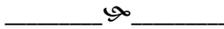


# LEARNING HEALTH SYSTEM COACH CERTIFICATION

Cohort 3 – 2021-2023

## Logistics

Contact info: [LHSCoach@ucsf.edu](mailto:LHSCoach@ucsf.edu)  
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## Description

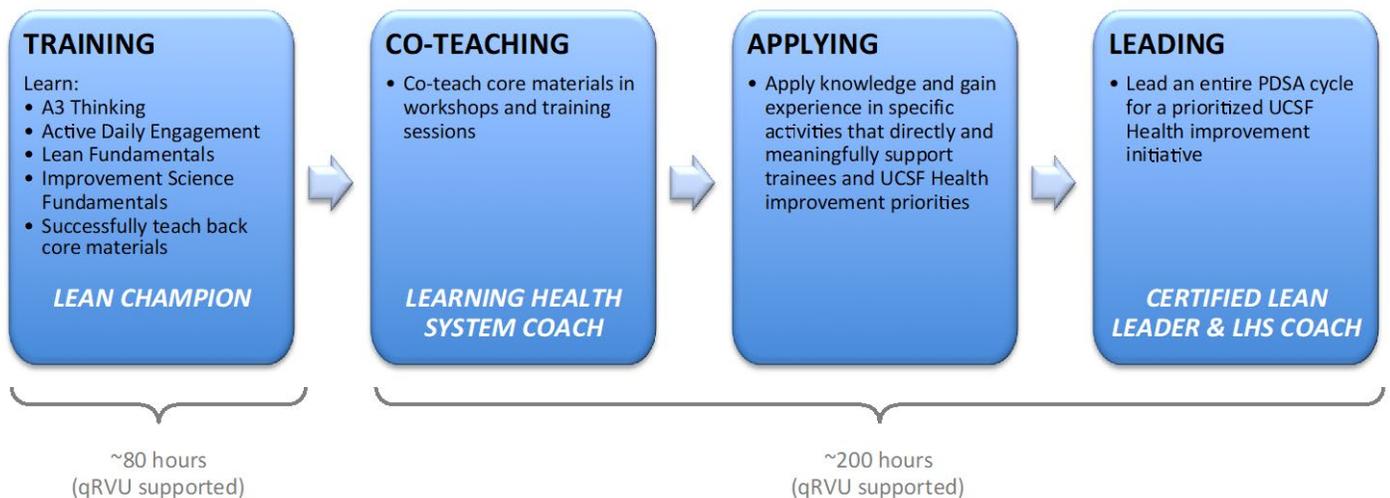
The specific goals of this program are:

- To increase the number of interprofessional UCSF faculty and leaders who are qualified to teach and coach teams in Lean and Implementation Science
- To enhance the impact of residents, fellows, and other leaders on UCSF Health True North goals
- To increase organizational competencies in interprofessional learning and teamwork in relation to continuous improvement efforts at UCSF Health



## Organization

This 2-year program involves didactic and leadership experiences organized in 4 principle categories:



## Key Milestones

- Participate in training sessions in Lean and Implementation Science fundamentals
- Complete the required oral Teach Back session, designed to develop and demonstrate understanding and mastery of core knowledge. **Lean Champion** designation is achieved upon successful completion of this milestone. Co-teach materials to trainees, leaders, and faculty. **LHS Coach** designation is achieved upon completion of 40 hours of teaching and coaching
- Apply learning through coaching, co-teaching, and direct participation in organization-wide PDSA activities (“kaizen” and value stream mapping), in support of UCSF Health improvement priorities
- Lead an entire PDSA cycle for a prioritized UCSF Health Improvement initiative. Examples include direct and primary support for a resident led improvement initiative, leadership in an organization-wide kaizen workshop, leadership in a Value Improvement initiative effort for UCSF Health. Specific criteria and milestone achievements are required for completion.

**Certified Lean Leader and LHS Coach** designation is achieved upon completion of all of the above activities. qRVU support is available for completion of these actions.



## Program Topics

- Fundamentals of Lean
  - This is an overview of Lean including the meaning and purpose of Lean in healthcare, key components and systems, process improvement tools, strategies for True North Alignment, and strategies for sustaining engagement. This includes specific examples from UCSF Health departments as well as other organizations
- Lean and Continuous Improvement Tools
  - This is a comprehensive review of common Lean and improvement tools. The purpose is to develop competencies in leaders responsible for prioritized improvement initiatives. This involves experiential learning using clinical simulations on topics including:
    1. *Value Stream Mapping*
      - *Understand value and patient-centered flow*
      - *Develop and analyze current state value stream*
      - *Apply lean concepts including Kanban; quick set up for optimization of flow, improvement of quality, and elimination of waste*
    2. *5S and Visual Management*
      - *Understand a system for standardized organization and visual management*
      - *Apply of the 5S process in a simulated healthcare clinical setting*
    3. *Standard Work*
      - *Understand the purpose, elements, and development of standardized work in order to drive sustainable improvement*
    4. *Mistake-Proofing*
      - *Understand fundamental principles for a comprehensive mistake-proofing system*
      - *Experience a healthcare simulation in which mistake-proofing core concepts are incorporated directly into the flow of standard work*
- A3 Thinking
  - This is a methodical, deliberate approach for problem solving. The framework emphasizes critical reasoning skills, and uses evidence to design improvement experiments. This approach is valuable for prioritizing, planning, and communicating improvement efforts at UCSF Health. Participants practice drafting A3 thinking using individual problems, and provide coaching to others in problem solving.

- Active Daily Engagement (ADE)

This is our organizational management system that focuses on communication of True North priorities, alignment in improvement efforts, problem solving at the source, and working within a systems-based practice. Participants create visual management for communicating progress on key initiatives, and practice coaching during Daily Status updates, Improvement Huddles, and Leader Rounds.

- Fundamentals of Implementation Science

1. *Data Access and Analysis 101*
2. *Project Management 101*
3. *Deeper PDSA*
4. *Sustainability Planning*
5. *Stakeholder Analysis PRECEDE-PROCEED. An approach to designing more effective individual behavior change strategies*
6. *Consolidated Framework for Implementation Research (CFIR). A framework to use for introducing/disseminating a new evidence-based program*
7. *Logic Models*

- Leadership, Change, and Communication
- Capstone Improvement Initiative



### **Reading & Supplies**

These materials are foundational and are intended to help build your comfort as a facilitator and leader in this work. The first two texts are mandatory. Additional articles and whitepapers will be made available throughout the program. Reading is self-paced. (All texts and materials will be provided)

- Managing to Learn, John Shook
- Humble Inquiry: The Art of Asking and Not Telling, Edgar Schein
- Beyond Heroes, Kim Barnas
- Toyota Kata, Mike Rother
- The Toyota Way to Healthcare Excellence, John Black with David Miller
- Implementation Science review articles
- [Library of Articles](#)



**Schedule**

All trainings will be posted on the [LHSCoach@ucsf.edu](mailto:LHSCoach@ucsf.edu) calendar (shared with you), and will be updated regularly in the Outlook.



## **Appendix 1: Training Session & Preparation to Co-teach Checklist**

Training sessions are typically 4 hours in duration when conducted in person. Training sessions that have been converted to virtual format are typically 2.5 hours in duration, with required pre-work. Start times are noted on the Calendar-at-a-Glance. Each session will be repeated more than once.

Training sessions may be attended in any sequence.

- Lean Fundamentals & Overview 1 hour
- Lean Tools 1: Overview, 5S, Standard Work 2.5 hours (virtual)
- Lean Tools 2: Value Stream Mapping, Waste, Improving Flow 2.5 hours (virtual)
- Lean Tools 3: Kanban Signaling & Quick Set Up 2.5 hours (virtual)
- Lean Tools 4: Mistake Proofing in Healthcare 2.5 hours (virtual)
- A3 Thinking: attend as an initial learner Two 2.5 hour sessions (virtual)
  - *A3 Thinking: attend a second time with the intention to co-teach next*
- Active Daily Engagement: attend as an initial learner Two 2.5 hour sessions (virtual)
  - *Active Daily Engagement: attend a second time with the intention to co-teach next*
- Participants who successfully complete an oral Teach Back on the above sessions receive the designation of UCSF Health Lean Champion.
  
- Fundamentals of Implementation Science I, II (complete schedule TBD)
- Leadership, Change, and Communication (complete schedule TBD)

There are four steps to prepare for co-teaching A3 Thinking or ADE:

- Attend A3 Thinking and ADE once as an initial learner
- Attend A3 Thinking and ADE a second time, with the intention to co-teach next
- Schedule an A3 and/or ADE dry-run to Lean faculty for feedback and assessment
- Schedule a time/date for co-teaching

## **Appendix 2: qRVU Guidelines**

### qRVU Flat Rate Payment Amounts (Daily and Hourly)

Effective FY19, the daily qRVU amount for providers participating in UCSF Health activities such as Lean & UBLT trainings, the Kaizen workshop, etc. is \$1,000 per day, and for activities such as PEAK that are hourly, the rate is \$125 per hour

### Background

- qRVU reimbursement is payment for the clinical effort of physicians who are selected to participate in activities (i.e., Lean training) that UCSF Health has made substantial investment in and take a substantial commitment of time from the physicians that results in reduced clinical activity
- To ensure proper qRVU credit attribution, the program lead of each activity tracks the physician's effort on a template and sends the template to UCSF Health's Physician Services office once training is completed. The office then works with the department MSO's to calculate payment
- The prior reimbursement calculation for qRVU's was at the provider-level and was time intensive for UCSF Health, SOM clinical departments and department managers because there were several data components (i.e., RVUs, cFTE, etc.) that were vetted, including the payment amount
- The amount of time and effort required to calculate and vet the payment often resulted in a delayed payment to the department
- The Committee agreed that a standard daily and hourly rate would be acceptable for this work and requested a review of proposed rates
- After modeling three years of qRVU payment data for MD communication, Lean training and PEAK, proposed and accepted was a daily rate of \$1,000 and an hourly rate of \$125
- The \$1,000 per day rate is slightly more than the actual weighted average of payments for the activities which were between \$933.00 and \$966.00 per day

### **Appendix 3: 2020-2021 Residents & Fellows Leading Interprofessional Continuous Improvement Teams (REFLECT)**

<b>Program</b>	<b>Target/Goal</b>
Adolescent and Young Adult Medicine Fellowship	Improve suicidality screening and documentation with the ASQ in patients who screen positive for depression on the PHQ9, from 0% to 75%.
Anesthesia Critical Care Fellowship	A family update is delivered daily by an ICU provider on >50% of ICU-primary patients in the MICU (9) and SICU (13), as measured by verbal or written confirmation during sign out from the day to night fellows, to be achieved by February 2021.
Anesthesiology Residency	To improve the use of a standardized handoff tool for all primary adult anesthesia providers (attendings, CRNAs, and residents) in cumulative, annual terms by 50% commence when the Epic build is incorporated.
Dermatology Residency, Dermatopathology Fellowship, Micrographic Surgery and Dermatologic Oncology Fellowship, Pediatric Dermatology Fellowship	Improve use of high-quality photographs prior to biopsies: Increase % of photographs meeting high-quality criteria to 85% (currently ~83%); Decrease % of biopsies performed without photos to below 8% (currently ~9%)
Emergency Medicine Residency	To decrease the percent of elderly patients (65+ yo) who receive benzodiazepines (lorazepam, midazolam and diazepam) by 10% to 2.18% or fewer.
Endocrinology Fellowship	Review Diabetes Emergency Checklist with at least 50% of patients. Initially this will be only for pump patients, and subsequently will be expanded to all patients with Type 1 Diabetes
Gastroenterology Fellowships Advanced Endoscopy, Advanced IBD, Transplant Hepatology	Improve overall adherence to guidelines for appropriate follow up colonoscopy in patients with 1-2 diminutive adenomas to 75% by 4/2021
General Surgery Residency	50% of cases will use post-operative addendum with focus on DVT ppx and use of multimodal pain management
Gynecologic Oncology Fellowship	Decrease OR time for patients by 20 minutes.
Hematology and Oncology Fellowship	Cumulatively document PS using a smart data element for at least 70% of oncology patient visits (including new patients, return patients, and telehealth encounters).
Hospice and Palliative Medicine Fellowship	Increase the average number of consults per month placed for patients in an ICU to the inpatient palliative care team at UCSF's Parnassus campus by 10-20% (2-4 patients more per month).
Internal Medicine Residency	Inpatient documentation of alcohol use within the social determinants of health (SDoH) navigator in APeX will increase from 22% to 75% among all hospitalized patients on the medicine teaching service.
Neonatal-Perinatal Medicine Fellowship, Maternal-Fetal Medicine Fellowship	Increase rate of delayed cord clamping for preterm neonates born before 34weeks gestation to >50% (baseline = 40%) and decrease rate of umbilical cord milking to 0% for preterm neonates born before 28 weeks gestation.
Neurological Surgery Residency	Use of interpreter services in >70% of eligible encounters* (# of non-English speaking patients admitted to neurosurgery service x LOS).
Neurology Residency	Complete admission medication reconciliation in 75% of patients within 24 hours of admission (baseline 43%)
Obstetrics and Gynecology Residency	Complete formal social vulnerabilities screening tool at preoperative GYN and GYN ONC appointment in 20% of patients
Ophthalmology Residency	We aim to decrease the number of in-person post-operative cataract visits by converting 20% of visits to resident-performed telehealth encounters (with supervision)
Orthopedic Surgery Residency	Decrease ED time to post-reduction X-rays. Orthopedics resident will place order for post-reduction films and call ED x-ray tech when patient is ready in >70% of cases.
Otolaryngology Residency	Streamline the physical examination process via telemedicine by distributing clear instructions to at least 80% of all patients seen in the telemedicine arena, both preoperatively and postoperatively, at least 48 hrs before their telehealth appointment
Pain Medicine Fellowship	50% of patients will complete the Patient Reported Outcomes Measurement Information System (PROMIS) Pain Intensity and Pain Interference Items.
Pediatric Anesthesia Fellowship	Increase use of enteral acetaminophen (rather than IV acetaminophen) from 15% to 19% (25% increase) for patients >5yo in ambulatory surgery
Pediatric Critical Care Fellowship	10% improvement in three out of four critical care QI target initiatives (IV to POTylenol; PT/OT orders and non-bedrest activity, discussion of delirium on rounds, documentation of central line necessity)
Pediatric Endocrinology Fellowship	Develop an algorithm to be used by the pediatric endocrinology department to determine which individuals can receive outpatient new onset diabetes teaching. In addition, the group aims to implement some aspects of the algorithm this academic year.
Pediatric Hematology Oncology Fellowship	Increase the percentage of newly diagnosed oncology patients with completed Treatment SmartForms to 75% percent by the end of the academic year
Pediatric Hospital Medicine Fellowship	We aim to increase the % of patients discharged from the PHM service with at least 1 SDoH domain evaluated and documented in EPIC SDoH module from 0.09% to 50% by July 2021; We aim to increase the % of patients discharged from the PHM service with unmet social needs (positive screen) who had resources provided (based on documentation in discharge summary) from 0.0% to 50% by July 2021.
Pediatric Infectious Disease Fellowship, Allergy and Immunology Fellowship, Pediatrics Residency	35% of admissions from July 2020-June 2021 will receive a BL assessment, (defined as either : 1. Outpatient allergy consult order placed in Apex; 2. Patient receives a beta-lactam antibiotic during hospitalization; 3. BL Allergy is removed in Apex (delabeled))
Pediatric Rheumatology Fellowship	By February 2021 we will have established a non-physician driven process for reviewing need and tracking vaccine administration; By June 2021 we will have documented start or completion of appropriate pneumococcal vaccine sequence in 75% of our patients with SLE
Plastic Surgery Residency	For patients undergoing gender-affirming surgery, 75% receive dot-phrase discharge instructions. In addition, a patient metric will be identified and tracked in parallel.
Psychiatry Residency	Increase to 50% of patients with I-PASS compliant handoff on inpatient and CL services.
Pulmonary Disease and Critical Care Medicine, Fellowship	Bronchoscopies with fellow participation will have a mean radiation dose ≤ 2 times that of attending-only bronchoscopies by 6 months.
Radiation Oncology Residency	Improve the rate of NCCN distress thermometer completion at time of CT simulation to at least 50% (this is a measure of patient distress)
Radiology Residency, Musculoskeletal Radiology Fellowship	By 6/30/2021, 75% of knee and hip radiographs ordered will have a precise Kellgren and Lawrence grading system applied and addressed within the final report.
Reproductive Endocrinology & Infertility Fellowship	50% of patients who decline to self-identify race/ethnicity will provide a reason for declination or will answer with follow-up
Rheumatology Fellowship	Screen (ordered and documented) 90% of patients who will be newly started on certain DMARDs (anti-TNFs, anti-IL1s, anti-IL6, abatacept, JAK inhibitors, anti-IL12/23, and anti-IL17s) for any disease indication for latent tuberculosis within 1 year prior to or 60 days after start of therapy in the UCSF Rheumatology Clinic in the 2019-2020 academic year.
Urology Residency Endourology and Laparoscopy Fellowship Pediatric Urology Fellowship Urologic Oncology Fellowship	Increase resident awareness of intraoperative supply costs with the following steps: (1) Each resident & fellow based at UCSF Health will participate in an OR audit with Caring Wisely team; (2) When emailed supply costs resume, >80% engagement within 24h; by the end of the year trainees will summarize the data collected and provide trainee-generated, surgeon-specific streamlined preference card recommendations for the three audited case types: ureteroscopy, percutaneous nephrolithotomy and laparoscopic nephrectomy.

## **Appendix 4: FY21 Value Improvement Initiatives (West Bay)**

### **Revenue Optimization**

- Charge Capture - OB ED
- Pediatric Heart Center/Cath Lab
- HB Avoidable Write-Offs
- Dialysis Billing for Medicare
- FPO - PB Letter of Agreement Appeals
- FPO - PB Pricing Initiative
- FPO Anesthesia In-house Coding
- FPO Provider Self-Coding
- FPO Late Charges
- ED Revenue Capture (BCH SF)

### **Pharmacy**

- Inventory Management
- Revenue Capture
- Drug Use Management
- 340B Optimization
- Patient Assistance Program
- Regulatory Compliance - Software/Services
- Specialty Pharmacy

### **Supply Chain**

- West Bay Supply Chain

### **Radiology**

- Mt. Zion Screening Mammography
- MRI China Basin Weekend Coverage
- PET/CT Expanding Weekday Hours
- ACC Ultrasound Revenue Enhancement
- HB RFI Workqueue
- PMSA Revenue Enhancement

### **Other**

- Clinical Lab Send Outs
- Interpreter Services