Coaching and Health System Leaders

June 27, 2016 Webinar

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Improvement Coaching

CHLNet / LEADS Collaborative Webinar

June 27, 2016
Objectives

- Intro to CFHI
- Improvement Coaching Model & Guide
- EXTRA Program & Coaching Overview
- Discussion & Questions

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CFHI at a glance

We accelerate the spread of proven innovations by supporting healthcare organizations to adapt, implement and measure improvements in patient care, population health and value for money.

- Build leadership & skill capacity
- Create collaboratives to spread evidence-informed improvement
- Apply improvement methods
- Enable patient & community engagement
CFHI Programs

- **Collaboration for Innovations and Improvement**
  - Acute Care for the Elderly (ACE) Collaborative
  - New Brunswick Appropriate Use of Antipsychotic (AUA) Collaborative
  - INSPIRED Approaches to COPD Collaborative (19 team)
  - Reducing Antipsychotic Medication Use in Long Term Care Collaborative (15 teams)

- **Education and Training**
  - EXTRA: Executive Training Program
  - Improvement Online / On Call webinars

- **Patient, Family and Citizen Engagement and Improvement**
  - Better Together e-Collaborative
  - Partnering with Patients and Families for Quality Improvement Collaborative

- **Northern and Indigenous Health**
  - Northern and Remote Collaboration
  - International dialogue on improving indigenous mental health and youth suicide prevention [Nov 2016]

- **Evaluation and Performance Measurement**
CFHI’s Six Levers for Accelerating Healthcare Improvement

1. Building organizational capacity
2. Creating supportive policies and incentives
3. Engaging patients and citizens
4. Promoting evidence-informed decision-making
5. Focusing on population needs
6. Engaging front-line managers and providers in creating an improvement culture
CFHI Improvement Approach

**Organizational Commitment and Collaborative Leadership**

- Builds leadership and skill capacity
- Enables patient, family and community engagement
- Applies improvement methodologies
- Creates collaboratives to spread evidence-informed improvement

**CFHI PROVIDES**

- Tailored learning
- Improvement facilitation and coaching
- Improvement resources and tools
- Cross-team learning and networking

**CFHI BUILDS**

- Leaders’ competency to:
  - Assess the problem using evidence
  - Design innovative solutions
  - Implement the change
  - Evaluate the difference it makes

**CFHI ENABLES IMPROVEMENTS IN**

- Healthcare leaders knowledge and skills to carry out healthcare improvement
- Patient, family and community engagement in healthcare improvement and co-design
- Organizational practices and delivery models
- Policies and incentives

**CFHI SPREADS**

- Improvement competencies
- Best practices within and across organizations, regions and provinces/territories

**CFHI IMPROVES**

- Healthcare system performance
  - Value for money
  - Patient and family experience of care
  - Patient outcomes
- The health of Canadians
  - Population Health

**IMPROVEMENT PRINCIPLES**

Improvement requires engaging stakeholders in a process of change based on six assumptions:

- Healthcare delivery should be patient-centred and population-based
- Strategy should be informed by evidence and experience
- Design and implementation should engage a wide range of stakeholders
- Design and implementation should take a participative approach
- Large scale improvement can be achieved through an incremental process
- Improvement is a collective learning process that builds on carefully evaluated experimentation and critically assessed potential solutions

**ACTION LEVERS TO ACCELERATE HEALTHCARE IMPROVEMENT**

Improvement in healthcare requires initiative in the following six areas:

- Promoting evidence-informed decision-making
- Engaging patients and citizens
- Building organizational capacity
- Creating supportive policies and incentives
- Engaging healthcare executives, providers and managers in creating an improvement culture
- Focusing on population health needs
Evolution of Coaching at CFHI

- **CADRE**
  - 2000 - 2012

- **EXTRA**
  - 2004 - ongoing

- **NWT Collaboration**
  - 2010 - 2012

- **Atlantic Healthcare Collaboration**
  - 2012-2015

- **Spread Collaboratives**
  - 2014-2016
CFHI’s Improvement Coaching Model

- Peer to peer learning
- Adult learning & instructional design
- Tailored Advice
- Lead and affinity group coaching
- In-person and virtual coaching
- Strategic, tactical & content coaching
Improvement Coaching Principles

- Improvement teams as experts in their work
- Support the improvement team as they:
  - discover, clarify and align the project aim
  - generate solutions and strategies
  - deepen learning, apply knowledge and skills
- Support an effective coaching relationship
- Be clear and transparent
Types of Coaches

- **CFHI Faculty** are renowned Canadian and international experts and organizational leaders who have extensive experience leading healthcare improvement initiatives.

- **CFHI Coaches** are senior health system leaders, selected for their extensive knowledge and experience leading health systems and improvement initiatives.

- **CFHI Advisors** are experts in a niche quality, improvement, or clinical domain relevant to CFHI programs. Examples of this expertise includes evaluation and measurement, patient and family engagement, physician/clinician engagement, adult learning, and indigenous health.

- **CFHI Staff** serve as the main point of contact for organizations and improvement teams.
Coaching Levels

**Strategic**
- Targeted at senior leaders who have a significant scope of authority, responsibility and influence within the organization(s).
- Coaching at the strategic level is systemic and focused on building organizational capacity.

**Tactical**
- Directed at professional leaders in an organization.
- Coaching at the tactical level is more operational in nature - oriented toward initiatives focused on practice changes and redesign directly at the professional or support services level.
Coaching Assignments

Lead Coaching
- Quality improvement coach works with them throughout their participation in the CFHI program.
- Best suited for ongoing relationship development and continuity.

Coaching Consultations
- Coaches provide
- Best suited for providing as needed supplementary support to individuals, teams or organizations in addressing issues as they arise throughout the improvement journey.

Affinity Group Coaching
- Best suited for supporting a number of teams that are adapting a single improvement.
- Coaches with in-depth knowledge and experience in the design and implementation of a particular improvement will support a cohort of learners to adapt the improvement to their context.
CFHI faculty, coaches and advisors work hand-in-hand with improvement teams as they design, implement and evaluate their improvement projects.

**Assess the problem using evidence**
- Forming the problem and defining the scope of work
- Clarifying and staying focused on the project aims
- Collecting, analyzing and critically appraising evidence, information and data
- Supporting team-relationship-building by understanding existing and needed capacity in alignment with the project’s aims

**Design innovative solutions**
- Synthesizing evidence and choosing design strategies within a change management framework
- Understanding the environmental context and creating linkages
- Determining appropriate performance measurement and evaluation methodologies and strategies
- Setting realistic timelines
- Obtaining leadership buy-in and support

**Implement the change**
- Translating knowledge into practice, programs and policies using effective implementation strategies and small tests of change

**Evaluate the difference it makes**
- Collecting, analyzing and critically appraising evidence, information and data to identify what works
- Helping identify ways to make the change common and routine
- Documenting accomplishments
- Reviewing and supporting communication and spread of improvement results and stories

Focus of the facilitation and coaching role

*CFHI provides improvement facilitation and coaching that builds leaders’ competency to:*
What is the commitment & how does it work?

- CFHI faculty, coaches and advisors work collaboratively with CFHI staff and each other, and improvement teams via:
  - Coaching network meetings (Coaches + CFHI) (~monthly)
  - Team-coach virtual touch-base meetings (~monthly)
  - In-person and virtual ‘office hour’
  - Coach site visits

*Note: the approach to coaching will be adapted to suit each program's unique format and focus.*
Benefits of getting involved

“The most beneficial part of the collaborative has been the feedback and advice provided by our mentor and coach - in particular, the one-on-one time for face-to-face discussion, but also written feedback on our worksheets and the opportunity to connect by email and phone.”

*Darla King, Western Health, Newfoundland | CFHI Atlantic Healthcare Collaboration*

“As a coach, you’re able to learn from the experience of others, transferring knowledge, developing relationships, and sharing innovation with people all across the country who are doing extraordinary things. You become part of a larger network of improvement.”

*Armand Boudreau, CFHI Lead Improvement Coach*
What difference does it make?

2014
- Scan of peer review and grey literature
- Survey of AHC mentors and coaches

2015
- Development of the CFHI Improvement Coaching Model and Guide

2016
- Update scan of peer review and grey literature on ‘coaching’ AND ‘healthcare improvement’
  - Godfrey, et. al (2014). “Coaching interprofessional health care improvement teams: the coachee, the coach and the leader perspectives
CFHI Improvement Coaching Evaluation

- Conduct evaluation of coaching model
  - An embedded component of EXTRA and Collaborative program evaluation

- Evaluation Objectives
  - Accountability
  - Continuous Quality Improvement
  - Impact of the Coaching Model
    - On coaches
    - On participants (knowledge acquisition, abilities to lead quality improvement)
    - On the program / collaborative
    - On accelerating healthcare improvement
EXTRA Cohort 12

10 TEAMS ACROSS 3 PROVINCES 13 ORGANIZATIONS

1. CHU de Québec Université Laval
2. CIUSSS Capitale-Nationale
3. CIUSSS Centre-Ouest de l’Île-de-Montréal
4. CIUSSS Laval
5. CIUSSS Montérégie-Centre
6. CIUSSS Montérégie-Ouest
7. CIUSSS Saguenay-Lac-St-Jean

1. Canadian Armed Forces
2. Kingston General Hospital
3. Providence Care
4. The Ottawa Hospital
5. South East Community Care Access Centre

1. Nova Scotia Health Authority
EXTRA Program Objectives

- Build the capacity of organizations to achieve and sustain improvement
- Enhance the capacity of teams of existing and emerging leaders to accelerate improvement
- Create a pan-Canadian community of leaders dedicated to improvement
EXTRA: Core Competencies

- Identifying and interpreting evidence for improvement
- Working collaboratively towards improvement
- Designing and implementing improvement
- Leading change in complex organizations and environments
- Measuring, monitoring and reporting improvement
- Planning for spread and sustainment of improvement
Improvement Charter

- Specifies:
  - the purpose, scope, and measures of success for the improvement project, and identifies participants and their roles and responsibilities
  - how much time and resources are to be invested in the initiative and explains the expected returns
- To be effective and meaningful the charter should be:
  - thoughtfully planned and crafted
  - present clear direction
  - updated regularly, accounting for changing team dynamics and the evolution of the IP
EXTRA Coaching Activities & Time Commitment

- Coaching Network Meetings (~6 weeks)
  - Virtual meeting / EXTRA coaching network online collaborative workspace
- Team coaching meeting (~monthly)
  - Virtual meetings
- Site visits (May/June 2016)
CFHI’s Organizational Assessment Tool

- Identify your improvement expertise, assets and strengths
- Understand your organizational capacity to identify improvement efforts and amplify them
- Enable and accelerate healthcare improvement
- Take the next steps for improvement
Resources and References

- CFHI’s Organizational Assessment Tool

Discussion & Questions

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