Technology for Us

People is the central domain of CPI because without a focus on improving our everyday work experience, we won’t be able to sustain lasting improvements for our patients. UCSF provides a number of tools and strategies to help us monitor provider/staff engagement, from the Annual Gallup Engagement Survey and its resultant action plans, to the courses offered by Learning & Organizational Development (http://learning.ucsf.edu), to technology platforms like Chatter — which is the subject of this month’s newsletter.

The PICU team, led by Medical Director Arup Roy-Burman, took Chatter and used it in an innovative way to achieve marked improvements to recognition and collaboration (left) and patient satisfaction (right). Read on to see how they achieved these stellar results.

PICU Staff Engagement measured by Gallup

PICU/PCICU Patient Satisfaction measured by Press-Ganey

CPI Announcements

Do you know someone at UCSF who might be interested in doing more with CPI, who also has a background in process improvement, intervention design, data analytics, or project management? We have a few opportunities for a 30% FTE appointment as an Improvement Specialist on a specific clinical unit. Please contact Miriam Gonzalez-White for more information.

In close collaboration with Cynthia Chiarappa and Lean Promotion Office, we will begin in FY16 to incorporate the Lean Management System into the UBLT leadership structure. With Rona Consulting’s support, a training curriculum for Lean Managers will be pilot-tested with a handful of current UBLTs. The end state is to have all clinical units with UBLT-Lean Management Systems in place.

Erica Huie
Admin Analyst
ensuring CPI runs smoothly

Want to share a great story of CPI? Email cpi@ucsf.edu. Find our website at cpi.ucsf.edu
Engaging Staff through Social Collaboration & Recognition

A Social Enterprise
The PICU and PCICU teams recognized that the social aspect of care delivery is happening 24/7/365, but may not be visible to everyone. They asked: “How can we engage this large, diverse, and asynchronous workforce?”

One answer was to build a software program focused on People, to complement the EHR that’s focused on patients.

The Program Goals
1. Enhance Internal Communication
2. Promote Care Quality and Efficiency
3. Improve the Patient Experience

The levers of this change were unit cohesion, facilitated feedback, standardized best practices, and staff education. To move these, the team designed five phases of interventions.

The Phases
i) Chatter Platform Adoption
ii) Recognition
iii) Unit Updates
iv) Self-Assessments
v) Best Practice Microlearnings

So far the pilot has been running for eighteen months, and has touched over 600 staff and seven inpatient units at Benioff Children’s Hospital (BCH).

Gamification for Behavior Change

At the start of this program, Chatter was not commonly used in these units. Thus the team turned to gamification to increase adoption and create a tipping point.

The figure on the right shows how Chatter usage surged after two targeted contests.

The Benefits of Recognition

Kindness [and objective feedback] make the world go ‘round.

The Chatter contests above were socializing the tool — but they were also creating an easy and effective way for team members to recognize each other for all the great work they did every day.

“All the little things you did to help: looking up my long list of send out labs, helping during my patient’s procedure... you went above and beyond, what a pleasure!”

Thanks to Chatter, this type of appreciation is now shared and visible, inspiring both the recipient and the rest of the team.
Feedback Loops and Quality Improvement

Once Chatter was established, the units began two activities to harness their increased collaboration.

**Unit Updates**
- Management posted staff newsletters once per week with key unit information [instead of sending emails that got lost]
- Staff used the “Like” functionality in Chatter to indicate readership and endorsement

This communication feedback loop between staff and management helped ensure the right information got to the right people, efficiently.

**Self-Assessments (SAs)**
- Built-in assessment tools in Chatter to assist with CLABSI prevention
- Aggregated survey results give the staff benchmarking data, but an individual’s survey results aren’t shared
- Just-in-Time education was built into the survey questions

By flipping the paradigm related to audits, and creating a self-surveillance tool, the number of patients reviewed was doubled.

Congratulations to all the units at BCH who are pioneering this new form of collaboration and teamwork.

The benefits to Quality & Safety, Patient Satisfaction, and our staff and provider experience will scale as we spread these ideas to other units. If you have questions, direct them to Arup.Roy-Burman@ucsf.edu, or cpi@ucsf.edu.

UCSF’s clinical education mission is well-supported by Chatter. Embedded throughout the self-assessments and the units’ group pages are links to knowledge that support staff as both learners and teachers.

For example: the 82-page Guidelines for Acute Medical Management of Traumatic Brain Injury is only a few clicks away. As is a video on catheter insertions.

Easy access to documents, diagrams, videos, and other teaching tools, aids the unit in creating a curated library of Best Practices. This stimulates microlearning:

- consuming clinical educational content in small, very specific, bursts that the learner controls.

Thus the power of our UCSF’s knowledge is placed at everyone’s fingertips, with a tool that provides just what is needed, exactly when it is needed.

A Mobile Future

The future for Chatter is mobility. You can download the current version for free at the Android and Apple App Stores. Look for Salesforce! then use this [linked tutorial](#) to log-in. This will let you see updates for those groups and people you are currently following.

The next iteration will bring us improvements to recognition, self-assessments, and video education.

**Just-In-Time: Best Practices & Microlearning**

Self-Assessments showed equivalent results to Independent Audits.

Thus the 151 SAs saved more than $3,500 and provided direct education.

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CPI Partner Spotlight

APeX Reporting

A pool of highly qualified and dedicated Report Writers that caters data requests for all Epic (APeX) applications across UCSF. The team is also responsible for providing data to outside organizations based on an approved request.

Our Services

The APeX Reporting Team’s services are available through the Employee Self Service (ESS) portal. All requests follow the approval and prioritization process defined by APeX Reporting Workgroup (RWG) committee.

To get started, point your browser to help.ucsf.edu

Then, Business Intelligence and Reporting > APeX Reporting

Order Specific IT Services

- Accounts, Access and Email
- APeX Support
- Business Intelligence and Reporting

Getting to Know Our Team

Sayan Chatterjee, APeX Reporting Team Manager
Loves the challenge of organizing APeX’s reporting system. In his free time, you will find him at Bikram hot yoga or hiking in and around the city.

Daniel Prabhakar, Meaningful Use Report Writer
Hobbies are listening to music and electronics design. Currently designing and building an Octocopter drone.

David Diaz, Report Writer for Cadence, Ambulatory, MyChart, and more
Relishes vacations with his wife and 9 year-old daughter, and collecting electronic gadgets. Drawn here by a “1,000 reports by go-live” challenge.

Komes Chandavimol, ICD-10 Report Writer
Loves travelling, eating, playing golf, and watching sports. Enjoys working with data, sports science, fantasy football.

Lenny Spohrer, Financial Report Writer, focused on Hospital Billing
Joined the reporting team from Research Management Services (RMS)

Mamatha Yerram, Report Developer, specialized in Pediatric Quality
Comes to the team after 12 years in IT and Epic, with experience in both clinical and financial reporting. An avid tennis player for fun and exercise.

Maurice Pascual, APeX Report Writer for ACO Team Reports
Enjoys golf, tennis, surfing and traveling, and has produced reports for many applications at UCSF, particularly Home Health and Radiant.

Ron Cafferky, Report Analyst, specialized in the clinical applications
Adept in the domains of Inpatient, Anesthesia, OpTime, and Ambulatory. Passionate about board sports: skate, snow, water, and (coming soon) kite!

Tobias Schmelzinger, Cadence, ADT, and Hospital Billing Report Writer
Lives for his wife, kids, and three shih-tzu, and loves navigating datasets because it’s like solving a puzzle. Free time filled with games and cooking.

Yvonne Le, Inpatient Clarity Report Writer
Loves picking fruit with her son, Marcus, and going to the Zoo. Enjoys discovering data people need, then seeing it help them be more efficient.

Items

APeX Reporting
APeX Report requests including: inquiries, new/modify report, and access requests.

If you aren’t sure whether your data request should go to the Reporting Team or another group, use the CPI Data Portal: http://cpi.ucsf.edu/article/requesting-new-data

Want to share a great story of CPI? Email cpi@ucsf.edu. Find our website at cpi.ucsf.edu