EVCP Expresso ? September 2017

September 1, 2017

Dear Colleagues:

Where were you for the ?Great American Eclipse? on August 21? Despite the overcast sky, that morning was a welcome, beautiful, and unifying respite from the uncertainty and unpredictable circumstances confronting our nation on a daily basis. As summer comes quickly to a close, we are faced with instances of violence, hate, and tragedy, but we must not allow what is bright, decent, and loving to be eclipsed by the darkness of discrimination and devastation. I know you join me in our quest to uphold the PRIDE values that are at our core and enable us to do so much to make the world a better place, and I encourage you to attend the Defending DACA [1] panel discussion on September 7 in Cole Hall.

With that said, here?s the line-up for this month:

- PIPE Dream to Reality: Program for Interprofessional Practice and Education (PIPE)
- Balanced for Success: Team IT working to support UCSF?s mission
- Communications: Getting the word out across UCSF

September also brings new occasions for faculty networking across the four schools. My office is launching a pilot opportunity to give faculty at Parnassus a place to meet up, grab a cup of coffee, and shoot the breeze or collaborate on something exciting. It?s called CAFÉ *Expresso* [2], and the first one is on September 7, with more dates to follow every two weeks into November. In addition, the School of Medicine invites all faculty to its next Faculty Social Hour [3] with Dean King on September 6.

And, by the way, did you notice that the windows at Parnassus were recently cleaned? Here?s a shout-out to Campus Life Services for improving the view!

Are you excited for the new academic year? Is there a topic you?d like me to tell the UCSF community about in an upcoming *Expresso*? If the answer is yes?or if you just want to say hello?please drop me a line at ExecutiveViceChancellor@ucsf.edu [4].

Sincerely,

Dan

PIPE Dream to Reality: Program for Interprofessional Practice and Education (PIPE)

A dentist, nurse, pharmacist, physical therapist, and physician walk into a patient?s room?. No, there?s no funny punchline, but what happens next is imperative to the health of the patient. This is where interprofessional collaborative practice (IPCP) comes into the picture. As obvious as it is, it took an inordinate amount of time for the health science professions to recognize how much we must understand each other?s roles and improve both our communication and collaboration skills to benefit the patient.

UCSF is fast becoming a leader in this practice. We have adopted a new interprofessional education (IPE) curriculum, are pioneering innovative programs, and are starting to see the influence of our work at other universities. Learn more at the Program for Interprofessional Practice and Education [5] website.

Our work at UCSF began in earnest in 2010 when we formed a task force that included leaders from our programs in dentistry, medicine, nursing, pharmacy, and physical therapy (PT). Thanks to the excellent work of the task force, we launched a strong IPE curriculum, focused on building competency and meeting milestones, and created innovative pilots in IPE. Now we?re ready to incorporate this education further into our clinical practice.

Kim Topp, chair of the Department of Physical Therapy and Rehabilitation Science in the School of Medicine and interim director of PIPE, explains, ?Clinical practices are changing. You can no longer be a one-person shop. The best patient care is not provided that way.?

?Traditionally, health professionals have been trained in their own silos,? explains Angel Chen, clinical professor and vice chair of the Department of Family Health Care Nursing in the School of Nursing and co-chair of the curriculum task force, ?but by intentionally training learners from different professions together, they can learn **with, from, and about** each other.? People report learning simple but little-known facts: Physical therapists do not need a physician referral to provide musculoskeletal care, and thus PT students need to learn when and to whom to refer a non-musculoskeletal problem. Specialists can take referrals from dentists and nurse practitioners. According to Angel, ?We?ve had students say, ?I didn?t know a pharmacist could administer vaccines and discuss smoking cessation.??

Both Angel and Kim agree that students immersed in the principles of IPE and IPCP can be agents for change in the clinical practices where they work. That doesn?t mean learners from all five professions need to work together in every clinic, but it emphasizes the value of health professionals knowing how to work with others, whether chaplains, dietitians, dentists, pharmacists, physicians, physical therapists, nurses, or social workers. With the support of the Office of Medical Education, Library, and EVCP Strategic Initiative funds, we?re also establishing a Passport system, a database that can serve as a repository and tracking system for all IPE opportunities at UCSF.

Examples already abound of how helpful interprofessional thinking can be. One grant has psychiatric nurse practitioner and physical therapy students teaming up to create care plans for patients with longstanding physical and mental challenges. A team of students said one patient reported a significant drop in their A1C, the blood test that measures glucose level for people with diabetes. ?This was the first time this person responded, took their medication on time, and avoided having to enter our expensive health system,? Kim says. ?And the patient was proud of their accomplishment. That?s the power of the team approach.?

Maria Wamsley, who co-chairs the curriculum task force with Angel, says IPE fits well with the

new School of Medicine Bridges curriculum, as well as with curriculum changes in the School of Pharmacy. She?s a practicing internist at Mount Zion, where first-year medical students are learning about teamwork and working on quality improvement projects including increasing the clinic?s Pap smear rates and improving safety for clinic patients on opioid medications. ?I learned nothing about interprofessional collaboration when I was in medical school,? Maria says. ?It wasn?t on anyone?s radar. But it?s something that, as a primary care physician, I?m doing on a daily basis. Patients are dependent on the work of the team to deliver care. I really rely on the expertise of others.?

Josette Rivera works with Maria (both are in the Department of Medicine) to implement IPE at the School of Medicine and also chairs committees related to developing faculty skills in this area and assessing student achievement. Her groups have received research grants aimed at determining the effectiveness of interprofessional care, and are presenting their work at national conferences. ?There are emerging models of what works,? Josette says. ?Additional research is needed to elucidate what models work in what context, and how to replicate successes.?

One Institute of Medicine report, Josette recalls, showed that a ?vast majority of patient errors were not because providers were lacking in knowledge or skill, but because there was a communication breakdown, or a collaboration breakdown. This recognition has helped IPE gain traction. It absolutely makes sense. Patients want providers to work together.?

Have I caught your attention on this? PIPE is now undergoing an internal search for its next director. If you?re interested, please contact my team [6].

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Balanced for Success: Team IT working to support UCSF?s mission

Four years ago, we tried something new with UCSF?s IT department?we merged campus IT with that of the clinical enterprise. This opportunity came when Elazar Harel retired as chief information officer for the campus after 35 years of distinguished UC service, and the University tapped Joe Bengfort, then running IT on the Medical Center side, to take over the role?while keeping his old job.

Since then, Joe has undertaken the task of uniting IT across campus and UCSF Health, working, as he puts it, to make sure we have the proper technology and support to advance our missions of healing, teaching, and discovery. It?s been tricky at times to provide the IT support we need and to manage costs: he?s had to contract out some IT services and consolidate jobs [7], as well as accommodate differences in office culture.

I?m taking a moment to reflect on IT?s journey. Most recently, in July, the American Hospital Association named UCSF Medical Center and UCSF Benioff Children?s Hospital San Francisco among HealthCare?s ?Most Wired®? [8] for 2017, the third straight year in which the hospitals received the award. Also in July, the University of California Office of the President gave UCSF the Larry L. Sautter Silver Award for Innovation in Information Technology for our SecureBox project, which protects personal health information at our clinics.

Joe has tackled some big projects, with the overarching goal of ?leveraging our IT capability across our entire mission.? His aim is to improve communication and collaboration among the centralized and departmental IT teams while avoiding over-centralizing this critical function.

Big efforts include achieving a balance between:

- **Centralized and departmental IT**. At UCSF, IT is made up of a network of more than 800 people, with two-thirds in centralized teams and the rest in the field working directly within departments. Joe sees it this way: ?IT is so embedded in research, teaching, and patient care. It would be difficult for a fully centralized team to understand the nuances of what?s necessary.?
- **Internal IT and external IT services**. Joe moved data centers from expensive San Francisco to affordable (and more seismically stable) Quincy, Washington, along with outsourcing IT operations and system maintenance services. He explains, ?It?s allowed us to shift our priorities from asking, ?Did we run backups this morning?? to ?How can we best support research, education, or student affairs??? You may have noticed a similar move with email, which moved to that famous cloud a couple of months ago. Other sophisticated, cloud-based tools ? like Box for storage and DocuSign for signing forms ? are meant to boost our efficiency. Joe says, ?If I can buy it in the cloud and it?s secure, that mitigates how much capital investment UCSF needs to make and allows us to be more nimble in offering new technologies.? These can be difficult decisions and are only made after thorough review.
- **IT security and efficient operations.** IT security has become a household term with all of the major data breaches in the news these days. Our IT team has made good progress in modernizing our IT security controls in recent years. According to Joe, ?We have more to do in this ever-changing field of security, but we socialize every major change with our university leaders and IT Governance committees to establish controls that protect us but do not severely limit our ability to execute our mission.?

But wait ? there?s more:

- **Evolving our support model**. You can, and should, still call IT at 514-4100 if you?re having trouble with one of those cloud services. ?The IT help desk will stay in-house, because that requires specific knowledge of the institution,? Joe says. Personally, I really appreciate the in-person, walk-up IT Health Desks now available in Mission Hall, Millberry Union, and Moffitt Cafeteria!
- **Expanding access to data**. Until four years ago, data lived in numerous silos across our campus. Now, thanks to our new Enterprise Information and Analytics Department, all patient records live in a secured clinical data warehouse. Finance has its own warehouse, educational information is getting its own too, and there?s a new searchable catalog of data elements that are available. Joe further describes, ?We?re implementing it from a central place, but the departments define and control who gets access to data, and we?re providing new dashboards to help with visualization.? (Researchers looking

to access sensitive patient data still go through the IRB, but the process is now greatly streamlined.)

- **Leveraging the power of five**. Joe collaborates regularly with his counterparts at the other UC Health campuses?UC Davis, UC Irvine, UCLA, and UC San Diego?to share strategies and best practices across the five sites. In the works: a clinical data warehouse including all patients from all UC Health locations.

?We are advancing collaboration across UCSF and across the UC system. How do we take our big problems and solve them together, rather than five times?? Joe asks. The win-win answer, he assures me, is by finding the right balance of centralized, distributed, internal, and external IT services that help all of us to be successful at doing the important, amazing, and excellent work we need to do.

I?ll close by adding that we generally think about IT support only when things go wrong. Please take a moment to consider just how much of our IT environment is actually working, and working well. If you see the glass as well more than half full, please send a note of appreciation to Joe and his team at joe.bengfort@ucsf.edu [9].

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Communications: Getting the word out across UCSF

In last month?s *Expresso* story [10] about the Great People, Great Place [11] (GPGP) initiative, I mentioned the importance of internal communications.

The common theme expressed in recent UCSF surveys is that we need a better coordinated flow of internal news and information across UCSF, from leadership to the rank and file. Overwhelmed by information coming at them from multiple directions, people find it difficult to locate the information they need to do their jobs well. (UCSF has more than 2,500 websites, many of them created by an individual department or school without a central resource, hub, or platform.) And, we?re all overloaded with email [12]. (I see the irony.)

Lisa Cisneros, our senior director for strategic communications, explains that communicating with our own faculty and staff has traditionally taken a backseat to external communications that promote UCSF to the public.

To better understand the strengths and weaknesses of our internal communications, we hired Edelman, a prominent communications firm, to conduct an audit of the current state of communications and recommend some best practices we can implement ? for both information consumers and providers. Through focus groups, leadership interviews, and yes, one more survey, we heard from more than 4,500 faculty, staff, and administrators.

What people like:

- Seven out of ten people surveyed feel UCSF generally communicates with them well. ?Edelman said that is a great number,? Lisa says. ?Other institutions our size would love that feedback.?
- The majority (71 percent) say communications help them understand UCSF?s mission and vision, and a similar percentage (68 percent) say our communications strike the

right tone, particularly the chancellor?s emails since last November?s election.

- People appreciate both online and in-person forums to interact with leadership, including e-newsletters like this one. (I appreciate your readership and interaction with *Expresso*!)

What needs improvement:

- Half of survey respondents say they can?t find the tools and resources they need and that we need to do a better job following up on specific issues raised.
- About half also want more two-way communications and avenues for feedback, such as a way to share comments online.
- And many struggle to keep up with email ? nearly 42 percent of all emails are not read in full. About one-third of people feel that the emails we send are critical to have, but another one-third feel that campus-wide emails are not important or relevant to their jobs.

Additional feedback includes:

- While UCSF Medical Center has an intranet, the campus doesn?t have one. Pulse of UCSF [13] is the closest we come. Most (62 percent) feel having a central intranet page or hub where they can go to read information is critical to their job.
- People would like more in-person interactions with leadership, either town hall meetings or informal gatherings.
- When asked what types of information they want to learn more about, 61 percent said they want more news about professional development and training opportunities.
- And 60 percent said they want more information on programs and services for faculty and staff.

So now Lisa and Leeane Jensen, executive director of Wellbeing Services and Operations in Campus Life Services, are bringing forward recommendations for UCSF?s first-ever internal communication playbook, which we?ll consider this fall. The key will be leveraging partnerships with existing communicators across the University, which they?ve done in the roll-out of the PRIDE values. Many departments have someone with communications responsibilities ? if not dedicated to communications ? and if those people can all get together and coordinate efforts, it can go a long way to making sure everyone is on the same page.

Lisa and Leeane?s proposal also calls for sharing best practices, as well as training managers and those of us in leadership on effective communications skills. Ultimately, we?ll figure out a method to more efficiently communicate across campus in a way that is timely, transparent, and where appropriate, targeted ? but without a lot of duplication.

Mark Twain advised, ?Substitute ?damn? every time you?re inclined to write ?very.? Your editor will delete it and the writing will be just as it should be.? I hope you?ll notice a positive change in the area of communications at UCSF, because we?re already working [deleted] hard to adjust our approach.

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Dan?s Tip of the Month
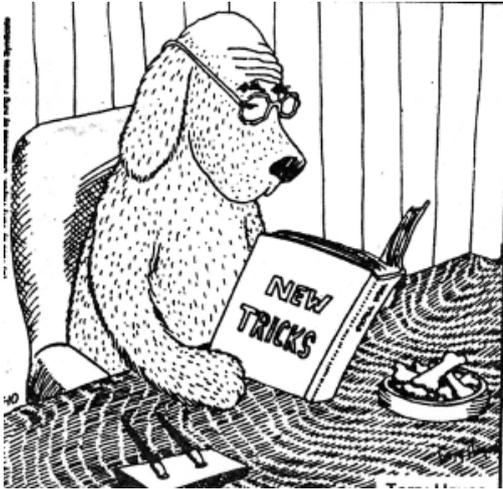
Everyone has heard the adage ?you can?t teach an old dog new tricks,? which is a simple way of describing what neuroscientists have known for quite a while now ? brain plasticity decreases as we age. For an impressive demonstration of this reality, check out this eight-minute video [14] on YouTube. I won?t give away the punchline, other than to say we are not as completely immutable as we might seem, which I think is a very, very good thing?

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[7] http://chancellor.ucsf.edu/news/messages-to-campus/rerun-60-minutes-story-h-1b-visa-program
[8] https://www.ucsf.edu/news/2017/07/407701/ucsf-medical-center-benioff-childrens-hospital-san-francisco-named-among-2017s
[9] mailto:joe.bengfort@ucsf.edu

[10] https://evcprovost.ucsf.edu/evcp-expresso/201708#culture

[11] https://campuslifeservices.ucsf.edu/livingwell/services/wellbeing_resources/great_people_great_place_initiative

[12] https://evcprovost.ucsf.edu/evcp-expresso/201602#smartmail

[13] https://www.ucsf.edu/pulse

[14] https://www.youtube.com/watch?v=MFzDaBzBlL0