Coaching for Quality Improvement
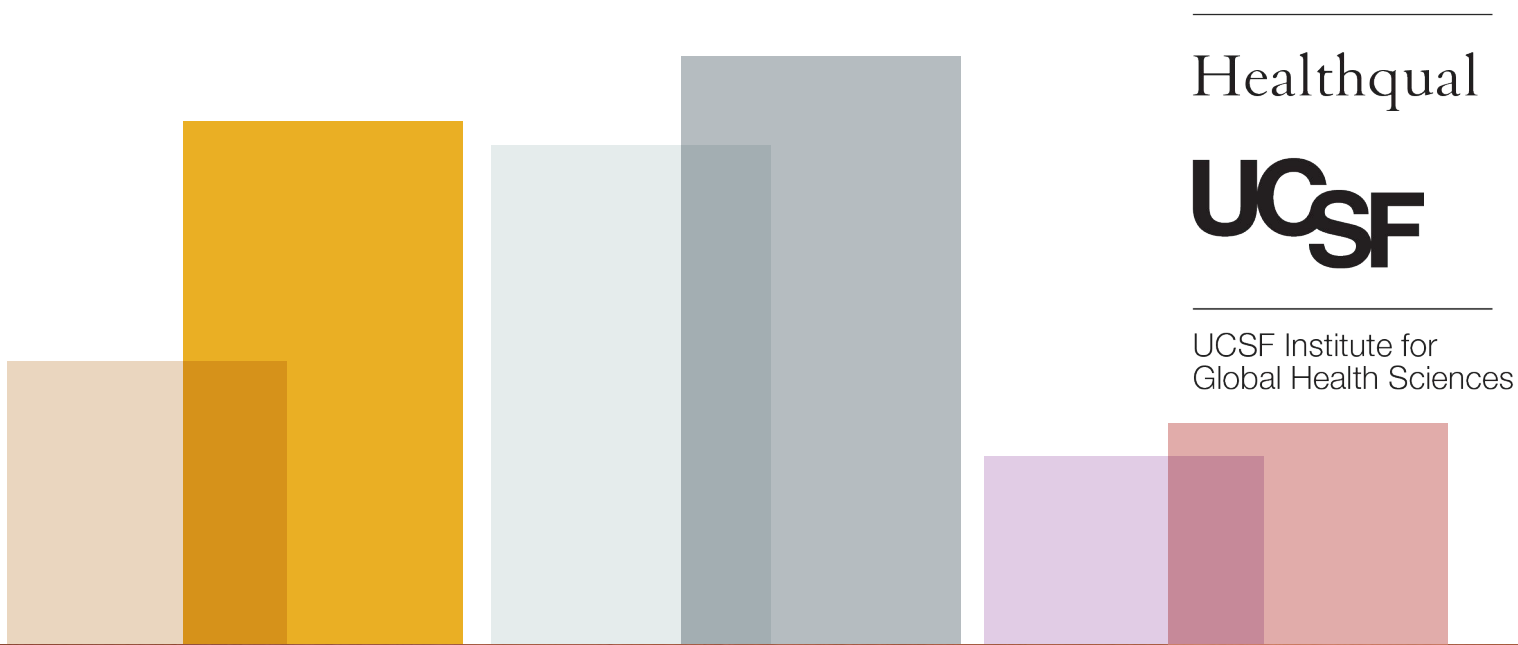
A guide for implementing coaching strategies to spread QI knowledge and skills in low and middle income countries

Healthqual

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Note about this guide

Coaching for quality improvement is intended as a series of resources to guide implementation of coaching strategies and spread of QI knowledge in resource limited settings.

This guide was developed by HEALTHQUAL with the hope that its lessons and assets be adapted to local context to advance coaching among national and local improvement programs.

# QUALITY IMPROVEMENT (QI)

CONTENTS

1   COACHING OVERVIEW

The HEALTHQUAL Coaching Model

Coaching is at the heart of the HEALTHQUAL approach to building capacity for quality management. Through the relationship that is built between the clinic staff and their coach, who offers expertise in the organizational applications of quality improvement, a process is facilitated where the clinic can move towards full implementation of a quality management program that translates into a dynamic, ongoing activity involving the entire staff. Using a clinical analogy: the coaching method involves establishing a diagnosis from which evolves a treatment or management plan that identifies areas of focus and education with the goal of self-management, which can lead to an independent program. The coach provides the arsenal of skills necessary to help clinics implement their programs, tailoring the approach with the goal of helping the program reach its own potential for establishing and sustaining its quality management program. Throughout the coaching process, the coach develops and nurtures a relationship based on the open exchange of information, supporting an environment that facilitates innovation and ultimately leads to independence. Ideally, the coach moves programs from external guidance to internally driven and sustained quality management. The art of the coach lies in advancing programs along this continuum as effectively and expeditiously as possible. Alignment of QI coaching with supportive supervision calls for attention to the intended outcomes of both processes, as well as the different skills that may be required in these distinct approaches. Both activities are intended to foster a collaborative approach between the coach or supervisor and health care workers to strengthen performance and meet established goals. If the coach and the supervisor are the same individual - there may be a need to assist the supervisor with adapting their approach to utilize behaviors, described later in this document, which focus on collaboration, support and guidance rather than a punitive approach that may lead clinic teams to hide problems.
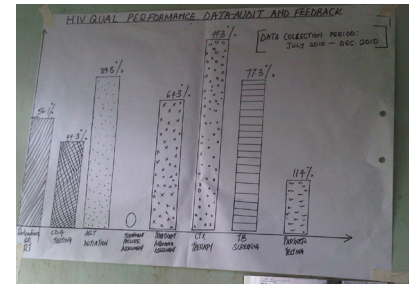
The First Phase: The coaching process begins with a period of engagement. The cornerstone of this phase is an assessment, specifically the HEALTHQUAL organizational assessment (OA), which identifies the current strengths and weaknesses of the quality management program. Data from the OA are part of the package of background information obtained by the coach. Discussions with the project officer and other sponsors yield important background information. Similarly, review of past performance data and other pertinent history provide balance to the assessment.

Through the OA, the coach learns about the program's status with respect to each of the assessment's components and also learns the team's attitudes and capability for moving forward. The OA provides motivation for the team by setting goals for improvement with a quantitative framework for measuring their progress. Assessment of the team and the organizational context in which it functions leads to the formulation of the coach's plan, through which the coach incrementally guides the team to realize goals they often did not think themselves capable of achieving.

Factors affecting the readiness and potential of the program are their willingness to establish an effective quality management program, the capability of their staff to grasp and appropriately apply QI principles and techniques, their ability to implement an effective infrastructure to support the QM program and the amenability of their organization to allow change. Because teams vary – some are "go-getters," some are reticent, some are understaffed, some have less knowledge and experience and some harbor negative attitudes because they view the entire quality management process as mandated and laborious – the coach differentially focuses the coaching process. A good coach will assess the team carefully and will find the hook from which to begin incrementally moving them forward.   The importance of the assessment and the understanding of how teams vary require skill and sensitivity that an experienced and skilled QI coach must bring to this critical engagement phase, which sets the stage for future work.

Organizational characteristic	Coaching strategy
Motivation and willingness	Maximize willingness -convey availability and capability to help -acknowledge/emphasize external pressures for QM -convince program of usefulness of QM -generate enthusiasm -identify internal and external champions -pair with other programs (peer learning) ; alliances may sustain motivation
QI capacity	Judge learning speed and need -reinforce learning -increase coaching and advising tailored to need
Infrastructure	Set achievable goals Identify needed tasks Set realistic timelines Teach how to evaluate structure Adapt to organizational structure -intensify coaching for disorganized clinics -adjust pace Provide history and context with staff turnover
Readiness to change	Adapt pace to degree of motivation and aptitude For challenging organization -help negotiate organizational issues -judicious intervention with leadership -coordinate with HAB for major issues

A major component of the engagement process is framing the HEALTHQUAL model and its methods for the clinic. Through this process, the coach provides context and perspective for the work, linking QM to organizational goals and strategic planning. These connections help clinics to realize that QM fits with their existing organizational structure and their routine work, and that it aligns with national priorities and expectations. Unlike other activities, however, QM provides them with the opportunity to directly participate in the process, to access their own performance data and monitor their progress. For many staff, these processes offer a first opportunity to "connect the dots" between the data collection process and the processes of care delivery. This undertaking can provide a strong motivation to engage in QM activities which then speeds the process of implementation.

The Second Phase: The work of coaching includes many components, including the activities usually described as teaching, facilitating, advising, mentoring and advocating. The goals of active coaching are to assure a working knowledge of QI tools and techniques, to assist clinics to utilize these tools for specific projects and to evaluate their work. Through these activities, staff can realistically undertake the development or refinement of their QM program. Coaching activities include topics related to the 3 basic pillars of the HEALTHQUAL model: performance measurement, quality improvement and the quality management program.

The process of coaching involves regular, informal discussions with key contacts at the clinic to ensure that activities are moving forward, allowing clinics to know that they have support. Through coaching, the coach assists the team with developing its own QM program and system. Specific activities may include drawing an organizational diagram of the QM program within the larger organization which may be an eye-opening experience for teams, showing clarity of accountability relationships in the organization, as well as individual roles and responsibilities. Staff can better understand their role in the process and how their work directly influences patient care. The coach also focuses on the details of the QM plan, emphasizing specificity of goals, linked to national priorities. Coaches will engage leadership to initiate a Quality Committee, write a quality plan and develop a workplan to guide activities.

Following the initial steps, the coach monitors progress, troubleshooting problems that may include project selection, indicator development and measurement systems. Tools, resources and modeling are important methods during this step.

Efforts to improve performance measurement skills often include reviewing data with the team, showing the benefit of standardized indicators and chart reviews. Wherever possible, coaches demonstrate how

improvements result in improved patient outcomes. These benefits often provide a positive stimulus to motivate staff to participate more actively in the QM program and advance their work in this area.

Quality program development often poses significant challenges. Organizational micromanagement, mismanagement and lack of management can be detrimental to a health care facility's capability to improve care processes. The larger organization may lack QM where the environment may not be conducive. In these situations, coaching is directed to help HIV staff negotiate organizational issues in a targeted manner through judicious intervention with higher management. Larger issues that prevent implementation require shifting of focus to address them usually in concert with the national program so that resources and other technical assistance can be directed appropriately.

The key to successful coaching lies in the relationship between the coach and the clinic leadership and staff. Paving the way to an open relationship, the coach communicates frequently with the clinic in a non-threatening and empathetic manner. Providing follow-up and responding to specific requests are both important ingredients for a successful interaction.

Regional groups can provide a powerful mechanism for accelerating implementation of QM programs and provide an opportunity for "group" coaching. The coach serves as facilitator, aiming to move each clinic further along in comfort, skill and knowledge of QI to help implement their QM programs. Each facility brings different levels of skill to the group. Initially, training is offered to assure that all participants possess a working knowledge of QI tools and techniques, with individualized sessions as necessary. The coach helps the clinics implement their projects by assisting in selection of tools for specific activities, emphasizing sharing of group knowledge to achieve goals. As projects progress, the group discusses best practices, reporting data monthly to stimulate further discussion. Group sessions identify challenges, such as staff turnover, resources and lack of leadership support, which the facilitator links to quality management, leading brainstorming sessions about how to resolve these challenges and identify strategies.

Ideally, each clinic will progress along the continuum of development to become an independent program, requiring little guidance from the coach. At this stage, they may become mentors for other facilities, leaders in regional groups while submitting their data annually to the national database. However, even in the most ideal situations, organizational changes occur with staff turnover, loss of resources or organizational turmoil. The clinic may slide back along the continuum of quality management and require renewed support and "touchup" consultation. In more extreme circumstances, the entire staff may turnover, in which case the coach may play a pivotal role by possessing the historical context and "organizational memory" to orient new staff and help them get back on track.

Coaching is therefore a long-term relationship, requiring a diverse set of strategies and methods that can be adapted to the individual needs of a specific clinic. HEALTHQUAL coaches possess a wide range of experience, resulting either from years of experience as coaches or as providers in clinics. As a group, they may also draw upon one another for "second opinions" and guidance to help them develop appropriate strategies for clinics. Each coach, armed with a set of core skills has a unique style but each coach applies the same basic principles and overall strategy of working with clinics to facilitate their development of full-fledged, independent QM programs.

2   COACHING SUMMARY

Coaching behaviors:
- Uses questioning techniques to facilitate client's thought processes to identify solutions and actions rather than taking a directive approach
- Supports by setting appropriate goals and methods of assessing progress in relation to these goals
- Observes, listens and asks questions to understand issues that may be influencing quality of patient care
- Maintains positive regard and at all times is supportive and non-judgmental
- Manages the relationship to ensure the individual/organization receives the appropriate level of coaching at the right time
- Discourages over-reliance on the Coach
- Encourages independence and capacity building
- Identifies facility-specific training and support needs

Coaching Functions for HEALTHQUAL-International at facility level:
1. Develops supportive relationship with facility team including leadership personnel and provides objective assessment of QI activities
2. Performs annual organizational assessment, provides feedback to facility and assists in development of priorities and workplan to address gaps and improvement opportunities. Periodically attends and provides support to quality management committee or equivalent guidance committee.
3. Assesses current status of performance measurement and results; quality improvement projects and quality program structure (see OA)
4. Reviews progress of QI projects and attends QI project team meeting periodically to provide feedback, provides support and direction with focus on improving "systems" of care delivery
5. Performs monthly contact with facility via email or telephone, and conducts quarterly visits with focus on quality improvement
6. Provides training to enhance team effectiveness as needed
7. Reviews supporting documentation and makes recommendations for minutes format, documentation organization, etc...

Coaching Skills needed:
1) Communication
2) Presentation skills
3) Conflict resolution
4) Group process/team building
5) QI process and tools
6) Effective meeting skills
7) Ability to ask clarifying questions
8) Ability to give feedback

When choosing a QI coach consider three questions:
- Does the individual have regular and routine access to clinic teams?
  QI coaching is most effective when a relationship is established with the clinic team and organizational leadership. Regular access can be face-to-face, telephone or via email. Over time the coach builds an understanding of the clinic and builds a relationship of trust, respect and support.
- Does the individual have adequate technical knowledge and experience to be a QI coach? *There are several key technical areas needed, including understanding of performance measurement and data results review, basic QI methodology and QI program structure. Experience in implementing QI at the clinic level gives the coach important insight into operational issues and problems that the clinic team faces.*
- Does the individual exhibit behaviors that support good QI coaching? *In addition to access and knowledge, some personality styles are better suited to QI coaching. Some individuals have a difficult time assuming a non-punitive approach and can create a sense of fear with clinic teams. Others embrace a more supportive, reassuring approach and strategy that is more likely to result in positive change.*

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HEALTHQUAL International
QI Coaching: Competencies, Activities and Tips

Program component	Competency	Activity	Document review	Tips
General	• Active listening • Facilitation skills • Interviewing skills • Strong knowledge base (see below components) • Organizational skills • System level thinking and analysis	• Ask open ended questions first and then follow with details • Develop appropriate goals and follow-up with progress toward goals • Use of questioning techniques to facilitate client's thought processes • Identify specific training and capacity building needs • Communicate regularly and document encounters: on-site, telephone, email • Establish leadership contact at facility	♦ See program components below	• Recognize and promote strengths • If team believes information will be used in a punitive way they will be less likely to reveal problems and challenges • In order to get a full picture of activities, include various staff from all levels in discussion to gain all perspectives • Manage the relationship to ensure the individual/ organization receives the appropriate level of coaching at the right time. Set regular timelines for discussion. • Encourage, guide, teach

Program component	Competency	Activity	Document review	Tips
Performance Measurement	•Indicator development •National indicators •Process vs. Outcome Indicators •Data collection process (national/site specific) •Sampling methodology •Using data for improvement •Results interpretation and analysis •Differences in data needs for accountability, research, improvement, and M&E •Data quality •Ability to reason and apply simple numerical concepts •Run charts •Process variation	•Explain/clarify national indicators •Explain and support data collection methodology (general principles and country specific procedures) •Discuss barriers to data collection, e.g. lack of computers, lack of data staff, problems with medical record management •Review and discuss data results and assist in interpretation of reports •Examples of open-ended questions: *Who reviews the data and how are projects prioritized?* *Do you have a process to verify or validate the data to assure it is correct?* *How are clinicians involved in the data collection process?* *Were you surprised by any of the data results?* *Why do you think the data turned out this way?* *What lessons did we learn to make data collection better next time?* *Can you show the impact of QI processes on outcomes?*	♦ Data collection procedures/policies ♦ Sampling methodology and process backup ♦ Data result reports ♦ Committee minutes showing evidence of analysis of data and actions taken ♦ Committee minutes showing evidence of prioritization of QI projects based on review of data ♦ One or two medical records to determine how information is organized ♦ Training logs for key staff related to data management	•Be prepared to discuss clinical indicators as there are often questions related to standards of care •If the group is stuck on one piece of data, they might benefit from a "drill down analysis" on a small number of charts to give more detail to the EMR results •How data is displayed can influence how data is understood and acted upon •Linking data process for reporting and quality improvement activities: do QI teams have the data they need to assess improvement work?

Program component	Competency	Activity	Document review	Tips

Quality Improvement	•Basic Improvement methodology and tools
	•Practical application of methodology and tools
	•Project prioritization/ decision matrix
	•Teamwork concepts and development
	•QI team project
	  o Membership
	  o Leadership
	•Brainstorming
	•Project workplan
	•Causal Analysis
	  o Flow charts
	  o Fishbone
	•Developing interventions
	  o Map to identified gaps
	  o PDSA
	  o Spread of successful interventions
	  o Sustainability planning
	•Basic problem solving
	•Regular review and use of data for improvement
		•Meet with QI project team and discuss progress of current project(s)
		•If no QI project team in place discuss reasons why
		•Assess barriers and challenges the team is facing
		•Assist teams in finding solutions
		•Examples of open-ended questions:
		
		Tell me about your QI project(s)
		
		What improvement strategies have you tried?
		
		Have you "tested" any of these?
		
		How do you know whether the change is an improvement?
		
		How do you communicate project team work with the larger staff?
		
		Are there any challenges you've faced or concerns you have that you'd like my help with?
			♦ QI project team meeting minutes
			♦ Data related to "testing" changes/ intervention strategies
			♦ QI project workplans
			♦ Examples of fish bones and flow charts for specific projects
				•Encourage teams to share both successes and challenges
				•Facilities sometimes focus on barriers that they have no control over, help them to focus on things they do have the power to change
				•Provide examples of successful strategies from other facilities when relevant
				•Gauge support of senior leadership and address off-line if needed

Program component	Competency	Activity	Document review	Tips

Quality Management Program	•Components of a Quality management framework
	•Understanding QA vs. QI
	•Conducting an organizational assessment
	•Developing technical assistance/coaching plan
	•QM Plan development and key components
	•QM Committee
	  o Chairman/ leader responsibilities
	  o Membership
	  o Agenda development
	  o Workplan development
	  o Evaluation
	  o Documentation
	  o Organization
	•Leadership
	  o General responsibilities (related to QI)
	  o Resource allocation
	•Communication and facilitation
		•Meet with Senior leadership and other key individuals to discuss QM activities
		•Conduct or Review Organizational Assessment to determine program gaps and challenges
		•Review progress since last contact and any changes in the organization that may influence QM
		
		Examples of open ended questions to ask:
		
		Tell me about how you organize your quality improvement activities?
		
		How do you define quality in your organization?
		
		What challenges do you have in improving care in your clinic?
		
		How have you addressed these challenges?
		
		How do you include all staff in QI activities?
		
		Where is QI discussed in your facility and how is this information documented?
		
		How do you involve consumers in your QM program and communicate with patients to understand experiences?
			♦ Annual Quality Management Plan
			♦ Minutes from quality committees and/ or senior meetings showing evidence of QI discussion
			♦ QI project team meeting notes
			♦ Evidence of QI staff training
			♦ QM program workplan
				•Put people at ease by praising the work they have done and identify the unique attributes and successes
				•Many programs will have QI activities but no framework to support the program
				•Give examples of successful strategies from other facilities
				•Provide honest non-judgmental feedback
				•Provide specific direction when appropriate and/or requested

Coaching for quality improvement

4   COACHING CHECKLIST (A)

Date of encounter	
Facility name	
Encounter type	On-site_____ Telephone_____ Email_____ Other_____
Attendees/individual	
Coach (name)	

Activity	Outome/Comments
Discussion with senior leadership re status of quality management activities and infrastructure components • Is senior leadership aware of QI activities and can they describe the current activities • Do they understand infrastructure components	
Identify major changes in the organization or program that may impact the quality improvement activities, e.g. staffing changes	
Meet with quality team to discuss status of quality project(s) • Project • Interventions • Measurement • Barriers/Challenges	
Other coaching provided	
Coaching provided	

5   COACHING CHECKLIST (B)

Date of encounter	
Facility name	
Encounter type	On-site_____ Telephone_____ Email_____ Other_____
Attendees/individual	
Coach (name)	

Quality management	YES	NO
• Discussion with senior leadership		
• Annual Quality Management Plan for organization		
• Minutes from senior meetings showing evidence of QI discussion		
• QI or other related training logs		
• QM program workplan		
Performance measurement	YES	NO
• Review data reports		
• Data is being used for improvement		
• Availability of data management plan including data collection process and data validation plan		
• QI project teams review and understand data related to specific projects		
• Visual displays of data are available (graphs charts, etc.)		
• Committee minutes showing evidence of analysis of data and action plans		
• Senior leaders understand use of data for improvement		
• Review 1 or 2 two medical records to determine how information is organized		
Quality improvement	YES	NO
• Discussion with QI team or QI team leader		
• Clinical care training logs		
• QI project team minutes		
• Data related to "testing" changes/intervention strategies		
• QI project workplans		
• Examples of fishbones and flow charts for specific projects		

5   COACHING CHECKLIST (B), CONT'D

Problems identified		
15		
Recommendations/way forward		
Additional technical assistance needed?	YES	NO
If yes, in what program component is assistance needed?		
• QM Program		
• Performance measurement		
• Quality improvement		

Component	Description	Outcome
Role (determined during engagement phase)	A QI coach can provide support to several levels within the health care system: • National level: Focus is on the development of a sustainable system for quality management (HIV only or all care provided) • District/Regional level: Focus is on developing a core group of individuals at the local level to support QM • Facility level: Focus is on developing QI skills across the health care facility and promoting facility level leadership to guide the process • Organizational level (Partner/NGO):Focus on developing QI skills across an organization that provide multiple services and sometimes across multiple facilities • Individual Level: (MENTORING): Focus on an building an individual person's QI capability to support others in the QI process	• Sustainable National Quality Management Program integrated fully into the country health care system • Effective support and expertise available at the local level (support facilities and set local priorities) • Sustainable comprehensive QM program that is inclusive and multidisciplinary in approach • Sustainable comprehensive QM program that is inclusive of all organization staff and departments and multiple service facilities. • Ability to lead QM activities at a specific level (national, district, facility or organization).
Phases	<u>Engagement</u> • Engage Senior leadership, agree upon scope of work • Assess motivation and willingness, QI capacity infrastructure, readiness to change	• Develop clear scope of work and partnership with senior Ministry leadership
	<u>Action period</u> • Teaching, Training, observation, planning, knowledge transfer	• Develop a planning document to impart QI skills, knowledge and practice
	<u>Promoting Independence and Sustainability</u> • Advise on resource allocation to support program • Assure annual plan and evaluation in place • Assist in development of long term training plan across the health system • Support annual review of performance measures and system for regular review of relevant data	• Develop and implement a coaching model that is fully integrated into the Ministry of Health's existing systems • Conduct annual evaluation of program to identify, strengths, weaknesses and gaps

Component	Description	Outcome
Knowledge and expertise required to be a QI coach	• Quality improvement (QI) theory, methodology & tools (Model for Improvement, Lean, Kaizen, etc) • Data collection, analysis and interpretation (measurement: general and HEALTHQUAL specific) • Creative thinking • Change theory • Facilitation • Group processes/team building • Presentation skills • Conflict intervention & resolution • Constructive negotiation • Effective team building • Strategies to enhance engagement • Team observation/assessment of organizational structure & relationships • Provision of feedback • Observation of appropriate boundaries with target	• Application of QI methodology and related expertise at the appropriate time and phase of the program • Transfer of knowledge and skills to the team, individual, facility or organization • Evidence of competency in QI methodology and other related knowledge by team, individual, facility or organization • Evidence of change and transition along the continuum of QI program implementation (OA) • Evidence of independent decision making by the team
Behaviors	• Effective listening (eliciting and synthesizing information) • Effective communication (verbal/nonverbal) • Effective presentation of relevant information (oral & written) • Empathic relationship building with rapport & trust • Respect for diversity & flexibility in communication • Self-awareness	• Effective relationship that reduces fear and builds confidence in the individuals engaged in QI implementation • Regular reporting of improvement activities

System level	Role of coach or mentor	Specific skill needed/ application	General skills
National level: Focus is on the development of a sustainable system for quality management (HIV only or all care provided) Includes core staff *Key components of high performing national program: infrastructure, data management, results review, performance improvement teams, evidence based medicine, reward recognition program*	• Engage senior leadership in discussion of HEALTHQUAL model and adaptation • Identify quality champion(s) at national level and initiate ongoing communication strategy • Provide assistance in developing national QM Plan and workplan • Provide examples from other countries to inform decisions • Facilitate development of quality indicators based on national priorities • Advisement of needed resources to support QM • Assist in alignment of national priorities and quality management planning • Establishment of a staffing focal person • Assist in the identification of appropriate individuals to support activities at facility level • Develop framework for coaching of coaches • Develop and provide training to assure capability • Conduct trainings of local coaches • Advise on reward and recognition programs	Knowledge and expertise of government level quality planning and facilitation of key stakeholders Communication plan Quality indicator development Generation and understanding of results reports Data analysis and priority setting Understanding of national initiatives and how to leverage to foster QI Understand relationship of QI to other quality programs and reporting systems Knowledge of minimum staffing requirements and QM organizational structures Distinguish between coaching and supervision approach Reward and recognition program examples	Quality improvement (QI) theory, methodology & tools (Model for Improvement, Lean, Kaizen, etc) Data collection, analysis and interpretation (measurement: general and HEALTHQUAL specific) Creative thinking Change theory Facilitation Group processes/team building Presentation skills Conflict intervention & resolution Constructive negotiation Effective team building Strategies to enhance engagement Team observation/ assessment of organizational structure & relationships Report writing Remote training Abstract writing
District/Regional Level: Focus is on developing a core group of individuals at the local level to support QM	• Meet with senior leadership to assess current quality infrastructure • Make recommendations to address gaps • Identify quality champion and key contact • Conduct facility OA	Understand country Ministry of Health expectations for QI, performance of OA, development of workplan, assessment of QI projects	

System level	Role of coach or mentor	Specific skill needed/ application	General skills
Facility level: Focus is on developing QI skills across the health care facility and promoting facility level leadership to guide the process	• As above	• As above	
Organizational level (Partner/NGO): Focus on developing QI skills across an organization that provide multiple services and sometimes across multiple facilities	• As above	• As above	
Individual level: Focus on building an individual person's QI capability to support others in the QI process	• Assess individual's capability and experience • Provide opportunities to conferences and trainings • Encourage and support writing of abstracts and publications	Individual mentoring techniques Knowledge of appropriate conferences and trainings	

Coaching a team quality improvement project

How to start?

Tell me about your QI project? And continue to ask leading questions throughout the conversation. Focus on the basics.

The QI Basics

Project prioritization *How was the project chosen? What was the problem?*
AIM *What was the aim of the project? Is it realistic?*
Measurement *What measures do you have? How regularly do you review performance? Does the project have the right information to make decisions?*
Teamwork *Who is on the team? Is it multidisciplinary? Is there a team leader? How frequently does the team meet? Is there consumer representation?*
Project workplan *How do you keep the project on track?*
Causal Analysis *How did you decide what the root causes to your problem were? Did you develop a process flow or fishbone diagram?*

Use of Data

Does the team show effective use of data to set priorities and drive improvement efforts? Do they use visual displays of data to review trends and determine if improvements are successful? Were changes tested?

Techniques

Use questioning techniques to facilitate the team's thought processes to identify solutions and actions rather than taking a directive approach

- **Explain** the purpose for your visit and your role in supporting QI activities
- **Guide** the direction of the work and future thinking
- **Encourage** ongoing work and future projects. Recognize what they are doing well.
- **Teach** technical information and its use in this context

Review Documentation

Team meeting minutes, data, workplans, flow charts, etc.

Common Challenges and Approaches

Team has no time to meet: Integrate QI work into other meetings
Team does not know the nature of the problem: Map the current steps in the process (Flow chart) to identify missed steps, waste and rework; brainstorm all potential reasons something is or is not happening (Cause and Effect/Fishbone); narrow potential causes with actual causes
Team has too many solutions: Narrow down *reasons* for the problem and identified gaps:
Does staff know what to do? Do staff know how to do it? Does staff have the necessary equipment/forms/tools to do it? Match one solution to one identified reason and test on small scale.

Identify Technical Assistance Needs

Does the team need additional training in QI, data interpretation, teamwork, terminology? If so, develop a plan to provide support or link team to additional available resources.

Completing the coaching visit

Is there anything else I can help you with today? Provide positive feedback, identify next steps and clarify expectations.

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9   PROCESS DIAGNOSIS QUESTIONS

POSSIBLE QUESTIONS TO ASK
ASSESSING CURRENT PERFORMANCE…

The questions below provide a starting place for coaches to help assess current performance of a task, indicator or an individual and begin to identify possible causes of performance problems. The questions can be addressed in order and moved through to develop solutions based on the answer to each question and where an identified discrepancy might exist.

Questions to start a conversation on performance:	Answers or possible solution?
What process do you have in place to ensure (describe task, indicator etc) happens?	*Describe the current process for the indicator or performance issue you want to examine…*
How often does it happen? *Look at performance data and complement with staff descriptions – you want to get an idea of how big of a problem there is or isn't*	*Think of how a patient moves through the system – ask all staff involved in the process to discuss/describe together as a group*
How do you know? *(from the data, observations, and staff discussion)*	*Is there a performance gap? (does the process happen the way it should as often as it should? – if the answer is no, there is a gap)*
Did you identify a performance gap? Yes Help explore the reasons why in order to target solutions ↓	
Do people know what to do? How to do it?	*Start by understanding if staff truly understand what they are supposed to do, do they know what and how to do the task?* *Is this an issue that can be solved by teaching staff the correct way to do the task?* *Teach the correct way to perform the task* *Defining the process, creating a standard operating procedure, education and training may be helpful.*
If staff know what to do and how to do it, are they making a mistake in completing the task?	Ask questions to understand if there are interruptions, distractions or multiple steps or multiple tasks that might contribute to staff being unable to complete the task correctly even though they know what and how to do something. In this case, training staff or teaching them the correct way to do something will not help. They already know how to do it – you must help identify the place in the process where staff commonly make a mistake – miss a step or forget. Reminders, prompts and checklists might be helpful for staff making a mistake in completing the process.
Or, are staff intentionally not doing the task correctly for some reason? *If intentional, understand the system reason why staff might not be performing and target the system.* *When staff are intentionally not doing the task because of system issues, training, education, reminders and prompts are not appropriate interventions.*	
Develop system solutions based on the answers	

10   PRACTICE COACHING SCENARIOS WITH NOTES

Purpose: As with any learned skill coaching requires experience and practice to provide optimum benefit to the health care team. These practice scenarios are designed to closely mimic "real life" examples experienced by coaches across many countries and many settings. The scenarios are intended to promote peer learning and ideally are utilized as group work during a meeting, workshop or training event.

Application: Bring together a group of coaches (6 to 8). The coaches can be of varied experience level and knowledge. It is helpful for the group to choose a facilitator and a scribe to capture the discussion. One individual should read the scenario out loud to the group. Each member should think quietly for 5 or 10 minutes prior to the group discussion. The group then brainstorms ideas and answers to the questions. An experienced QI coach/advisor should be available to help guide the group if the group gets stalled in the process.

Report Back: Depending on the setting, the group should prepare a brief summary of their discussion for submission and/or report back verbally to the larger group.

Scenarios: The below scenarios are based on real experiences by coaches across multiple countries but are purposely generic to be relevant to a wide audience. The scenarios should be changed, adapted, modified to include details relevant to the setting and the group. Additional scenarios can be developed using relevant local information and language.

SCENARIO 1

You attend what has been identified as a clinic meeting to address quality improvement problems. The team leader is describing a problem which everyone agrees needs to be improved. The leader suggests possible fixes but is having trouble engaging the rest of the team in problem solving (they laugh at potential solutions or state that they don't think a particular solution will work). A potential solution to the problem is eventually agreed upon and a plan made to discuss whether it worked or not at next month's meeting.

You meet with the team leader after the meeting to debrief and make plans for the next meeting. What issues did you see and what suggestions would you make?

Look for: leader could pause and reflect back on members' behavior, ask if they had an idea. What assessment process has occurred to examine the potential sources of this problem – flow chart? Fishbone? How will they know whether the proposed change is an improvement? Formal vs. informal leaders – is this the right person to be leading the team?

SCENARIO 2

A clinic has weekly staff meetings but does not use them for any QI-related activities. Many staff express the feeling that it's easy to discuss improvements but harder to make them happen. How would you approach your work with this team?

Explore what improvements they are looking for? Might suggest small steps to reach the desired outcome rather than expecting all the change to occur at once. Rapid cycle improvements – start small?

Ask for their ideas about how it could be different – what would have to change.

SCENARIO 3

A facility leader asks you how to generate energy and enthusiasm for quality improvement activities when staff is so busy and generally doesn't like to try anything new. How would you respond?

Is there anything that they do that they think does not contribute to patient outcomes? What changes do they think could be made? Have any been tried? PDSAs?

SCENARIO 4

The team identifies a quality improvement project but the team manager says to wait, it's not quite the right time for this. The team leader is very frustrated as this has happened more than once. How would you respond?

Is support from the top needed for teams to function well in an organization? If so, why?
Quick brainstorm by asking, "What can leaders do to help create more effective QI team in organizations?"

SCENARIO 5

The QI team has received their first data report and is reviewing the data at a meeting. They question the data, grumble about the time when the data was collected as not being representative of what usually happens at their facility and want to collect more data. The meeting is due to end in 10 minutes. You are there, what would you suggest?

Look for an action plan. Analysis paralysis. Well, let's just see if we make a change if the indicators improve? Emphasize elimination of unnecessary steps and consider task shifting in process redesign.

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Coaching and Mentoring Behaviors

Use questioning techniques to facilitate client's thought processes to identify solutions and actions rather than taking a directive approach

Coaching and Mentoring Behaviors

Support by setting appropriate goals and methods of assessing progress in relation to these goals

Goal	Actions	Timeline

Coaching and Mentoring Behaviors

Observe, listen and ask questions to understand issues that may be impacting quality of patient care

Maintain positive regard and a at all times be supportive and non-judgemental

Coaching and Mentoring Behaviors

Manage the relationship to ensure the individual/organization receives the appropriate level of coaching at the right time

Coaching and Mentoring Behaviors

Discourage over-reliance on the Coach

Encourage Independence and capacity building

Identify facility specific training and support needs

Coaching and Mentoring Tips

- Set regular timelines for discussion
- Communicate regularly and document encounters: On-site, telephone, email
- Establish leadership contact at facility
- Recognize and promote strengths

Coaching and Mentoring Tips

- Discuss weaknesses in non-threatening manner
- Provide appropriate praise and constructive criticism
- Use the Encourage – Guide – Teach Methodology
- Above all focus on the "systems" and not the people

Coaching Form

Date of encounter	
Site Name	
Encounter type	On-site _____ Telephone_____ Email _____ Other_____
Attendees/Individual	
Coach (Name)	

Activity	Outcome/Comments
Discussion with senior leadership re status of quality management activities and infrastructure components -Is senior leadership aware of QI activities and can they describe the current activities -Do they understand infrastructure components	
Identify major changes in the organization or program that may impact the quality improvement activities, i.e. staffing changes	
Meet with quality team to discuss status of quality project (s) -Project -Interventions -Measurement -Barriers/Challenges	
Coaching provided	

Assessing a QI project
ADEPT

A = AIM
Is it realistic, too limited?

D = Data
Does the project have the right information to make decisions?

E = Evidence
Did the project try some interventions? Did they work?

P = Process
What methodology did they use? PDSA?

T = Team
Who leads the team and is it multidisciplinary and representative of the process? Are consumers involved?

IHI: Crump, Wilson

Feedback

Encourage ongoing work and future projects. Recognize what they are doing well.

Guide the direction of the work and future thinking

Teach technical information and its use in this context

Coaching and Mentoring
Review of Documents

- Quality Management Plan (annual)
- Committee Meeting Minutes
- Team meeting minutes
- Policies and Procedures
- Data reports

Example/Group work

Barriers to Effective Coaching and Mentoring

Group Discussion

Way Forward

Group work/Planning

How will you coach your facilities in the implementation of quality improvement activities?

How will you communicate and interact with your teams on an ongoing basis?

Notes

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