CONCISE PRACTICE IMPROVEMENT COACHING GUIDE
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TABLE OF CONTENTS

Acknowledgements

Introduction & Overview
Introduction

This "Concise Practice Improvement Coaching Guide" is for those of you supporting one or more practices engaged in improvement projects of one kind or another that are using the companion piece in this two part series, the "Concise Practice Improvement Manual," as their guide. Practice coaching (also known as facilitation) is emerging as a vital role in helping practices to make the changes needed to adapt to a shifting environment and with new opportunities to help patients, families and communities (and the practices that care for them) be healthier.[1-4]

You are to be congratulated for your interest in this role. Your assistance will doubtless make a significant contribution to the efforts of the teams you support. It is quite likely that you will save practice members a good deal of time and prevent a lot of unnecessary frustration and disappointment. In most cases you should find your support is very much appreciated.

This guide assumes that, as an improvement coach, you have already had at least some previous experience working on a quality improvement project. However, both this document and the companion Practice Improvement Manual are meant to be introductory. They are intended to help people get started in doing systematic improvement work and to do so in a succinct, down to earth and easily understandable way.

You will want and need to read the "Concise Practice Improvement Manual - Unabridged" yourself before scanning and beginning to use this "Guide" as a source of coaching tips.

Overview of the Coaching Role

A. Help the team or teams you are coaching to keep moving things along in a steady way through the six steps in the improvement process described in the "Concise Practice Improvement Manual."

B. Help the members of the improvement team you are coaching to discover what they already know about QI concepts and methods; and what they already know how to do. Encourage them to use that knowledge and those skills throughout their work on the project. Implicitly and explicitly, underline the importance of "leading from strength," - building on the positives.

C. Help them to break knowledge and skill areas into parts when you see something specific is blocking their progress. This may take some patient questioning and observing.

D. Urge team members to seek out whatever help they need to deal with what's getting in the way or what they need and want to learn. Help them to regard this as similar to any of their other clinical consults.

E. Encourage the practice improvement team to plan their information gathering and new learning carefully. And after such tasks are assigned, reinforce the importance of follow-through and follow-up, and of continually monitoring their progress.

F. Reinforce the idea that sometimes things might get worse before they get better, but that sticking with practice improvement efforts (and each other, and you), getting others (even patients!) involved as needed can result in breakthroughs that often follow dark periods. Help the practice to celebrate their successes along the way.

G. Help the practice to value making time to build relationships that can be a key source of practices' "adaptive reserve"[5] to make changes that make things better for everyone.

H. Make every small step an opportunity for individual and shared reflection and learning.

1. Deciding What to Work On
  a.   Some Things to Consider
  b.   Stack the Deck
  c.   Begin to Collect Data
  d.   Tools to Help You Get Started

The Coach's Task:
      -Help them sort out what they really want
       to do, in keeping with their priorities

As coach, your role is to support the individual who is getting the ball rolling, or the members of a partially or fully formed team, as they generate and consider QI project possibilities. This usually means encouraging them to consider a few possibilities, not just one, and helping them to thoughtfully apply the criteria we have urged them to consider.

On one hand you want the key individuals and the practice as a whole to pick something they truly care about. On the other hand you want to help them to be realistic, and to avoid projects that would be worthwhile and important but aren't really feasible given the resources and time available, and/or that don't have the team motivation and perhaps the outside resources and support needed for success.

  a.   Make sure they understand each of the following factors, gently emphasizing those that seem most relevant.

    1, High Priority   2. Achievable   3. Measurable   4. Support   5. Collaboration   6. Cost

  b.   Reinforce the notion of "stacking the deck." The point with this being to do what we can to increase the odds that the project will be successful and as many team members as possible emerge impressed with the usefulness of QI concepts and methods and wanting to use this systematic approach to improvement in other suitable situations.

  c.   You may find you need to keep reminding them how important it is to collect and analyze some preliminary (baseline) data, till they do. Help the people you are coaching to figure out what to measure and how to measure, or how they will get the help they need for this, if measurement and data collection aren't your strengths.

  d.   The sooner you can walk participants through a first pass at answering the 6 "Improvement Planning Worksheet" questions (available via a link in Chapter I) the better. You and they won't be sorry you did. (Try to urge them not to skip this step.) [Exchanging drafts by email, with comments, can facilitate remote support.] This would be a good time to help the improvement team to work their way through the "Aim Statement Worksheet" (also available via link in Chapter 1) knowing they will probably be refining their statement further along the way, especially in step 4.

At the same time, one of the more important things you can do at this initial stage is to help the improvement team select what their approach is going to be. Do they want to work independently, or with one or two other practices as an informal group? Or would they prefer to work as part of a more formally organized group pursuing improvement?

A group that includes one or more ABFM Diplomates seeking to fulfill Part 4 Maintenance of Certification requirements will almost always appreciate your helping them decide which of several ABFM options to pursue, one of the existing, well-structured Part 4 modules (either one of those developed by ABFM or an externally developed and ABFM approved module), any specially approved "alternate" modules that might be available to them or the self-directed module option (which can also be pursued independently or in collaboration with other practices).

Remember to encourage them to take advantage of the ABFM call line as a support not only for these decisions, but for any questions they might have throughout this entire effort. In some cases you may want to use the ABFM call line yourself.

2. Building an Improvement Team
    a. Assembling an Improvement Team
    b. Coordinating an Improvement Team
   The Coach's Task:
      -Help the practice change team to figure out who to involve and
      how to keep each member productively involved

Your work here is to help those initially involved to carefully consider who to invite to participate, who to consult with, and who to keep well informed.

   a. Remind those recruiting members that invitations of this sort are most effective when individualized and, if possible, when delivered face to face, or at least by phone. Emails are fine in advance of a call or a face to face conversation, but when that is all that is used, results are usually poor.

      You might want to encourage them to prepare for these conversations by jotting down a few things they want to be sure to cover – such as: Your interest in this issue? Your concerns? Your initial ideas and suggestions? What you might be able to contribute to the effort? Are you wanting to participate?

   b. Coaching team leaders and members about ways to make the group's work most efficient and productive might seem potentially insulting, but it turns out that many people never learned these important little tricks. Many more of us tend to forget what we know in the press of demanding circumstances. If your suggestions are offered gently and respectfully as questions ("Would it help…" or "I've seen other practices find it helpful to..."), they will probably be sincerely appreciated.

3. Finding Out What's Going On
    a. Observation Using a Tally Sheet
    b. Other ways to Collect, Analyze and Display Data
    c. More on Mapping Your Process
    d. What Can You Learn From Your Baseline Data?
   The Coach's Task:
      -Help practice members realize that there is always more to be
      learned about a situation. That most of their ideas
      are probably "hunches" and that they need more
      information to confirm or disconfirm those hunches.

The idea here is to get across that gathering more information about how the practice actually is working together (procedures, processes and systems) is as important as collecting enough information about a patient before jumping to a premature and quite possibly inaccurate diagnosis. You may well want to help them map the procedure, process or system they are looking at. Help them keep it simple, slow down, and be gentle and receptive with each other.

But whether or not you get into process mapping/flow charting, just as with their earlier rough data collection effort, it will be essential that you help them figure out what information they need, what to measure (count etc.) and how best to display the data they come up with here as well as when they are testing a change later on. If you aren't sure, help them get the

technical help they need. It is important that you model that willingness to seek help. They will learn from your example.

4. What We Might Do
    a.   Generating Alternatives
    b.   What Are Others Doing That Works and What Can You Learn From Them? (Benchmarking)
    c.   Selecting One To Test

The Coach's Task:
    **-The biggest mistake people make here is not generating
    enough alternatives. Help them avoid this mistake.**

Urge the practice change team to divide up the work of searching the literature and benchmarking. Encourage some to do literature searches and others to talk with colleagues, near and far. Draw out their ideas for this and then add a few of your own.

When they have come up with some possible interventions and narrowed the list down to two, three or four, walk them through the "Choosing a Change Worksheet" in Chap. 4. Having picked an intervention (change) to test, it is important, here, to help the team work their way through the "Aim Statement Worksheet," available via link in Chap. 1, once again in an effort to further refine and crisp up the group's aim statement.

5. Carefully Crafting and Testing an Intervention
    a.   The PDSA Cycle

The Coach's Task:
    **-Introduce the practice change team to the PDSA cycle, carefully explaining
    each step. Make sure they understand the difference
    between Study and Act. Then help them carefully plan
    and execute their test.**

When you are introducing an improvement team to the PDSA cycle (possibly with the assistance of one of the team's members who is familiar with it), you may find that the PDSA Worksheet can go a long way to simplify and speed up this activity.

You might also want to encourage the group to use the "PDSA Worksheet" to go ahead and plan their test. (or even combine these two activities, the introducing and the planning, if you are comfortable with that) Be sure to help them tie down who will do what during the test and to work out how the entire care team will be briefed about the test and its purpose.

Guide the team and practice through each stage of the test. Help them to appreciate the function of each (Plan Do Study Act) step and why it is important. Remain alert to situations where additional PDSA cycles of refined or alternative interventions are needed. It helps to introduce any such with a question. "Do you think…?"

6. What's Next?
    a.   What Have You Learned From Your Test Data?
    b.   Where Do You Go From Here?

The Coach's Task:
    **-Help them analyze test data, possibly at designated
    checkpoints, comparing their expectations to what resulted.
    Then Help them to refine, reconsider and/or extend their
    effort.**

This step grows naturally out of the Act step in the PDSA Cycle, however it may follow a series of several PDSA cycles. As you discuss what happened in the test, help the group

compare what happened in the test or tests to what they anticipated would happen. Remind them to consider how well the intervention was implemented and how that might have influenced the data. Help them stay alert as to other things going on at the same time in their environment that might have impacted their data. You will also want to ask questions, at this stage, that attempt to pin down cause and effect, with some precision, even when this threatens hunches and/or assumptions about the efficacy of the intervention that has been so carefully tested.

Again, just as with figuring out what to measure and how to collect and display that data, analyzing data can be daunting for those new to QI. Helping the team to get some assistance with this, when it doesn't happen to be your strong suit, can end up being one or the more important ways you support their work. Help them consider seeking help from a local hospital's quality department, from a practice-based research network's support team, or from a professor at a nearby (or not so near) medical school.

When the test has been successful and maintenance has been well planned and executed, and spread is being considered, you might want to help the team to review factors considered by experts to be particularly significant in influencing adoption of innovations. such as Relative Advantage, Compatibility, Complexity, Trialability and Observability.[6] See Appendix A for definitions of these factors. Finally, help the practice to take a bit of time to talk about and assess their work together on this project (member participation, teamwork, attention to process, attention to task, follow-up, overall work, etc. and your role as QI coach).

Finally, practice change fatigue can set in, and sometimes you can help practices to take a break from the daily hamster wheel to get together off site to learn from what they have tried so far, and to re-connect with each other and with what is important.[7, 8] Doing so can be quite rewarding.

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Appendix A - Charactieristics Influencing Adoption of Innovation

There are five characteristics of an innovation that determine its rate of adoption (Rogers, 1995). If an innovation or change is perceived as having these five properties, spread will most likely happen at a faster pace.

Adoption of an Innovation

1. Relative Advantage	*The degree to which an innovation is perceived as better than what currently happens; there is a clear advantage to the change -* Individuals are more likely to adopt an innovation if they think it can help them in some way. The perceived benefit of an innovation includes a judgment between the unknown and the status quo. The more knowledge individuals can gain about the expected consequences of a change, the more likely they will be to adopt it.
2. Compatibility	*The degree to which an innovation is perceived to reflect the beliefs, values, and needs of the adopters -* If an adopter does not believe there is a need to change or does not value the outcomes that are being advocated, they will be less likely to adopt an innovation.
3. Complexity	*The degree to which an innovation can be easily understood-* How complex an innovation is will affect the rate of diffusion. It is important to point out that local adaptation of an innovation almost always involves simplification or modification of the innovation to fit local environmental factors.
4. Trialability	*The degree to which the change can be tested and tried out in a way that is not too risky -* An innovation that can be experimented with on a limited basis will seem less risky to many individuals; they will be more willing to try it out.
5. Observability	*The degree to which the innovation is visible to others -* The easier it is for individuals to observe the innovation and see positive results, the more likely they will be to adopt it.