongst our leaders by starting the training with the understanding that everyone will have, for example, a goal by next month, that they will they have to follow rules for the rest of the next fiscal year. So then a year later, whether it's personal or professional, one of our other goals, for example within the department, is that every unit will have an equity-related driver or an equity-related PDSA at the very least in the next year."*

Challenges to DEI Accountability

Leader metrics, standard work. There is widespread recognition that ZSFG leaders work in an environment where there is a deep commitment to equity. However, there is a sense that the organization could have more formal metrics and leader standard work to reflect and reinforce this environment. According to one nurse director:

> *"The environment here at San Francisco General especially, we have a very underserved, vulnerable population. I think everybody here [has] a really deep commitment to those patients. And if you've got a deep commitment to those patients, then you have to have a deep commitment to equity. And equity not just for our patients, but for our staff, our physicians…I'd love to see us having a system [with] some more accountable metrics and standards for leaders attached to it. We're just maybe not quite there yet in in our own organizational growth."*

Equity vs. Equality. There was a concern that distinctions between equity and equality are not well understood when hiring ZSFG employees, which may impact efforts to hold leaders accountable to certain DEI goals. An executive calls for change in HR processes and reevaluation of rigid, outdated rules:

> *"Some of our leaders still struggle to understand the difference between equity and equality. And so how do you hold people accountable if they're still struggling with that definition and misusing the word? The biggest thing we need is for HR processes and speed to change. There is a rigidity around a rule on paper that doesn't make sense in the world in which we live in today. And the willingness to look at it, process it, and see that it might be a barrier is not there."*

Resources. Leaders cite need for a more accountable approach towards DEI, which requires continued implementation of measurable goals, training, and resources for this work. As one nurse manager comments:

> *"I think getting people to focus on the related [DEI] stuff requires tools that you don't have, like how do we design that plan to have the resources that our leaders need to do that work?"*

Leaders also appreciate the help received in certain areas, including stratifying data by patient demographics, but need more analytic resources and time for taking further action. According to an executive director:

> *"I think people genuinely appreciate any effort put into the work of [for example], if you stratified your data. It's one tiny step in that direction, but the real meat of the work is holding someone accountable to analyzing that information and what you do about it. That's the piece that's missing and it's for many reasons. I don't think it's intentional. I think it's just resources and time and other priorities."*

Overall, those we spoke with indicate there is need for a more accountable approach towards DEI, which requires continued implementation of measurable goals, training, and resources.

Strengthening DEI Accountability

Equity goals, performance evaluation. When asked what could be done to strengthen accountability to DEI work, leaders recommend that this be embedded in their goals and performance evaluations. One nurse director suggests developing personal measures that will be assessed each year:

> *"Getting [equity] baked into our goals and our own performance evaluations, maybe some metrics that we measure ourselves personally on an annual basis... that's an important next step."*

Similarly, a nurse manager recommends setting SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound), and having deadlines and regular check-ins to ensure that progress is made. Another director suggests setting expectations also at the department level and to keep the goals attainable:

> *"Expectation setting. So goals and targets around equity work and what that looks like for your department. You need to have one learning about X or you need to set three equity goals for the year. I think it can be pretty broad as to what that looks like. Or you need to look at one process with equity…and so just creating some [expectations]. I would say initially you want the bar to be fairly low."*

Staff assignments, automation. Leaders can also remind staff that DEI is a priority and allocate time for it by rearranging assignments to facilitate this work. However, one manager emphasizes the importance of not continuing to add new tasks, including new equity work, without relieving both staff and managers of previous assignments. Another recommendation to increase accountability is increased use of automated processes, such as tap time sheets instead of paper ones, as they can help mitigate supervisor bias, staff favoritism, and workplace inequities.

Daily management system. Another suggestion is to leverage the lean daily management system as a structure for DEI accountabilities at ZSFG. As a director recommends:

> *"I'd also like to think about where we are in our daily management system and standing that back up. How can equity be included as a component of that as we continue to do lean and leader trainings and onboarding? How do we set the standard when someone comes into the organization? Educating them [on] what's expected from them from an equity lens?"*

Greater rigor. Others reinforce the importance of holding individuals accountable for DEI efforts, and that this will inevitably occur for topics that the organization cares about. These

leaders suggest a more rigorous approach to ensure time is made for equity work. As expressed by one nurse manager:

> *"I think we hold people accountable when we care, we don't hold people accountable if we don't care…. So, if there was more rigor around the accountability aspect I think people would find the time."*

Overall, leaders largely support accountability as being a crucial factor in ensuring that DEI work is done. During interviews, many recommend shifting the perspective from a prevailing desire to promote equity to finding more concrete ways to do so. They suggest that executives and senior leaders can assist by making resources available and informing staff what those are, as both staff and middle managers may not be aware of supports available to them.

7C. Accountability to Continuous Improvement

Making Time for Improvement

Build into existing structures. Continuous improvement (CI) is a critical part of a leader's job to enhance the organization and make necessary improvements. Because there is not typically a formal metric for this, we asked leaders for their ideas on ways to continually improve in general and with respect to DEI issues. As one director recommends:

> *"Building it [continuous improvement] into existing structures, I find that it works. If it's a one-off thing I have to do, it's probably going to get deprioritized among other things."*

Have an improvement mindset. There is a suggestion to shift the mentality from continuous improvement as a standalone activity to one that exists in everything leaders do. According to an executive:

> *"I think the way I have approached it is that—and I tell my team this—is that it's embedded in the work that we do. So, you shouldn't think about it as, 'I'm going to work an hour today on performance improvement.' It should really just be in everything that we do and how we approach things. …It shouldn't feel like it's extra work [or] an extra thing I need to do."*

Time and staffing. Still, leaders can face challenges in making time for continuous improvement. Especially among frontline managers, an issue mentioned is the slow hiring process that often forces them to fill in for other roles on their teams, thus adding to their own workload. Because of this, they often feel they do not have time in their schedules for CI activities. Many suggest providing dedicated time to work on improvements, as currently they must find that time on their own. As a nurse manager shares:

> *"I think having time to do the work is very challenging. For example, I know I have to get the schedule out as my staff have to know when they're working; they can't just show up*

> *whenever they want. I don't have enough time in the day but I have to find a way to get it [all] done. It's not a choice."*

Making Time for DEI Improvement

DEI and competing priorities. When asked about continuous improvement of DEI work in specific, similar to what leaders describe above, common themes include the need to make time by embedding DEI into their daily work and thinking about it in everything they do. However, competing priorities must be recognized particularly in clinical care given current staffing shortages. According to a nurse manager:

> *"It has been made clear that [DEI] is part of our jobs and that we should be making time. And there's so many competing priorities, but I think the institution is recognizing that."*

Safe spaces, DEI training and time. According to ZSFG leaders, the organization can also help them make time for DEI work by providing safe spaces for open communication and discussion, encouraging colleagues to challenge each other's thinking, and highlighting successful case studies and best practices. Required training such as discussions around racial humility can also help leaders in their efforts to support DEI. Like any other topic, DEI continuous improvement requires understanding that it is a crucial aspect of a leader's job. Those we interviewed at ZSFG affirmed that the organization needs to continue prioritizing and providing the time needed for leaders to achieve meaningful change.

APPENDIX – Methods

Depth Interviews

We conducted qualitative depth interviews using a purposive sample of ZSFG leaders, including the executive team, clinical and operational directors, and nurse managers. All executives and directors were interviewed using a one-on-one format. Group interviews were held with two panels consisting of managers and educators. We conducted interviews via Zoom conference call, where a primary interviewer asked participants questions drawn from a semi-structured interview guide (shown below). A secondary interviewer wrote notes on the main points made by participants. All interviews were recorded, transcribed, and reviewed for accuracy. The CLEAR team coded interviews deductively based on major themes outlined in the interview guide. In some cases, we identified new codes and refined the codebook accordingly. All codes were aggregated across interviews and summarized to identify major themes on lean practices and tools used by leaders to advance strategic goals at ZSFG. These goals include health equity and workforce diversity, equity and inclusion (DEI).

Interview Guide

1. What types of tools or standard work processes do you use to foster daily engagement with your staff?
    a. How do you foster equity and inclusion when engaging staff in the ways you described?
        - What barriers or facilitators have you encountered along the way?
        - How might these barriers be addressed, or facilitators better supported?

2. What does "humble inquiry" mean to you as a leader or manager? What does this look like practically in your work?
    a. How does humble inquiry help you specifically in solving problems with your staff?
        - What are some examples of this?
        - In what ways have you learned from or integrated diverse perspectives into the humble inquiry style of problem solving?
    b. Have there been any challenges to the humble inquiry approach, particularly when involving a DEI-related issue?

3. Do you conduct PDSAs with your staff, and if so, how often does this occur?
    a. Can you describe specific equity or diversity problems that required you to engage in a PDSA with your staff? What were the results of those efforts?
    b. How are DEI data or metrics being used, if at all, in PDSAs?

4. What are examples of how you, as a leader, support your organization's strategic goals?
    a. Now thinking specifically about your organization's DEI goals:
    What tools or standard work do you use specifically to advance equity?
    b. What hurdles or obstacles have you encountered in advancing equity, if any, and what might be done to address this?

5. How do you typically see and demonstrate progress on work that rolls up to you?
    a. Are you aware of how DEI is, or is not, being prioritized as a strategic goal in your organization?
        - *[If Yes]* Could you provide examples of how equity is prioritized and how that work is made visible?
        - *[If No]* How would you recommend that equity goals be better communicated to you and other managers or leaders?

6. Are there instances of "vertical catchball," meaning that ideas for improvement are shared and goals set, by leaders up & down the organizational hierarchy?
    a. *[If Yes]* What are examples of how leaders engage in this process, particularly regarding equity goals or initiatives?
        - Are diverse perspectives typically incorporated into this process, and if so, how does that usually happen?
    b. *[If No]* How might opportunities for more cross-level collaboration among leaders be realized?
    c. Are there equity initiatives that you are currently monitoring or measuring with other leaders? If yes, could you please describe this?

7. What is your understanding of accountability as a leader competency?
    a. How has accountability on issues of equity and diversity been encouraged among leaders and supported as an area of development?
        - In what ways might accountability in this area be strengthened for you as a leader or among other leaders across your organization?
    b. Last, in the absence of a clear "accountability metric" for this:
        - How do you make time for continuous improvement?
        - What would be helpful to support your time, particularly for improvement on equity issues?