LEARNING HEALTH SYSTEM COACH CERTIFICATION

Cohort 2 – 2019-2021

Logistics

Contact info: LHSCoach@ucsf.edu
350 Parnassus Ave, Ste 501
San Francisco, CA 94143

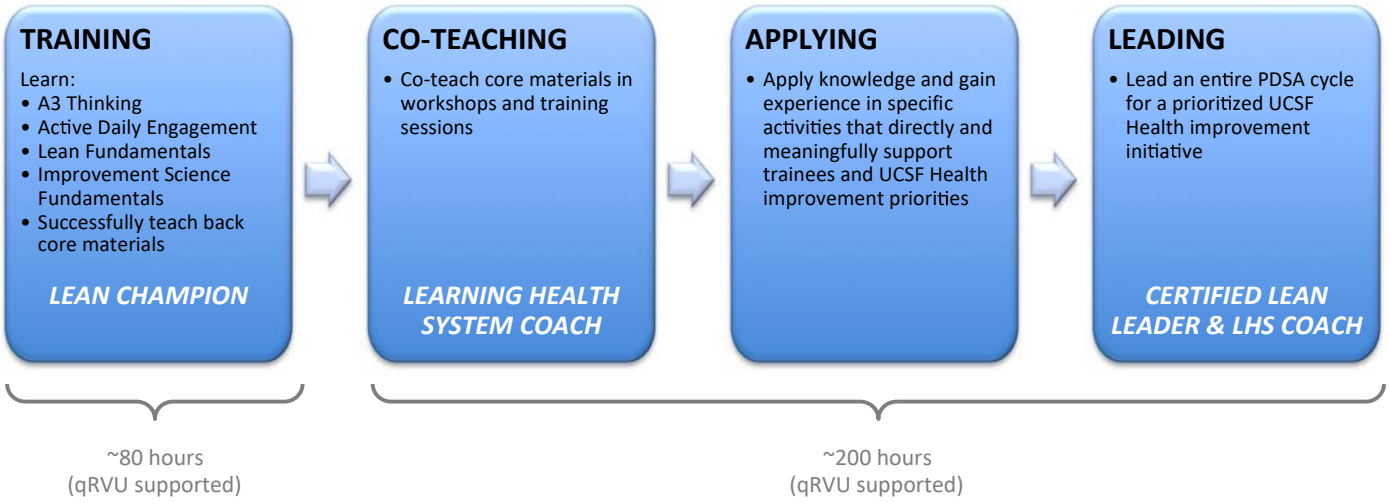
Description

The specific goals of this program are:

- To increase the number of interprofessional UCSF faculty who are qualified to teach and coach housestaff and other trainees in Lean and Implementation Science
- To enhance the impact of residents and fellows and other learners on UCSF Health True North goals
- To increase resident and fellow 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:



Updated 10/2019

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.

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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

Schedule

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

LHS Coach Calendar At-A-Glance 2019-2020

October 2019

MON	TUES	WED	THURS	FRI
	1	2	3	4
7 *LHS Kickoff 9am-11am*	8	9	10	11
14	15	16	17	18
21 *A3 Thinking Left & Right 8:00am-3:30pm*	22 *ADE 8:00am-12:30pm*	23	24	25
28	29	30 *Boot Camp: A3 Thinking Left & Right 8:00am-4:30pm*	31 *Boot Camp: ADE 8:00am-4:30pm*	

November 2019

MON	TUES	WED	THURS	FRI
				1
4	5	6	7	8
11	12 *A3 Thinking Left 8:00am-12:30pm*	13 *ADE 8:00am-12:30pm*	14	15
18 *A3 Thinking Right 8:00am-12:30pm*	19	20	21	22
25	26	27	28	29

December 2019

MON	TUES	WED	THURS	FRI
2	3	4	5	6
9	10	11	12 *A3 Thinking Left & Right 8:00am-3:30pm*	13 *ADE 8:00am-12:30pm*
16	17	18	19	20
23	24	25	26	27
30	31			

January 2020

MON	TUES	WED	THURS	FRI
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22 *Lean Tools 1 8:00am-12:30pm*	23 *Lean Tools 2 12:00pm-4:30pm*	24
27	28 *Lean Tools 3 8:00am-12:30pm*	29 *Lean Tools 4 12:30pm-5:00pm*	30	31

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

Training sessions are typically 4 hours in duration. 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 4 hours
- ☐ Lean Tools 2: Value Stream Mapping, Waste, Improving Flow 4 hours
- ☐ Lean Tools 3: Kanban Signaling & Quick Set Up 4 hours
- ☐ Lean Tools 4: Mistake Proofing in Healthcare 4 hours
- ☐ A3 Thinking: attend as an initial learner 4 hours
  - *A3 Thinking: attend a second time with the intention to co-teach next*
- ☐ Active Daily Engagement: attend as an initial learner 4 hours
  - *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 the 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 slighter more than the actual weighted average of payments for the activities which were between $933.00 and $966.00 per day

Appendix 3: 2019-2020 Resident-Fellow Quality Improvement Initiatives (examples)

Program	Target/Goal	Resident/Fellow	Faculty QI Leads
Adolescent and Young Adult Medicine Fellowship	By June 30th 2020, 20% of clinical encounters with a 24 or 25 yo patient will include documentation of counseling on or instructions for transitioning care to an adult primary care provider.	Brittany Badal, Chelsea Garnett; Matthew Meyers; Alex Golec	Veronika Mesheriakova
Allergy & Immunology Fellowship	50% of obstetrics patients referred to Allergy Clinic for beta-lactam allergy will complete penicillin skin testing during the prenatal period	Lulu Tsao; Karen Anstey	Iris Otani
Anesthesia Critical Care Fellowship	Increase Comfort Care huddle documentation prior to initiating comfort care for 66% of dying patients in ML and MB ICUs, cumulative from Oct 2019-June 2020.	Danielle Laufer, Aleksandras Cizas	Anne Donovan; Kevin Thornton
Anesthesiology Residency	Improve the use of multimodal analgesia by 10% during the upcoming academic year (i.e. July 1, 2019 – June 30, 2020). To be considered a successful outcome, patients must have received at least two non-opioid analgesics, one of which must be administered or initiated intra-operatively by the anesthesia provider (e.g. right hand column: one of the "Regional/Neuraxial Techniques" or one of the medications under "Intra-op Medications"). (additional details on A3)	Genevieve Manahan; Anthony Little	Linda Liu; Andrea Olmos
Cardiology Fellowship	Increase the documentation for inpatients assessed for appropriate procedural sedation from 0% currently to >50% (for TEE)	David Anderson; Matthew Durstenfeld	Krishan Soni; Kirsten Tolstrup
Child Psychiatry Fellowship	80% of Inbasket messages will be responded to within 3 business days, cumulative over the 2019-20 academic year	Helen (Haining) Yu	Weston Fisher
Dermatology Residency	90% of internal referrals will include a photograph for site identification, and 75% of photographs meet required criteria	Daniel Klufas; Mary Lohman	Rita Khodosh
Emergency Medicine Residency	increase the percentage of hip fracture eligible patients that receive fascia iliaca nerve blocks by 15% from June 2019-June 2020, for a total of 46% of fascia iliaca nerve blocks performed in eligible hip fracture patients.	Cortlyn Brown, Jessica Paz, Jessica Zhang, Ania Bilski, Stacey Lakin, Nicholas Stark	Steve Polevoi; Jahan Fahimi
Endocrinology Fellowship	Assess for Diabetes Distress using the validated T1-Diabetes Distress Scale in patients with T1D who are seen by UCSF Diabetes Center Pump Clinic (Friday mornings) over the span of 9 months. Goal is to screen for DD in at least 50% of patients with T1D who attend this specific clinic.	Tejaswi Kompala; Polly Fu; Paras Mehta	
General Surgery Residency	Increase to 50% the percentage of patients who have diet orders placed before 8am among those with a diet order placed at all from 5am-5pm (reduce the time between morning rounds and diet advancement orders)	Elizabeth Lancaster	Elizabeth Wick
Gynecologic Oncology Fellowship	In patients with ovarian cancer, increase rate of genetic testing to 90% (goal is % patients with testing completed).	Rosa Guerra; Alexandra (Jana) Freeman	Lee-May Chen
Hematology and Oncology Fellowship	Document Performance Status in a structured format for at least 75% of their new patient encounters for patients with solid or hematologic malignancies.	Rahul Banerjee; Ana Velazquez Manana	Pelin Cinar
Hematopathology Fellowship	Issue a monthly bone marrow biopsy adequacy report 100% of the time (12/12 months) compared to the current rate of 0%. In this report, we will report the rate of suboptimal biopsies (current baseline = 30%, and no feedback is given). Our ultimate goal is to measure a sustained 50% decrease in the rate of suboptimal bone marrow biopsies from 30% to 15%.	Emilio Ramos	Sonam Prakash
Hospice and Palliative Medicine Fellowship	Increase the overall rate of ACP documentation by providers in targeted cancer center clinics by 20% over baseline May 2019 by May 2020.	Jules Vieaux; Melissa Chubbuck; Nauzley Abedini; Dinah Ligasaputri	Giovanni Elia
Infectious Diseases Fellowship	<pending>		
Internal Medicine Residency	Increase inpatient ACP documentation through the ACP Navigator (.ACP dotphrase or ACP note completed) on each hospitalization from 15% to 30% in hospitalized patients who are >75yo or have advanced illness. (*This % increase reflects the expectation that the ACP documentation encouraged by this project will consist of meaningful care-forwarding discussions, and discourage the use of the ACP Navigator for brief code status conversations.)	John Penner; Raphaela Degette Lipinsky; Brandon Scott; Fangdi Sun; **Jonah** Garry; Zoe Kopp; Anita Hargrave; Catherine Burke; Jacqueline To	Katie Raffel; Tim Judson
Maternal-Fetal Medicine Fellowship	At least 70% of specimens for genetic testing will be collected correctly and arrive in the lab within 2 days.	Anne Mardy; Arianna Cassidy; Arthurine Zakama	Dana Gossett
Micrographic Surgery and Dermatologic Oncology (Mohs) Fellowship	Combined, see Dermatology Residency	Brittany Buhalog	Rita Khodosh
Neonatology Fellowship	Improve rate of oral colostrum within 24h for VLBW infant from 60% to > 80%	Katelin Kramer; Kimberly Grelli	Janet Shimotake; Elizabeth Rogers; Melissa Liebowitz
Nephrology Fellowship	To increase the percentage of labs drawn at dialysis for first-shift dialysis non-ICU patients from 30% to 70%	Omair Alam; Debbie Chen	
Neurological Surgery Residency	Decrease urine cultures to q72 hours when the only infectious sign is fever. Specifically, among Neurosurgery-Vascular who only exhibit fever, urine culture will be not be sent more frequently than q72h in 70%, cumulative from Oct 2019-June 2020	John Yue; John Andrews; Jacob Young	Sujatha Sankaran
Neurology Residency	70% of current tobacco users on the inpatient ward or neurovascular services will be referred to outpatient smoking cessation resources	Jeremy Tanner; Jill Goslinga; Meredith Bock; Andrew Breithaupt; Sharon Chiang	Vanja Douglas
Obstetrics and Gynecology Residency	75% of women who qualify for anticoagulation who are prescribed it postoperatively (post-Cesarean VTE prophylaxis)	Arianna Cassidy; Nicole Teal; Jessica Kim; Christine Blauvelt	Vasiliki Tatsis; Frederico Roche
Orthopedic Surgery Residency	On 75% of the days, each orthopedic surgery service and the charge nurse will together review patients on 7L and 7E with anticipated discharge the following day to increase communication to all members of the healthcare team.	Heather Roberts	Derek Ward
Otolaryngology Residency	90% of patients with HNSCC undergoing oncologic surgery requiring free tissue transfer reconstruction (advanced cases) at UCSF Mission Bay from July 2019 through May 2020 will be screened for current or recent (within last 90 days) tobacco use, and current/recent will be placed on an inpatient smoking cessation pathway.	Jason Park	Patrick Ha; Rahul Seth
Pathology-Anatomic Residency	Increase compliance in reporting required cancer protocol elements to at least 85% over the next academic year	CJ Lucas	Sarah Calkins; Kristie White; Grace Kim
Pediatric Anesthesia Fellowship	Improve assessments for pediatric emergence delirium, as measured by documenting at least 1 PAED score during the duration of a patient's PACU stay to 72% of cases, from Oct 2019-June 2020.	Brian Lin, Justin Libaw; Katie Telischak	Jina Sinksy; Denise Chang
Pediatric Cardiology Fellowship	80% of babies with congenital heart disease will get appropriate testing (which includes the right test for the right patient and elimination of duplication), cumulatively from Oct-June	Tracy Conner; Yalin Lin	
Pediatric Critical Care Fellowship	Increase the ratio of mobilization activities to "bedrest" in our nursing flowsheet documentation for patients in the PICU by 20%. Achieve this by decreasing the time from ICU admission to first PT/OT session for all of our patients and ensure that all patients, depending on activity status, are receiving appropriate rehabilitation therapies (turning in bed, passive range of motion, out of bed to chair, ambulating, etc).	Neelima Marupudi, Lindsay Braun	Deb Franzon
Pediatric Endocrinology	Ensure that at least 90% of patients wtih insulin-dependent diabetes in PACU for scheduled procedures have orders for prn glucose labs prior to PACU arrival.	Caroline Schulmeister; Hannah Chesser; Fatema Abdulhussein	Jenise Wong
Pediatric Gastroenterology Fellowship	Increase oral zofran prescription for AGE at the MB emergency room and China Basin pediatric clinic from current rates (13% and <1% respectively) to at least 65% of eligible patients, cumulative over the 2019-20 academic year	Addison Cuneo; Sindura Batchu; Perseus Patel	Jennifer Burgis; Sofia Verstraete
Pediatric Hospital Medicine Fellowship	Combined - Peds Hospital Medicine, Peds Infectious Disease, Peds Residency	Martha Elster; Matt Nordstrom	
Pediatric Infectious Disease Fellowship	Among patients with a documented beta-lactam allergy at the time of admission, 60% will receive one of the following: Inpatient allergy consult placed in Apex, Outpatient allergy referral placed in Apex, beta-lactam allergy added to problem list, or beta-lactam administered during the hospitalization.	Peter Cooch	Rachel Wattier; Trang Trinh; Iris Otani
Pediatric Rheumatology	By June 2020 we will have documented start of appropriate pneumococcal vaccine sequence in 50% of our patient with SLE	Julia Shalen	Nicole Ling
Pediatrics Residency	Combined - Peds Hospital Medicine, Peds Infectious Disease, Peds Residency	Yongtian (Tina) Tan; Danielle Nahal	Rachel Wattier; Trang Trinh; Iris Otani
Plastic Surgery Residency	75% compliance with a standardized post-operative addendum to our brief operative notes, providing initial post-operative recommendations and appropriate contact information	Hunter Oliver-Allen; Alvin Wong; Rachel Lentz	Mary McGrath
Psychiatry Residency	80% of Inbasket messages will be responded to within 3 business days, cumulative over the 2019-20 academic year	Michelle Barton; Pedro Duran; Andrew Halls; Jessica Holliday; Peter Kass; Nicole Tarui	Weston Fisher
Radiation Oncology Residency	At least 50% of patients treated for palliative bone metastases will be followed up by telephone by the resident involved in his or her treatment within 2-8 weeks following palliative radiation treatment to assess treatment response, adverse effects/treatment toxicity, need for additional radiation and need for ancillary supportive care services.	Yun Li (Rose); Matthew Susko; Michael Zhang	Encouse Golden; Steve Braunstein
Radiology Residency	70% of final reports for routine CT Abdomen/Pelvis studies with or without intravenous contrast which describe an incidental renal lesion will use the standardized reporting template which clarifies those that are definitely benign lesions and assures appropriate follow-up for indeterminate or suspicious renal lesions.	Brian Trinh, Tyler Gleason	Pallav Kolli
Reproductive Endocrinology & Infertility Fellowship	Reduce the frequency of urgent calls and nursing messages related to pharmacy questions by 25% over the course of the next 6 months. This will be achieved through more clear delegation of responsibilities in terms of medication ordering, training on rigorous prescription writing, and expectations for timing of prescription order sign off would be reasonable ways to improve the work-flow.	Amy Wijekoon	Heather Huddleston
Rheumatology Fellowship	Increase rate of indicated pre-immunosuppression screening for LBTI to 90%	Meera Subash; Hailyn Nielsen	Andy Gross
Urology Residency	Introduce formal discharge instructions regarding opioid disposal for 70% of patients who are discharged with opioids.	Yi Li	Alan Shindel; Max Meng

Appendix 4: Value Improvement Initiatives (examples)

FY20 Initiatives

- **Clinical Programs**
    - Periop Patient Optimization
    - Age-Friendly Health System & Delirium Reduction
    - Heme/BMT
    - 10CVT
    - Care for the Homeless
    - East Bay 340B
    - Point of Care Ultrasound
    - Pediatric Medicine – BMT
    - Pediatric Cardiac Surgery and Neonate Cardiac
    - Pediatric Clinical Documentation Integrity (West and East Bay)
    - Treatment of Alcohol Withdrawal in TCUs (Caring Wisely)
    - Induction of Labor Quality Improvement (Caring Wisely)
    - IV Acetominophen Stewardship in Pediatric Patients (Caring Wisely)
- **Pharmacy**
    - Specialty Pharmacy
    - High Cost Drug Pricing & Wholesale Generics