

Health System:	If Other, detail below:	Health System Sponsor Name (health system leader with accountability for Improvement Project/Initiative typically a VP or Director):	Improvement Project Director Name (sometimes also health system sponsor, person with direct oversight, management and decision-making of the project/initiative):	Improvement Project/Initiative Title:	Date Improvement Project/Initiative Started	Principal Patient-Centered Outcome:	Principal Target Metric (real-time measure of success of improvement project) i.e. how the health system "learns" if the intervention is achieving results:	Equity Gap (if known):	Describe any known or potential barriers that adversely affect performance improvement:	Potential E-STAR Scholar Role(s):
SVAMC		Josue Zapata, Bruce Ovbagele	Sara Rumrill, MD, Kate Murphy, NP	Improving Colon Cancer Screening at the SVHA Health Care System		Health	rs01L_ec (colon cancer screening, pt 45-71, with some limited exclusions)	I don't immediately know, but rates by race is definitely knowable via our primary care dashboard (Dr. Rumrill and NP Murphy would have access to this). Similarly, we might get pretty interesting info around rural vs. urban		While we have made some strides in the past two years by launching a "FIT first" approach, we still have a gap on getting positive FIT patients their colonoscopies. A scholar could help by streamlining the final process from positive FIT test to getting a colonoscopy, as it has proven to be quite complicated. We are also still slightly behind the national average (54% vs 55%) on overall screening, so this scholar could also help think about ways to improve on our new FIT first protocol and could interview patients, our primary care providers, visit our rural/outlet clinics, and even interface with our lab who send out these kits.
SVAMC		Josue Zapata, Bruce Ovbagele	Sara Rumrill, MD	Improving Hypertension Control in the outpatient setting		Health	rHd5Bh_ec (metric BP6&L14Q/90 on most recent visit) Also a component of cardiovascular health composite metric	We know that we have worse BP control in our AA patients		Gap analysis, PDSA cycles, could focus on a large-scale across the system or could tackle one smaller driver (ie we have a community based clinic in Oakland where the hypertension rates are much worse than our average and where we serve predominantly AA patients)
SVAMC		Josue Zapata, Bruce Ovbagele	Charlie Wray, DO	A Pilot Digital Literacy Intervention to Engage Hospitalized Veterans with MyHealthViewer and VA Video Connect		Access	1) Engagement with MHV and VVC at 30-, 90- and 120-days post-discharge. 2) Secondary outcomes of 30-, 90- and 120-days post-discharge primary care, subspecialty care, and mental health visits, no-show rates, use of the emergency department and hospitalization rates during the same time periods, using electronic health records data from the VA's Corporate Data Warehouse.	Patients, especially those who are most vulnerable and require the most care, need effective training opportunities to improve digital literacy as an important step to fully participate in virtual care. This digital training intervention is significant as it is designed to address this challenge among a high-cost, high-risk population (hospitalized Veterans) who require close follow-up care after discharge.		Aim 1: Engage 50 hospitalized Veterans to determine Veteran's access to the internet, digital literacy needs, and preferences for using VA virtual care and 20 inpatient providers to aid in optimizing an inpatient intervention to improve digital engagement Aim 2: Conduct a three-arm randomized pilot study of an inpatient digital literacy intervention among 75 hospitalized Veterans to assess whether digital literacy and downstream use of MHV and VVC post-discharge improve across study arms. Aim 3: Examine acceptability, feasibility, and satisfaction of the digital literacy intervention
UCSF Health		Amy Lu	David Shimabukuru	Reducing Hospital-Acquired Sepsis Mortality		Health	sepsis bundle compliance: BPA responsiveness	we have not yet examined whether health equity variables are associated with mortality rates		Evaluate the impact of updates to the sepsis BPA introduced by the sepsis collab team, and design and implement adjustments that will optimize response patterns to the hospital-acquired sepsis BPA.
UCSF Health		Anne Glowinski MD, MPE Child and Adolescent Psychiatry Division Chief Amy Lu MD MPH Chief Quality Officer, UCSF Health	Anne Glowinski MD, MPE	Pediatrics-Child Psychiatry Collaborative Care Clinic	October 2023	Access	Number of UCSF Pediatricians actively referring to the clinic	Psychiatric Care inequity relative to other Medical Care, which is exacerbated in Child and Adolescent Psychiatry	Current Triage system, antiquated referral system for Pediatricians, stigma impacting referral behaviors, clinical care habits in Pediatrics and Child Psychiatry, need for pediatrician mental health training, integration of clinical practice with UCSF Health (obstacles and opportunities)	The project involves many aspects including partnership network creation and maintenance with a growing volume of pediatricians, education or dissemination, optimization of clinical offerings, troubleshooting obstacles. The project management would involve contributing strategic thinking and innovation including e.g. piloting AI facilitated Triage and Registration, incorporation of Scholar's ideas into project process and methods, help refining data collection, data analysis, initiate or collaborate in project related scholarship production. An additional detail: We are a very optimistic, respectful and fun group to work with.
UCSF Health		Professor, Anesthesia and Perioperative Care, UCSF School of Medicine.	Same as Sponsor	Clinical pathway and care redesign for spine surgery; or in obstetrics and gynecology	May 2024	Health	Statistically significant improvements in quality metrics and patient experience scores	Disparities seen in socioeconomic status, payer status, race/ethnicity in almost all clinical pathways	Project management support and QI technical skills needed	The E-STAR scholar may be able to select a pathway component in their area of interest/specialty, and can choose from inpatient and outpatient options
ZSFG/SFHN		Christopher R. Peabody, MD, MPH - Director of Quality and Performance, Department of Emergency Medicine	Christopher R. Peabody, MD, MPH - Director of Quality and Performance, Department of Emergency Medicine	Leveraging Design and Technology to Improve Sepsis Care and Bundle Compliance in the Emergency Department		Experience	% Sepsis bundle compliance and % sepsis mortality are the primary outcomes; however, the group will look at early detection and also equity gaps for secondary metrics.	Equity amongst sepsis care initiate in the ED is a secondary outcome for this project, and we have applied for a grant to study this very topic as previous work shows widening equity gaps (Race and Language) with sepsis bundle improvements		Our team embeds design and engineering principals into the LEAN management system to leverage technology to improve Emergency Department teamwork and patient outcomes. We generally work with scholars in our projects to ensure rigorous evaluation and academic productivity. Please see more information here: <a href="https://acutecare.ucsf.edu/">https://acutecare.ucsf.edu/</a>
ZSFG/SFHN		Delphine Tuot, Associate CMO for Specialty Care	Delphine Tuot	Reducing no-shows in ZSFG specialty care clinics		Access	Clinic no-show rates overall and by specialty care service.	There are persistent differences in no-show rates by race/ethnicity and preferred language. As an example, in Feb 2024, no-show rates across all specialty care service at ZSFG were: Asian (11%), Black/African American (27%), Native American/Pacific Islander (30%), White (18%), Hispanic (19%).		There are many ways in which an eSTAR scholar could participate in reducing no-show rates. Currently, the team has ongoing projects related to: MyChart patient enrollment; Hello World texting enrollment; facilitating processes to notify patients with confirmation calls; increasing the proportion of patients with scheduled follow-up appointments as they leave clinic; identifying opportunities for telehealth phone or telehealth video appointments. The scholar could build upon one of those projects for 1-2 services/clinics of interest. Alternatively, the scholar could perform a deeper dive for 1-2 services/clinics of interest and explore other contributors to high no-show rates (potentially leveraging patient/care provider interviews), identify new feasible countermeasures with stakeholders, and implement and evaluate changes using available EHR data.
ZSFG/SFHN	This project idea stems from an A3 focused on hypertension equity. Hypertension equity is also a true north metric for SFHN primary care this year.	Blake Gregory, Director of Primary Care	Elaine Khoong, SFHN Primary Care Subject Matter Expert for Cardiometabolic Diseases	Achieving Hypertension Equity in Primary Care		Health	Hypertension equity: difference in hypertension control rate between Black or African American patients and SFHN overall population	Overall control rate: 67% Control rate for Black or African American patients: 61%		The E-STAR scholar is welcome to lead and evaluate a countermeasure that is to be determined in conjunction with our hypertension equity A3 workgroup. For example, expanding use of home blood pressure monitoring; reducing treatment inertia; addressing intersection of behavioral health and chronic disease management.
ZSFG/SFHN	This work would be in conjunction with the diabetes equity A3 workgroup	Blake Gregory, Director of Primary Care	Elaine Khoong, SFHN Primary Care Subject Matter Expert in Cardiometabolic Diseases	Improving Diabetes Equity		Health	Hemoglobin A1c Control (A1c < 8); Disparity in control between Latinx patients and overall SFHN population	Overall SFHN A1c control: 63% A1c control in Latinx patients: 54%		The E-STAR scholar is welcome to lead and evaluate a countermeasure that is to be determined in conjunction with our hypertension equity A3 workgroup. For example: implementation of a chronic disease model inclusive of a panel manager and food voucher; increasing language concordant resources; increasing use of newer diabetes medications; increasing use of / access to CGM.
ZSFG/SFHN		Gillian Otway, Chief Nursing Officer	Ana Delgado, Ben Li & Mara Fox	Reducing Disparities amongst OB metrics: length of induction of labor (LOL), rates of cesarean, postpartum hemorrhage (PPH) and severe maternal mortality (SMM)	July 2024	Health	Monthly OB QI meeting to review our current data and literature review of best practice/evidence. Our unit-specific data can be reviewed monthly via CMECC Maternal Data Center metrics (i.e. SMM, PPH) and blood transfusion EPIC reports (currently we have a PPH report) and individual case review (length of LOL and case notes).	Our c-section rates are highest amongst our black patient population. We have data demonstrated that this may be tied to length of induction and so we are hoping to find ways to make our inductions more successful. C-section has a much higher risk of PPH and SMM next to mention a more difficult postpartum recovery and a more complex medical picture for future pregnancies.	Real time data and literature analysis.	Building EPIC reports. Analyzing our data from all the various platforms we have. Chart review when needed. Literature reviews on related topics. Presentations at our monthly OB QI meeting as a check in on the project and leadership input.