

Learning Health System Coaches

Bridging the Gap between QI Learning and Impact
in a Complex Delivery System



Lei Choi, MD MPH

Medical Director
Continuous Improvement,
Lean Transformation
Associate Professor of Medicine

Learning Objectives

- Recognize key elements used at UCSF to improve the impact of quality improvement (QI) efforts
 - *Alignment*
 - *Common framework*
 - *Leadership development*
- Consider how you might incorporate specific strategies into your setting

QI Case Study



Intern QI Project	Improve D/C time
After 1 QI Class	Documentation EDD
Hypothesis	↑ doc = earlier d/c
Actions	Use reminders Share EDD compliance
Cost	\$50 on supplies 100 hours labor

Discharge PowerPlan (5)



Discharge Order (0)



Estimated Discharge Date

Home Meds Stopped This Hospitalization

Reflection

- There is a lot of distance between learning something, and *making an impact*

- Success requires
 - 1 *Alignment with a meaningful purpose*
 - 2 *Common framework*
 - 3 *Development of leadership skills*



Our Journey...

Strategies to Bridge the Gap

IMPACT

DEVELOPMENT

- LHS Coach Development
- Problem Solving



INFRASTRUCTURE

- Common Framework
- Communication & Collaboration

ALIGNMENT

- Shared True North Goals



TIME

Alignment



TRUE NORTH alignment of strategic goals shared across the organization

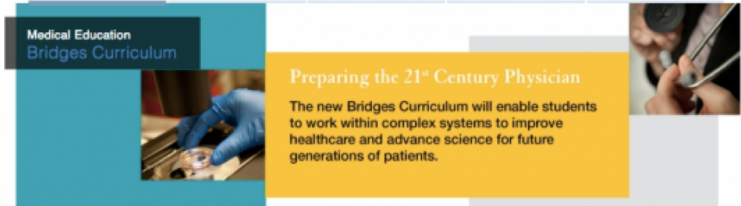


Leaders from Health System, UME, GME

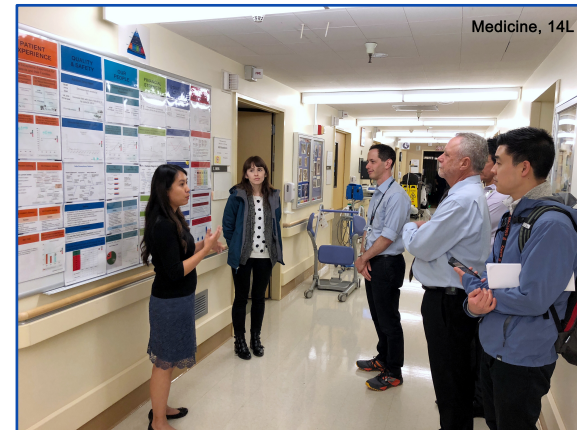
Alignment



TRUE NORTH alignment of strategic goals shared across the organization



Bridges Clinical Microsystem Clerkship



ACGME Pursuing Excellence Initiative



Learning Health System Coaches

Alignment



TRUE NORTH alignment of strategic goals shared across the organization

Program	Goal	Status
Adolescent Medicine Fellowship	Increase HPV vaccine administration to eligible primary care patients from 12% to 30% between July 1 2016 and June 30 2017.	Red Circle
Anesthesiology Residency	Treat at least 70% of high-risk patients for post-operative nausea and vomiting (PONV) identified based on Apfel risk-factor scores of 3 or higher with at least 2 prophylactic anti-emetics during the pre-operative or intra-operative periods, measured over the cumulative year between July 1 2016 and June 30 2017.	Green Circle
Child & Adolescent Psychiatry Fellows	Adherence with the use of safety monitoring labs, including lithium level, renal function tests, and thyroid function tests, will increase to 90% of patients on lithium for 3 out of 4 best performing quarters between July 2016 and June 2017.	Green Circle
Dermatology Residency	Initiate a system-based reminder for each patient who has a diagnosis of melanoma in the UCSFMC resident and fellow dermatology clinics that reminds patients to set up a follow-up visit that is in accordance with NCCN guidelines, with 90% compliance, for 3 out of 4 best performing quarters between July 1 2016 and June 30 2017.	Green Circle
Pediatric Dermatology	Initiate a system-based reminder for each patient who has a diagnosis of melanoma in the UCSFMC resident and fellow dermatology clinics that reminds patients to set up a follow-up visit that is in accordance with NCCN guidelines, with 90% compliance, for 3 out of 4 best performing quarters between July 1 2016 and June 30 2017.	Green Circle
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32 Resident & Fellow QI initiatives aligned with True North goals

Alignment



TRUE NORTH alignment of strategic goals shared across the organization

UCSF Health
Professionalism, Respect, Integrity, Diversity, Excellence

Achieving Our True North Goals
January 2019 Performance Scorecard

All data is UCSF Health West Bay unless noted otherwise

Patient Experience	Performance			Benchmark & Trend	FY19 Goals
	FY18	Current Period			
Would Recommend Hospital (% of units, practices, services improving)	55% (45/76)	49% (17/35)			*IAP Goal: Threshold 50% Target: 57% Outstanding: >60%
Physician Communication (% of units, practices, services improving)	67% (60/75)	45% (11/24)			*IAP Goal: Threshold 60% Target: 67% Outstanding: >75%

Quality & Safety	Performance			Benchmark & Trend	FY19 Goals
	FY18	Month	FY19TD		
Inpatient Mortality (O/E index)	0.93 (n = 715)	0.81 (n = 62) Nov-18	0.93 (n = 337)		0.88
	Sepsis Mortality Index (O/E index)	1.18 (n = 388)	1.10 (n = 37) Nov-18	1.23 (n = 171)	
30-day All-Cause Readmissions (per monthly discharges)	11.39% (n = 4,208)	9.87% (n = 302) Oct-18	10.73% (n = 1,325)		< 11%
Ambulatory Quality: Advanced Care Planning	28.92%	29.76%		PRIME goal: >90% performance already met UCSF goal: more meaningful standard adopted	36.03%
Healthcare Equity: HTN Control in Black/African Americans	64.19%	68.97%		Total Population: 75.40%; White: 77.85%	68.32%

Zero Harm	Gallup Staff Engagement Survey (Grand Mean)			UCSF Place to Do Clinical Work: MDs (Net Promoter Score: -100 to 100)	UCSF Place to Work: AHPs (Net Promoter Score: -100 to 100)
	Performance	Benchmark & 3-year Trend			
Harm Events (actual # of harm events)	110 (monthly) 1,324 (FY18) Dec-18	101 705		1	21

Financial Strength	Performance		
	FY18	Month	FY19TD
Net Income UCSF Health West and East Bay	\$293M	\$13.2M Dec-18	\$85.1M
Net Income with actuarial adjustment for retirement benefits	\$175M	(\$7.0M) Dec-18	(\$35.9M)
Operating Cost per Case (Adjusted for outpatient activity and acuity)	\$24,211	\$26,759 Dec-18	\$26,668

Strategic Growth	Performance			Strategic
	FY18	Month	FY19TD	
Ambulatory Visits	1,492,918	143,312 Dec-18	951,236	A
Ambulatory Access (% of practices meeting unit goal)	53%	45% Dec-18	49%	A
Inpatient Discharges	36,615	3,041 Dec-18	17,932	Z
Length of Stay (O/E index)	1.08	1.11 Nov-18	1.09	---
Average Daily Bed Opportunity (if of beds created if LOS = 1.0)	49	44 Nov-18	53	---

Learning Health System	Performance			Benchmark	FY19 Goals
	FY18	Current Period			
% of TN Boards with LHS Pillar populated	54% (69/126)	pending		NA	TBD

True North Newsletter
Monthly highlights of our improvement activities

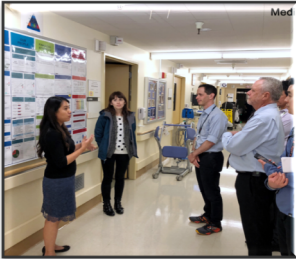
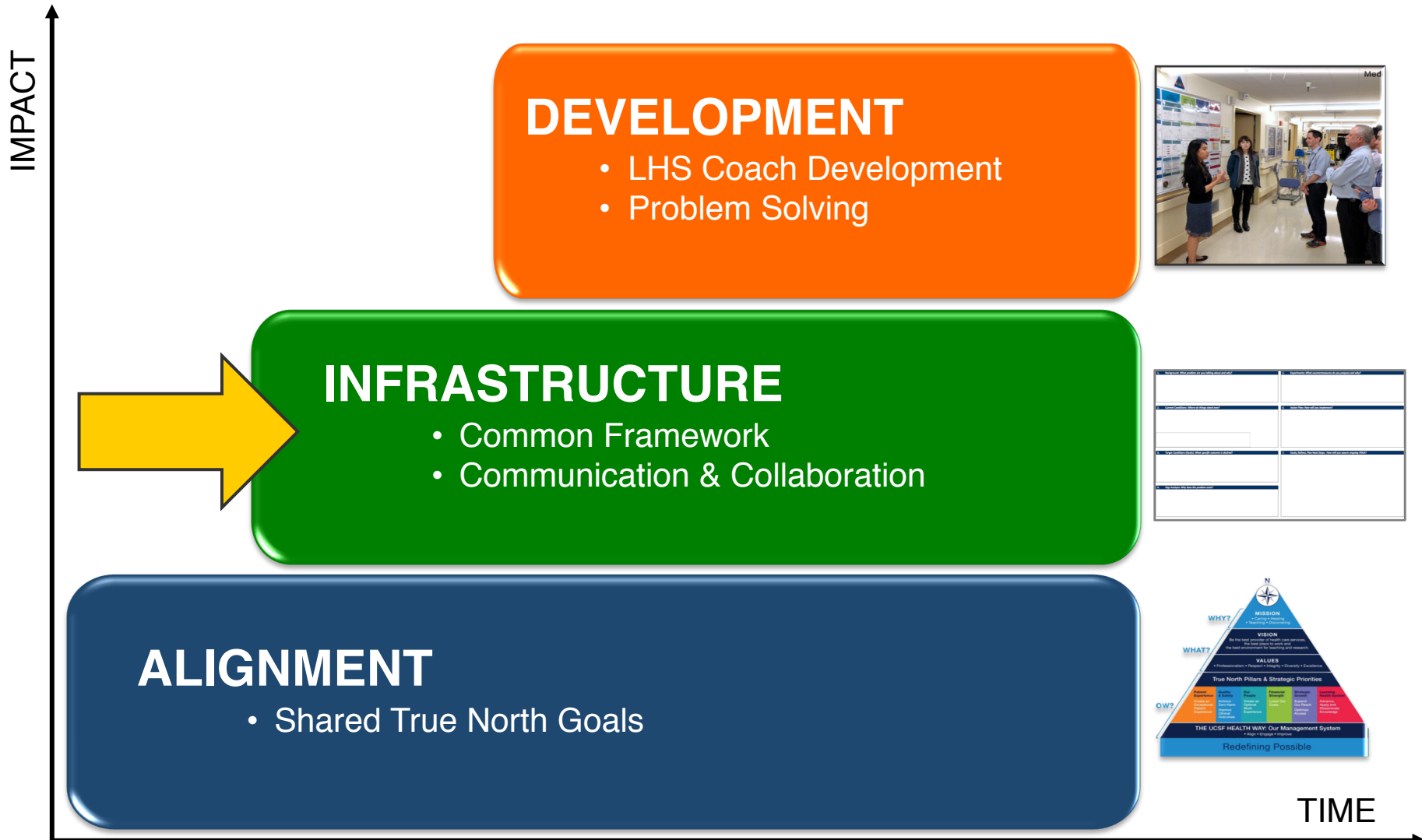
What is "True North" and why is it important? Please read [here](#) to learn more.

Achieving Our True North

Please review our [current](#) True North scorecard that continues to serve as one lens into our organizational priorities and performance. This month's communication focuses on our

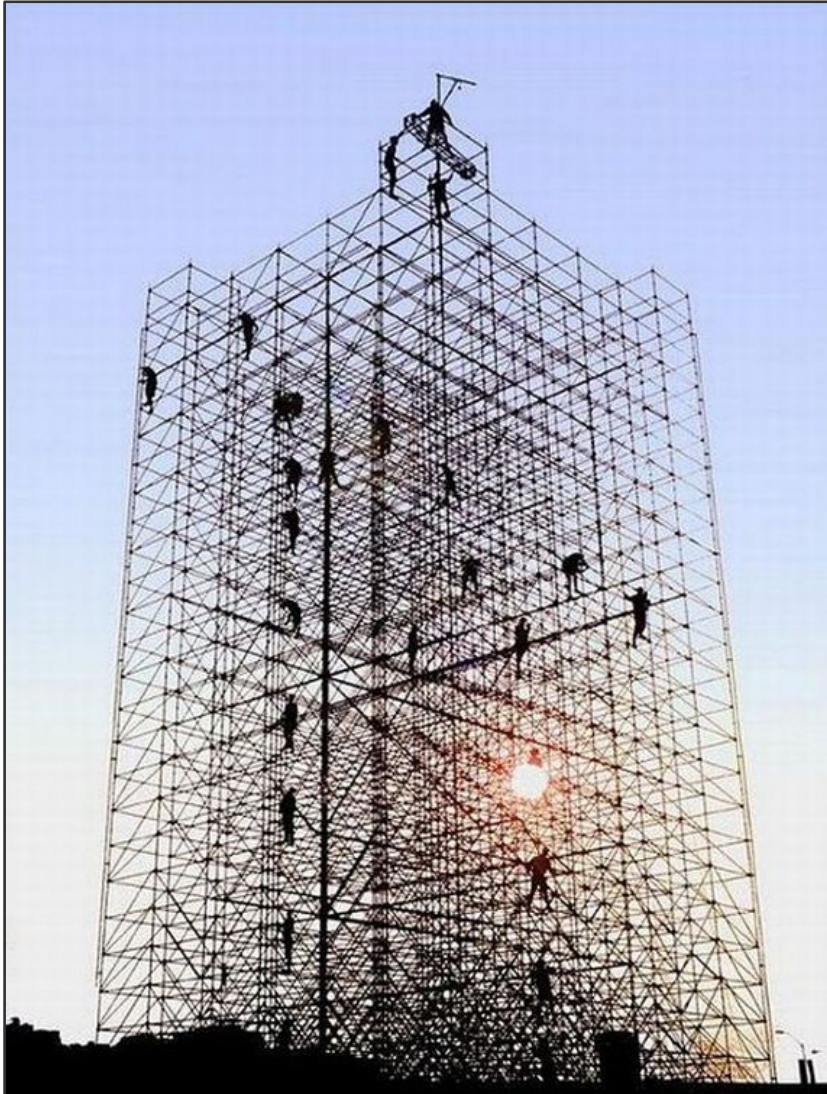
True North Score Card

Strategies to Bridge the Gap





Common Infrastructure



- Shared framework
- Common tools & language
- Effective visual management

Common Infrastructure

1. Background: *What problem are you talking about and why?*

5. Experiments: *What countermeasures do you propose and why?*

2. Current Conditions: *Where do things stand now?*

A large empty rectangular box with a dashed border, intended for drawing or describing current conditions.

6. Action Plan: *How will you implement?*

3. Target Conditions (Goals): *What specific outcome is desired?*

7. Study, Reflect, Plan Next Steps: *How will you assure ongoing PDCA?*

4. Gap Analysis: *Why does the problem exist?*

A3 THINKING a structured and disciplined approach to problem solving

Common Infrastructure

History

Chief Complaint
History of Present Illness
Past Medical & Surgical History
Medications and Allergies
Family and Social History
Review of Systems

Physical Exam

General Appearance, Vital Signs
HEENT
Heart & Lungs
Abdomen
Extremities
Neurology

Assessment – Differential

- 1.
- 2.
- 3.

Plans

Diagnostic:

- 1, 2, 3,

Treatment:


- 1, 2

A3 THINKING a structured and disciplined approach to problem solving

Follow - up

Return visit:

Common Infrastructure

	<h2 style="background-color: #003366; color: white; padding: 5px;">Improvement Project Title</h2>
<h3 style="background-color: #003366; color: white; padding: 5px;">Name</h3> <p>Team Members Unit/Practice/Service</p>	<h3 style="background-color: #cccccc; padding: 5px;">Project Plan and Intervention(s)</h3> <p><i>(replace with your text or illustrations/graphics)</i></p> <p>Describe your problem-solving thinking, and what you actually did here. What were the most common barriers and root causes you identified? What was your hypothesis (i.e., what intervention did you plan for and what did you expect from it)? How did you determine which intervention(s) to prioritize? How did you work towards your target state?</p>
<h3 style="background-color: #cccccc; padding: 5px;">Background</h3> <p><i>(replace with your text or illustrations/graphics)</i></p> <p>Describe the context for your project. What was the problem you were trying to solve? Why was this a problem? How does this problem impact one of the UCSF Health True North pillars (or specific goals)?</p> <p>Describe the current state of the problem. What did the baseline data show about the severity or impact of the problem? If relevant, a simple process map or graphic may also be used to visualize the process your project is trying to understand and improve.</p>	<h3 style="background-color: #cccccc; padding: 5px;">Project Evaluation & Impact</h3> <p><i>(replace with your text or illustrations/graphics)</i></p> <p>Use this section to present a graphic illustration of the improvement efforts. Often this is numeric data that demonstrates improvement in a project metric(s) over time. For some improvement efforts, it may be a picture, table, or photograph that captures the change. A commonly used tool is a run chart to illustrate changes over time from incremental improvement cycles. In the absence of quantitative data, this might include qualitative assessment(s) or future plans for additional evaluation.</p>
<h3 style="background-color: #cccccc; padding: 5px;">Project Goals</h3> <p><i>(replace with your text or illustrations/graphics)</i></p> <p>What were you trying to accomplish? Describe the target state you were trying to achieve. If possible, also describe the gap between the current state and desired target state.</p> <p>Target state should include defined metrics to measure success (e.g., we wanted to improve our clinic wait times by 20%; we wanted to increase the % of patients receiving defined cancer screening by 50%; we wanted to improve our staff/provider engagement by 25%).</p>	<h3 style="background-color: #cccccc; padding: 5px;">Next Steps, Dissemination & Lessons Learned</h3> <p><i>(replace with your text or illustrations/graphics)</i></p> <p>Next Steps: Briefly describe the next steps with respect to your project (e.g., further analysis or modification of intervention, etc.)</p> <p>Dissemination: How could your improvement work be adopted/adapted in other UCSF Health settings?</p> <p>Lessons Learned: During a project, unexpected opportunities and challenges arise that impact an improvement effort. Please describe the most important lesson(s) learned about your team's efforts.</p>



A3 THINKING a structured and disciplined approach to problem solving

Poster template in A3 layout

Common Infrastructure

- Effective visual management
- Problem solving with *kata*



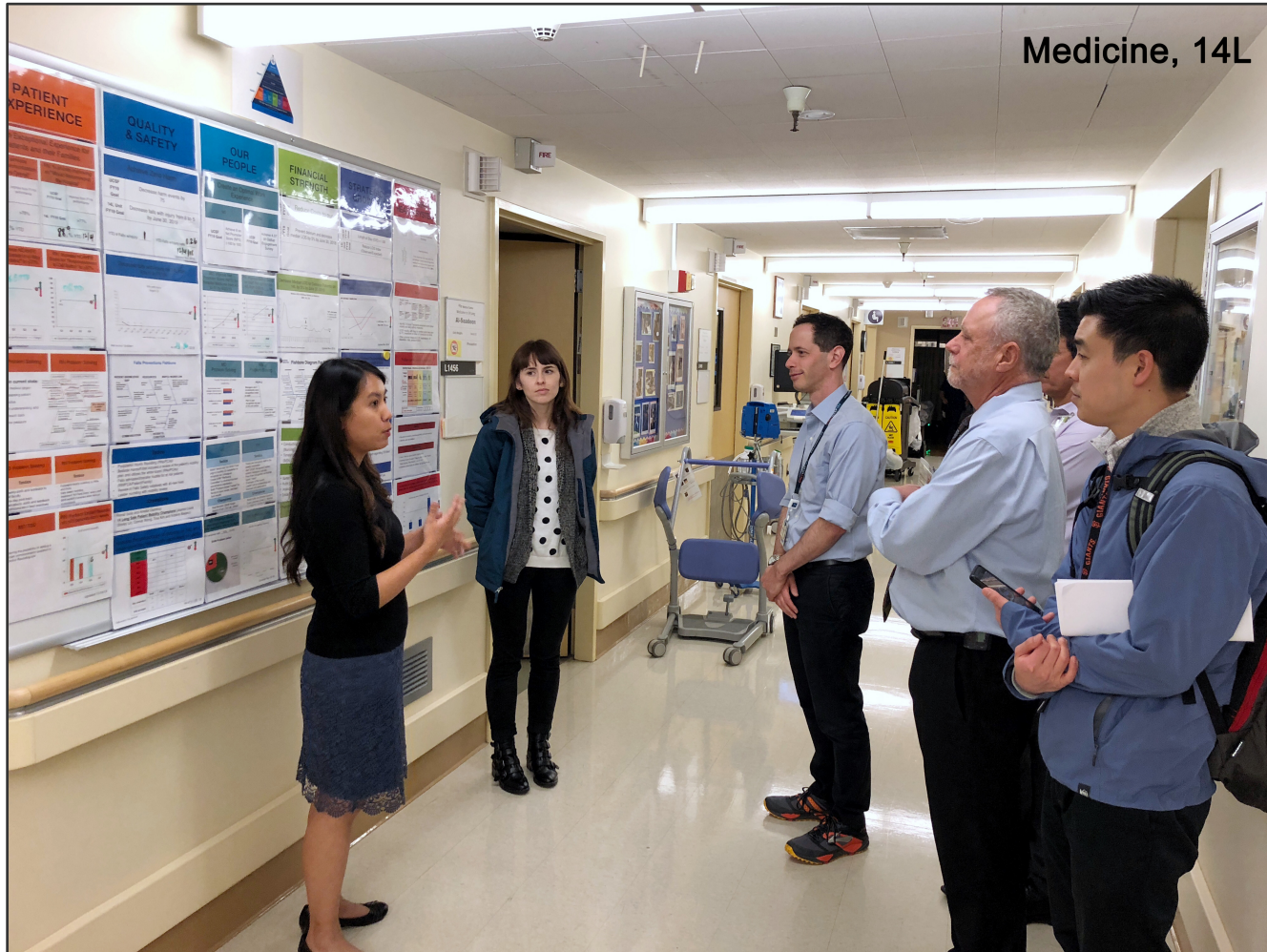
Coaching Kata

The Five Questions

- 1) What is the **Target Condition**?
- 2) What is the **Actual Condition** now?
-----*(Turn Card Over)*----->
- 3) What **Obstacles** do you think are preventing you from reaching the target condition?
Which **One** are you addressing now?
- 4) What is your **Next Step**? (next PDSA/experiment)
What do you expect?
- 5) How quickly can we go and see what we **Have Learned** from taking that step?

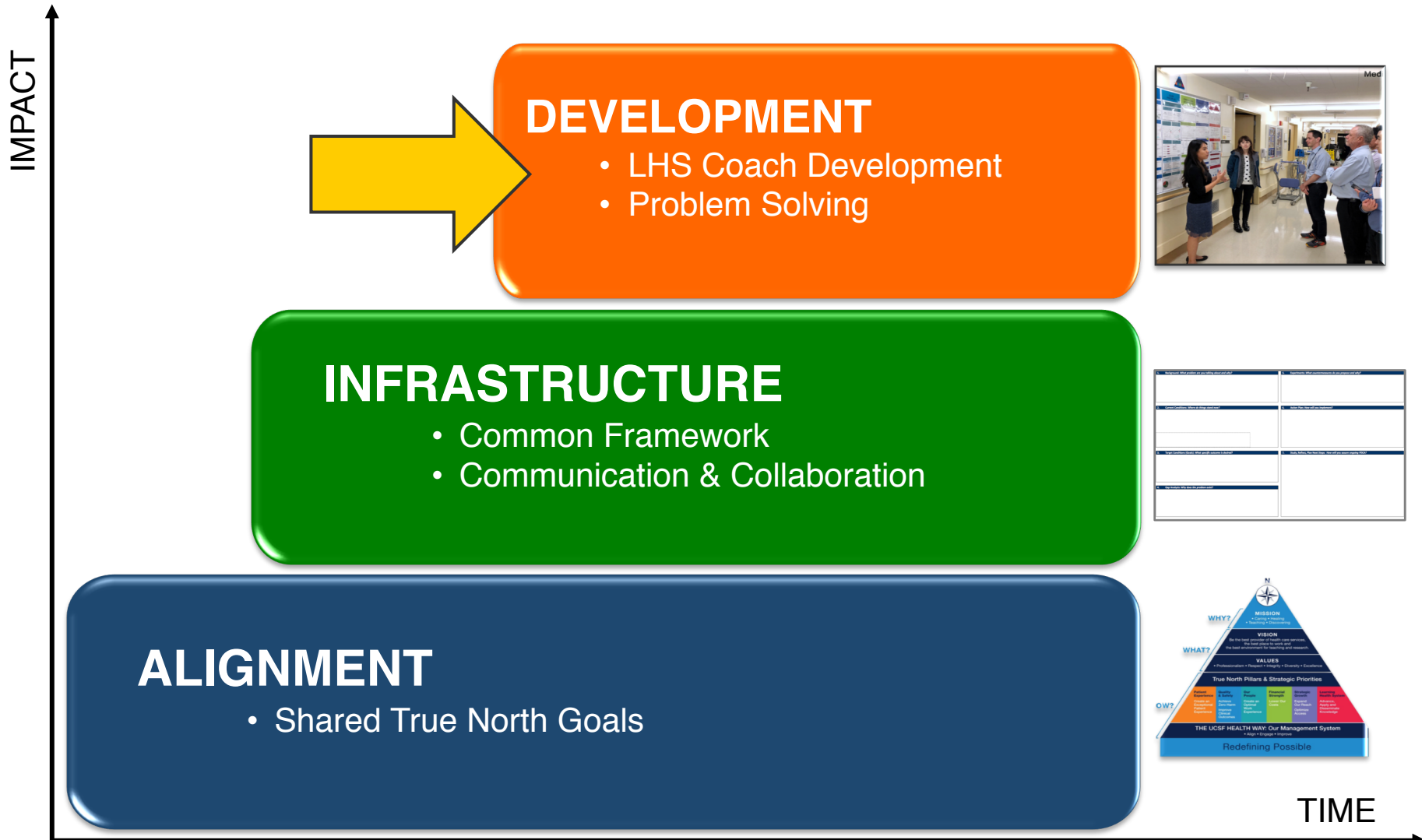
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Common Infrastructure



Residents sharing QI progress on Leader Rounds

Strategies to Bridge the Gap



Development of LHS Coaches

- ACGME Pursuing Excellence Initiative
- Develop inter-professional leaders in QI
- Emphasize the clinical learning environment
- Goals:
 - 1 *Alignment with a meaningful purpose*
 - 2 *Common framework*
 - 3 *Development of leadership skills*

LHS Coach Certification Program

TRAINING

CO-TEACHING

APPLYING

LEADING

GOALS

Learn fundamental Lean and Improvement Science principles, tools, and leadership behaviors.

- A3 Thinking
- Active Daily Engagement
- Lean Fundamentals
- Improvement Science Fundamentals
- Leadership, Change, and Communication

Provide training and coaching to learners across UCSF Health, including students, residents, fellows, leaders, and faculty.

Workshops will be posted on the calendar. Coaches are encouraged to identify new areas to provide training and coaching.

Apply learning through active participation in UCSF Health improvement initiatives, in order to gain practice and experience in kaizen and value stream mapping.

Lead an entire PDSA cycle for a prioritized UCSF Health Improvement initiative.

Opportunities include:

- Team lead for a kaizen
- Caring Wisely Project
- Value Improvement Initiative
- Direct support for resident or fellow improvement initiative
- LHS Demonstration Pilot Program

ACTIONS

- Participate in training sessions
- Complete required Teach Back on core materials

- Lead or co-lead training and coaching workshops together with Lean faculty, for 40 hours over 2 years

- Participate in a kaizen (aka rapid process improvement workshop)
- Participate in a value stream mapping (VSM) workshop

- Capstone:
 - Lead or coach a prioritized A3
 - Report findings quarterly to an executive committee
 - Provide regular progress on work during True North leader rounds
 - Present outcomes during annual poster session

2018

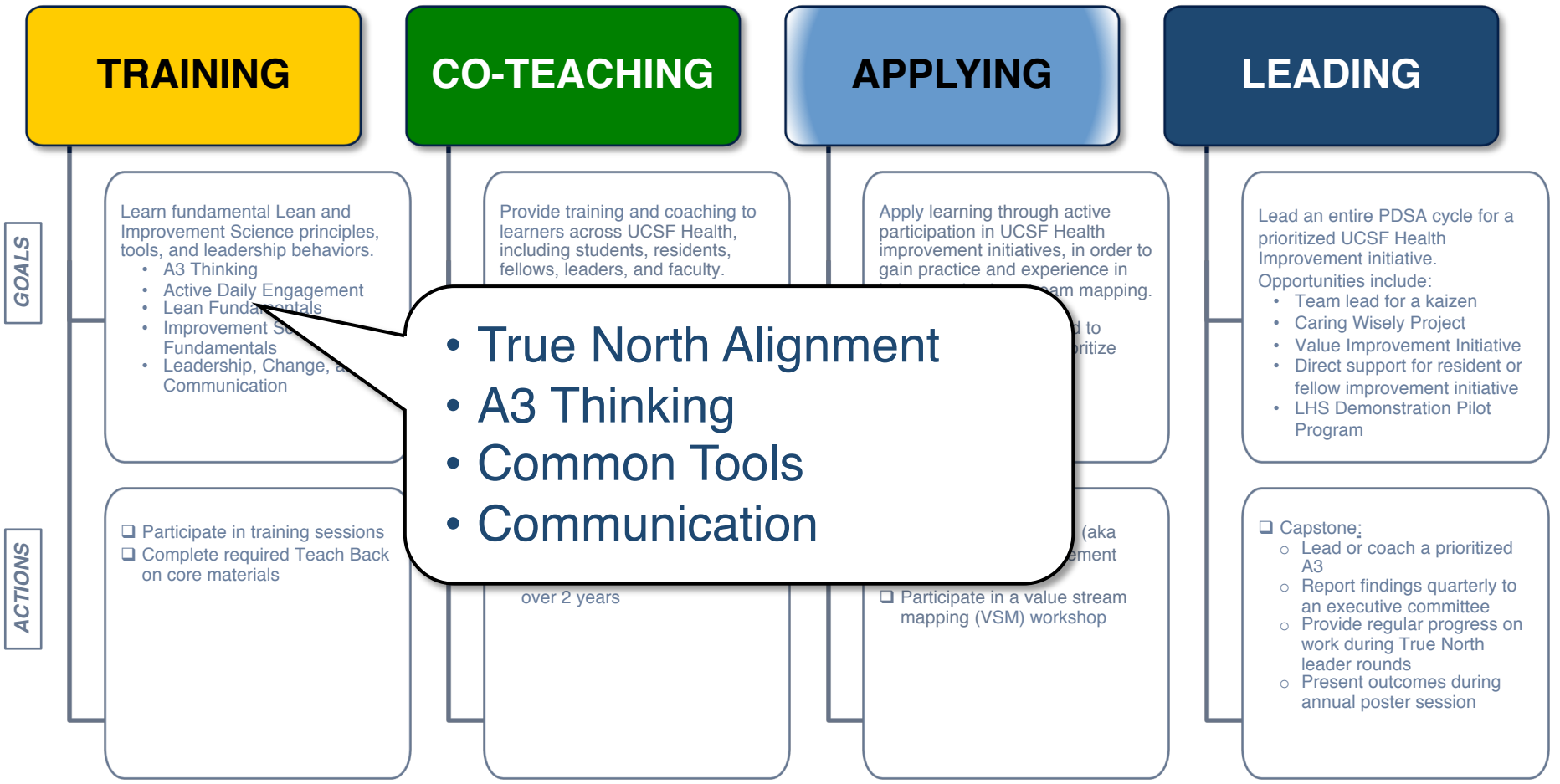
Lean
Champion

LHS
Coach

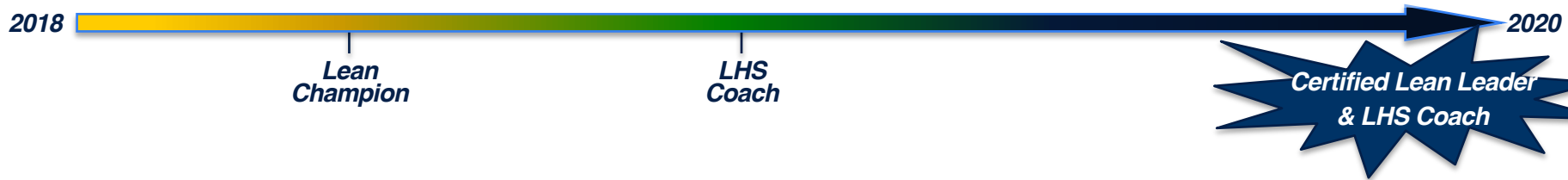
2020

Certified Lean Leader
& LHS Coach

LHS Coach Certification Program



• True North Alignment
 • A3 Thinking
 • Common Tools
 • Communication



Learning

- Inter-Professional
- Dyad partnerships
- Learning through practice



LEADERSHIP LEARNING

- ✓ *Co-Leadership Essentials*
- ✓ *Communication Skills & Conflict Management*
- ✓ *Meeting Management*
- ✓ *Performance Management Techniques to Foster Engagement*
- ✓ *Creating Compelling Business Cases to Acquire Resources*
- ✓ *Joint Decision Making Efficacy*

LHS Coach Certification Program

TRAINING

CO-TEACHING

APPLYING

LEADING

GOALS

Learn fundamental Lean and Improvement Science principles, tools, and leadership behaviors.

- A3 Thinking
- Active Daily Engagement
- Lean Fundamentals
- Improvement Science Fundamentals
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Provide training and coaching to learners across UCSF Health, including students, residents, fellows, leaders, and faculty.

Workshops will be posted on the calendar. Coaches are encouraged to identify new areas for training and coaching.

Apply learning through active participation in UCSF Health improvement initiatives, in order to gain practice and experience in kaizen and value stream mapping.

Coaches are encouraged to identify new areas to prioritize kaizen or VSM

Lead an entire PDSA cycle for a prioritized UCSF Health Improvement initiative.

- Opportunities include:
- Team lead for a kaizen
 - Caring Wisely Project
 - Value Improvement Initiative
 - Direct support for resident or fellow improvement initiative
 - LHS Demonstration Pilot Program

ACTIONS

Training and workshops together for 40 hours

- Participate in a kaizen (aka rapid process improvement workshop)
- Participate in a value stream mapping (VSM) workshop

- Capstone:
 - o Lead or coach a prioritized A3
 - o Report findings quarterly to an executive committee
 - o Provide regular progress on work during True North leader rounds
 - o Present outcomes during annual poster session

- Learning strategy
- Meaningful purpose
- Partnerships



Lean Champion

LHS Coach



Co-Teaching



LHS COACH

Aligning improvement work
with a meaningful **PURPOSE**

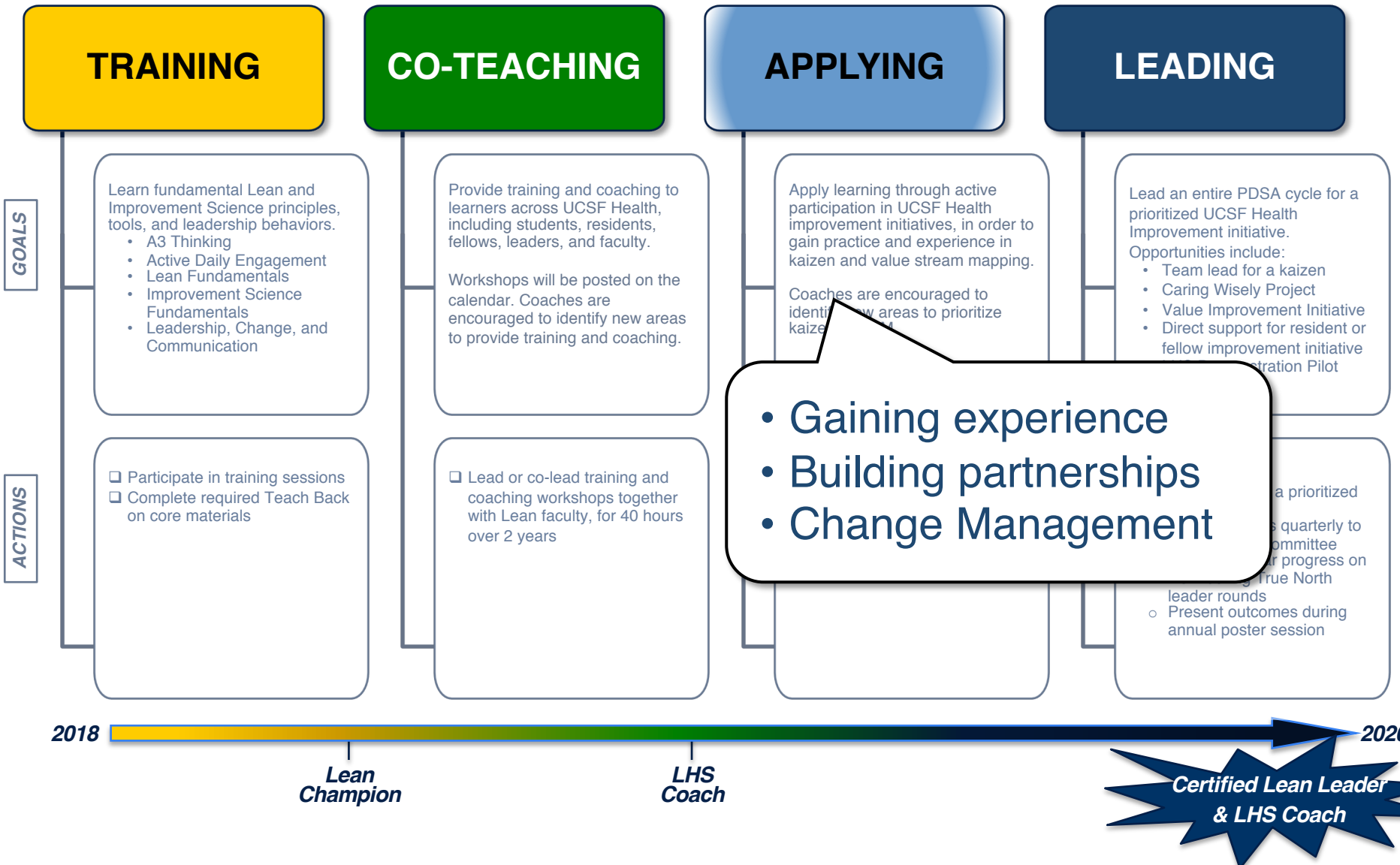
Coaching



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LHS Coach Certification Program

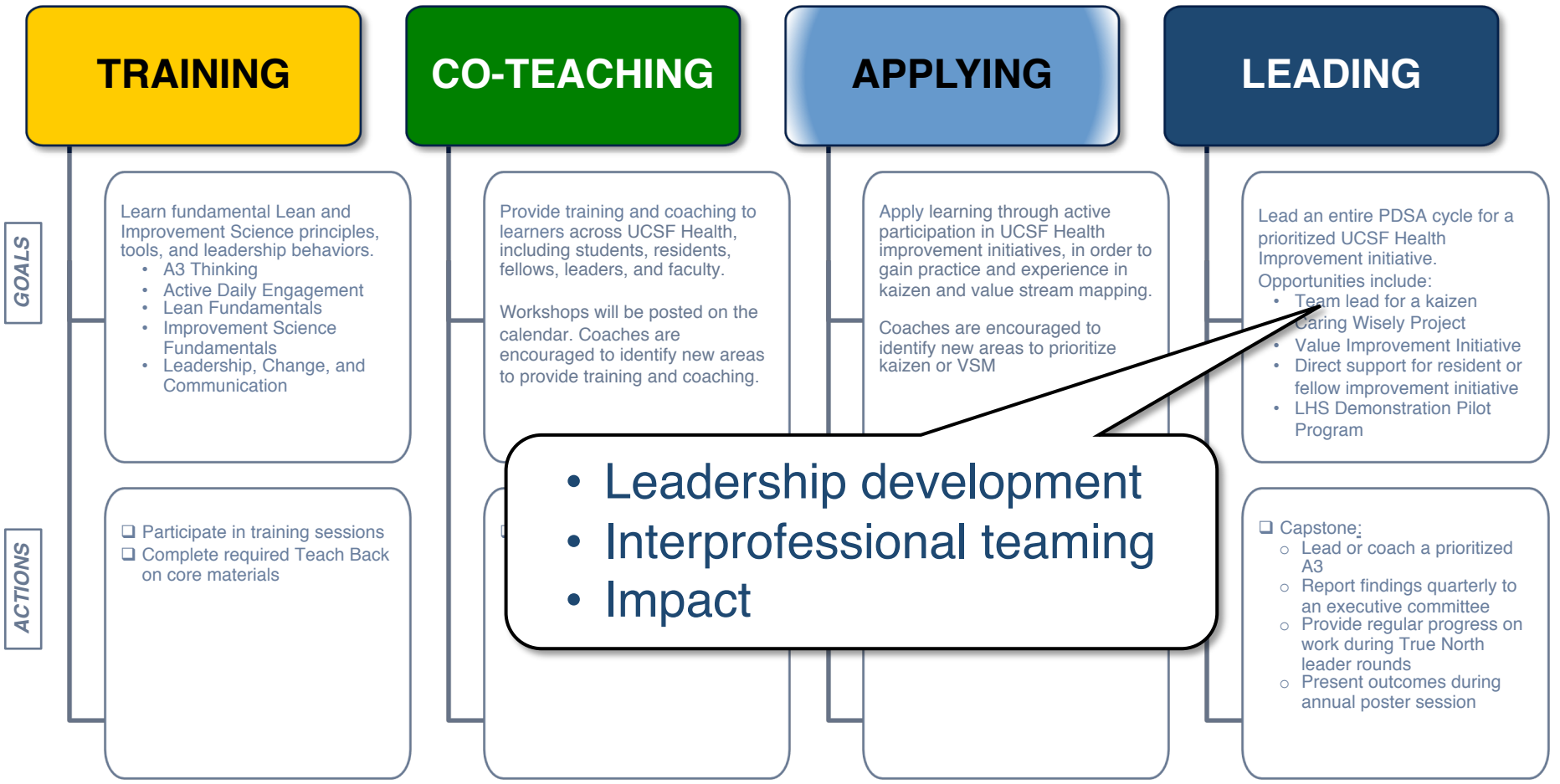


Gaining Experience

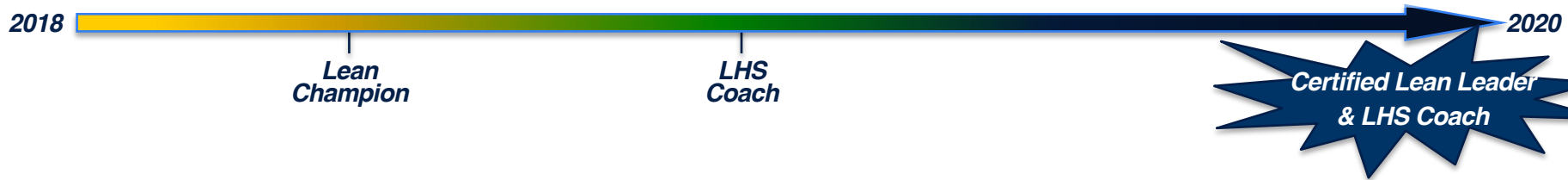


- There is no substitution for experience
- Work is learning (and learning is work)

LHS Coach Certification Program



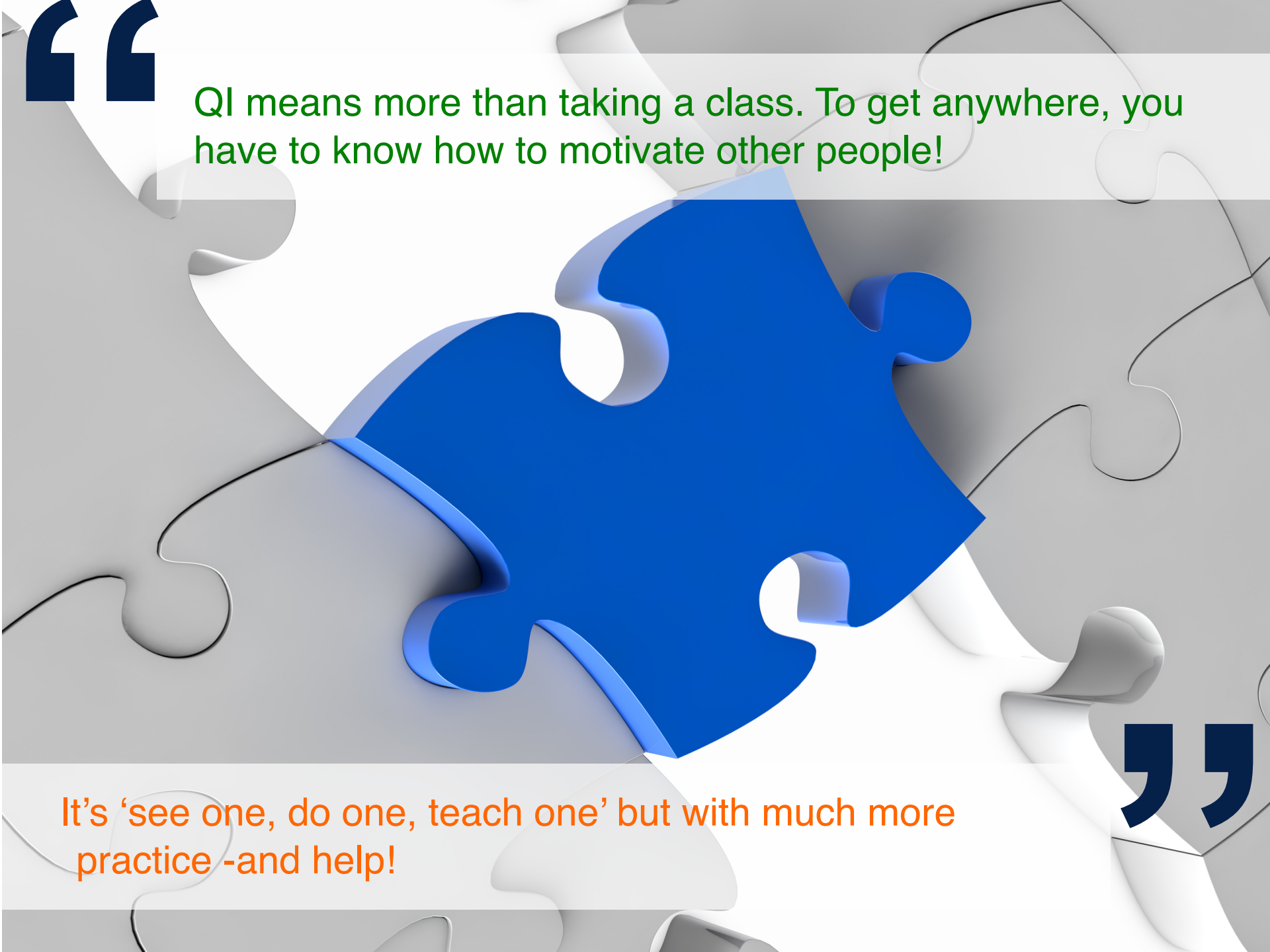
• Leadership development
 • Interprofessional teaming
 • Impact



LHS Coach Leadership

Capstone initiatives with measurable **IMPACT** on True North



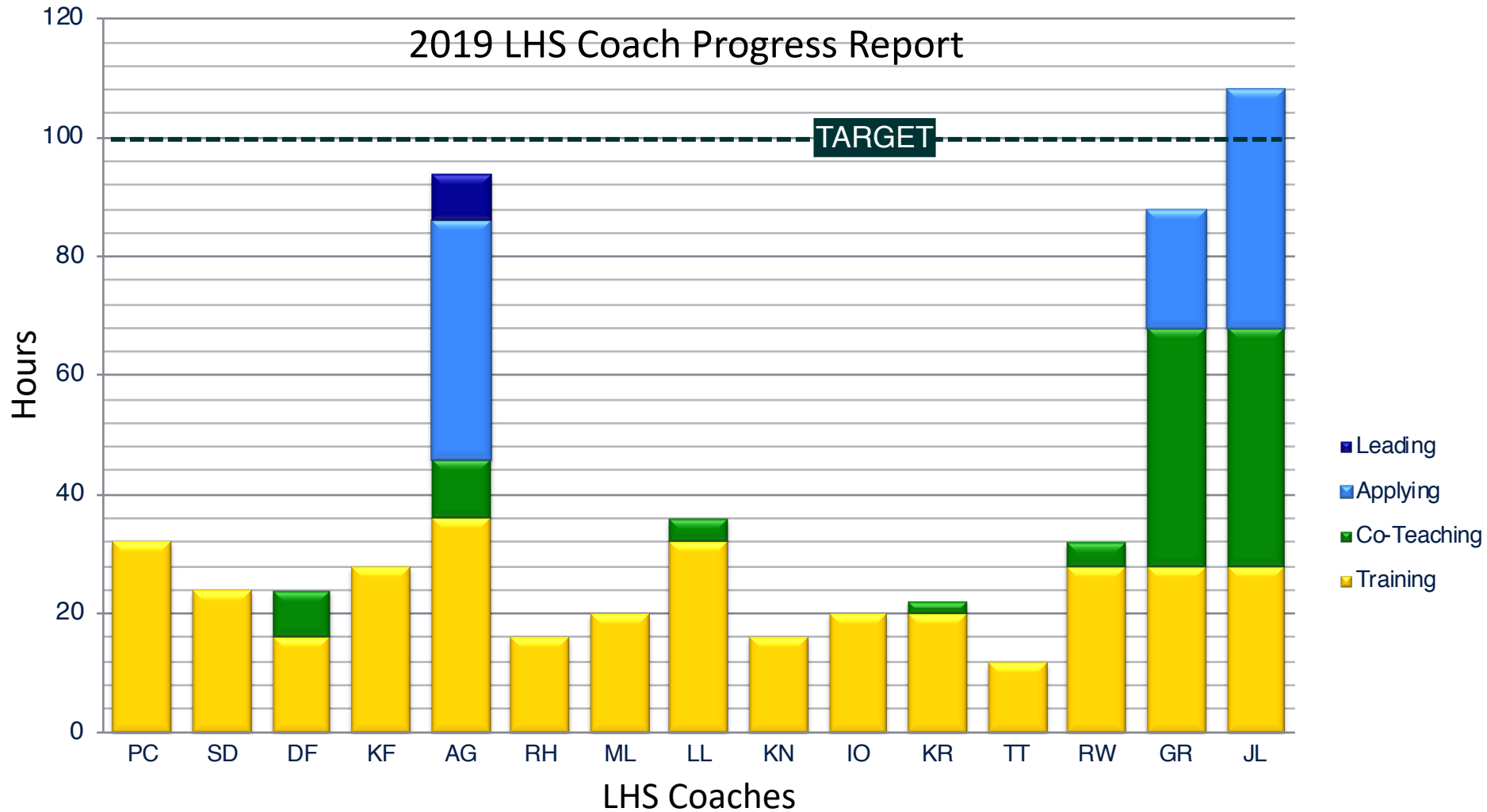


“ QI means more than taking a class. To get anywhere, you have to know how to motivate other people!

It's 'see one, do one, teach one' but with much more practice -and help!

”

Outcomes



Outcomes

UCSF FAST FACTS

90 ACGME accredited programs
3000 Faculty [SOM, SOD, SON, SOP]
1600 Residents & Fellows
3300 Students

Current = 3 Faculty
5y Goal = 70

Expert

*Completed expert certification;
Able to coach and teach others;
Able to lead improvement efforts and design curricula*

Current = 500 Faculty
5y Goal = 2000

Proficient

*Completed core faculty trainings;
Participant in faculty level improvement efforts
Able to teach core principles*

All residents & fellows

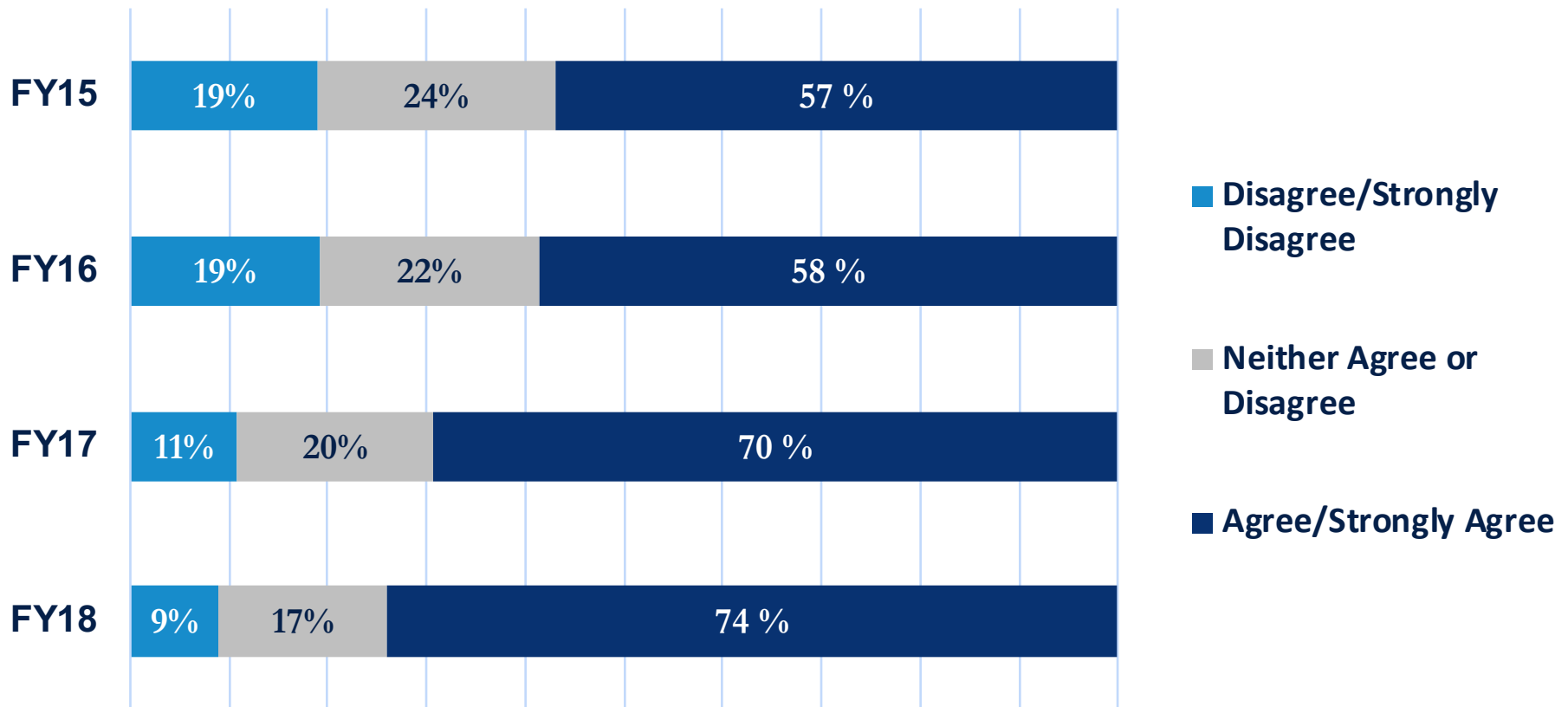
Competent

*Completed foundational training;
Participant in improvement efforts*

Novice

Culture of Improvement

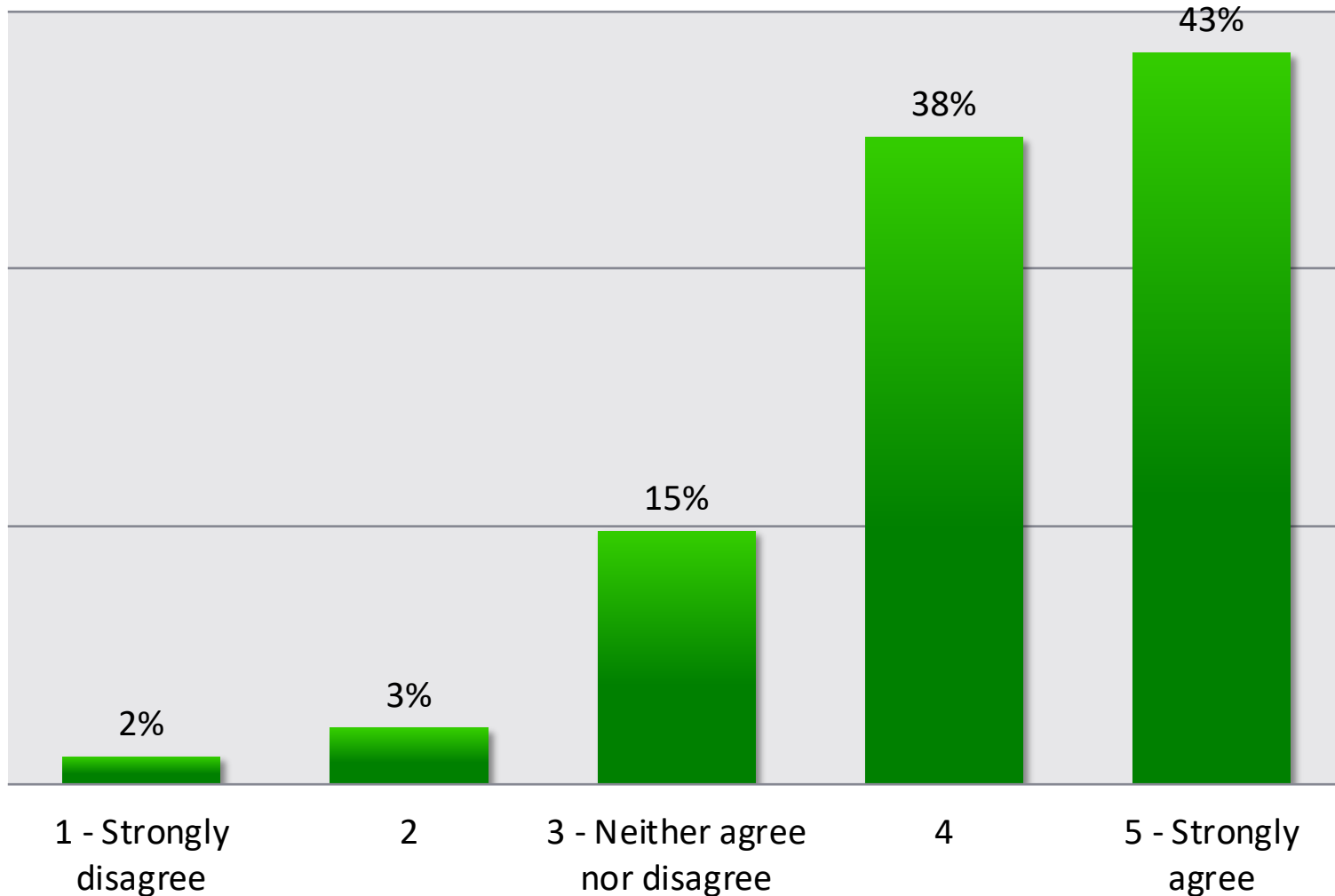
UCSF has Established a Culture of Continuous Process Improvement



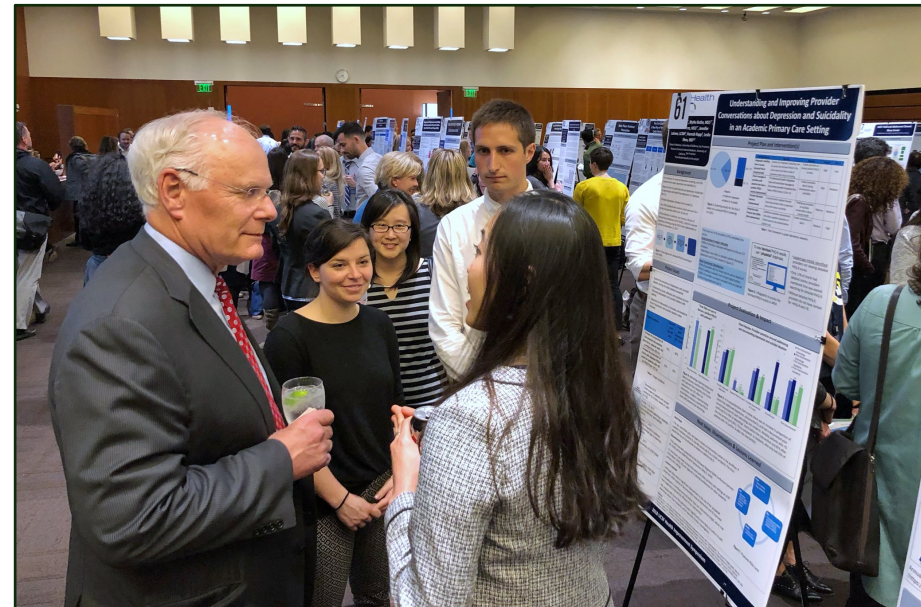
Based on 5 point scale. “Disagree/Strongly Disagree and “Agree/Strongly Agree” were combined. Produced by UCSF Health Experience, April 20, 2018

Common Infrastructure

We should use the A3 Thinking framework to achieve organizational goals.



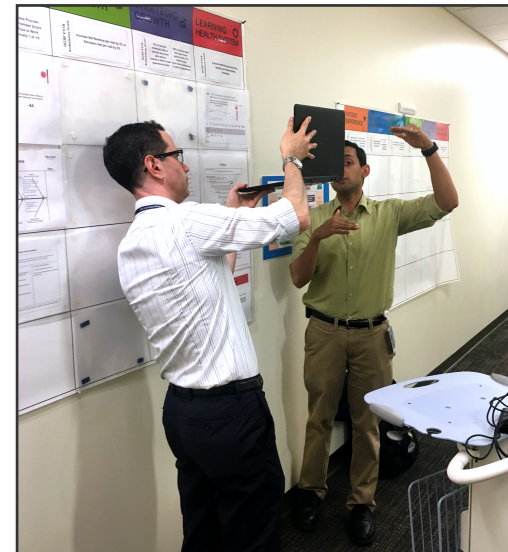
Engaging Learners



Making an Impact

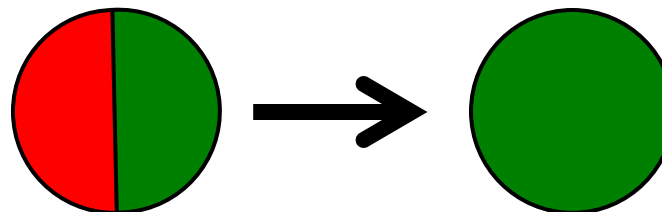


- Alignment with True North
- Common infrastructure
- Leadership



Reflection

- There is a lot of distance between learning something, and *making an impact*
- Success requires
 - 1 *Alignment with a meaningful purpose*
 - 2 *Partnership with stakeholders*
 - 3 *Development of leadership skills*



What Does a Little Bit Better Look Like?





Thank you!