Cultivating Improvement Capabilities at the Front line of Care Delivery

Coaching Session
Clinical Microsystem Festival
Qulturum, Jönköping, Sweden
January 25, 2014

Marjorie M. Godfrey, PhD, MS, BSN
Co-Director The Dartmouth Institute Microsystem Academy
The Dartmouth Institute for Health Policy & Clinical Practice
Geisel School of Medicine at Dartmouth

Topics

• Challenges to achieve desired health care improvements
• Team Coaching
  – Research to date
  – Grounded in Kolb, Schön, Schein
  – Helping & Humble Inquiry
• The three phase team coaching model
• What we know to cultivate improvement
Variations in practice and spending
*The Dartmouth Atlas: Medicare per-capita spending*

The Quality of Medical Care in the United States:
A Report on the Medicare Program

Medicare Spending per capita 2005

- $10,250 to $17,184 (58)
- $8,500 to $10,250 (69)
- $6,750 to $8,500 (64)
- $5,000 to $6,750 (35)
- $4,000 to $5,000 (35)
- Not Populated (65)

Percent of Diabetic Medicare Enrollees Receiving Annual HbA1c Testing
“Every system is perfectly designed to get the results it gets.”

Paul B. Batalden, MD

Founding Director, Healthcare Improvement Leadership Development
The Dartmouth Institute for Health Policy and Clinical Practice
Co-Founder Institute for Healthcare Improvement
What are the Challenges in Health Care Improvement?

- Missing
  - Education
  - Experience
  - Time
  - Leadership
  - Time
  - Focus
  - Resources
  - Patients
  - Staff

- Too much
  - To improve
  - To deal with
  - Data that is not information
  - Technology
  - Stress
  - Confusion
  - Distractions

Quality Improvement

The combined and unceasing efforts of everyone – health care professionals, patients and their families, researchers, payers, planners, educators – to make changes that will lead to better patient outcome, better system performance, and better professional development.

Batalden and Davidoff Publication
Sustainable Efforts in Real Settings Require Inextricable Linkages…

Better outcome
patient, population
↓ *illness burden*

Better professional
development
*competence, pride, joy*

Everyone

Better system
performance
*quality, safety, value*

Linking Knowledge to Improvement

“Generalizable Scientific Knowledge” + “Particular Context” → “Measured Performance Improvement”

I
- control for context
- generalize across contexts
- sample design

II
- understand system “particularities”
- learn structures, processes, patterns

IV
- certainty of cause & effect
- shared importance
- loose-tight coupling
- simple-complicated-complex

V
- strategy
- operations
- people

• balanced outcome measures

• strategy
• operations
• people

• certainty of cause & effect
• shared importance
• loose-tight coupling
• simple-complicated-complex

• control for context
• generalize across contexts
• sample design

• understand system
  “particularities”
• learn structures,
  processes, patterns
Complexity of Healthcare Improvement

**Team Coaching**

- control for context
- generalize across contexts
- sample design

What process should I use to get "everyone" interested and explore differences?

How can we move to "ownership" and provide and improve care? Where do we get "ideas"?

I have to do...
Where do I begin?

- understand system "particularities"
- learn structures, processes, patterns

What do we measure and how?

---

**To Develop a Change Culture**

"Profound Knowledge"

<table>
<thead>
<tr>
<th>Professional knowledge</th>
<th>Improvement knowledge</th>
</tr>
</thead>
</table>
| - Professional knowledge
- Personal skills
- Values, ethics | - System
- Variation
- Psychology
- Knowledge |

Improving diagnosis, treatment, care, rehabilitation and follow-up

Improvement in processes and systems in health care

Increased Value for the Patients
Better Outcomes
Improved Workplace
Better System Performance

Paul Batalden
After Deming
Experiential Learning Model: From knowledge, skill to habits

- Anticipate requisite assessment
- Concrete experience
- Notice
- Testing implications of concepts in new situations
- Observations and reflections
- Make sense
- Formation of abstract concepts and generalizations
- Implications for setting, context
- Testing implications of concepts in new situations

Stories help link the model
After David Kolb
Underestimate Benefit

• Leaders underestimate potential benefits of providing coaching assistance to their teams.
• Leaders do not coach their teams because they do not know how to do so
Coaching
"Evoking Excellence in Others"
Flaherty

"The only way to coach effectively is to enter into a reciprocal relationship where 'coach' and 'coachee' engage in a dance of mutual influence and growth"

Peter Senge,
MIT and Society for Organizational Learning

... is not telling people what to do;
it is giving them a chance to examine what they are doing in the light of their intentions.

The Discipline of Coaching

"...Building relationships among people who are continuously learning about the changing environments in which they live and work, intervening in and moving to set aside ineffective and counter-productive habits, and building new skills, practices, habits, and platforms for collaborating in this ever changing world."

Hackman & Wageman

Team Coaching
“...direct interaction with a team intended to help members make coordinated and task-appropriate use of their collective resources in accomplishing the team’s work.”

-A Theory of Team Coaching
Academy of Management Review
2005

The Art and Science Of Coaching
Health Care Improvement

- Helping
- The Art
- The Science
Help, Helper, Helping

- Consciously trying to help someone else to accomplish something
- Understanding is needed for the helper to know when to offer help and what would be helpful if asked for help.

- Dynamics of helping relationships
  - Trust
  - What helper must do to ensure that help is provided
  - What any recipient must do to facilitate the process

- Central concern of helper is to improve the ability of those being “helped” to increase their own ability to help themselves

---

Teamwork and Helping

“Better teamwork requires perpetual mutual helping, within and across hierarchical boundaries... All this will demand that companies train their teams in the helping process. Most team training that I’ve seen is focused on making people feel good about one another. But what I’m talking about is something much more profound and essential: knowing how to work with one another as equal partners in an operational setting.”

— Edgar Schein, Helping: How to Offer, Give, and Receive Help
Schein

• The helping relationship begins to build relationships because of the interest the helper conveys through humble inquiry
• Must equilibrate the relationship and not be “one up”
• Must “save face” with respectful communications

Humble Inquiry

• Enter the relationship supportive, giving and ego-enhancing way.
• Care observation and listening
• Explore the “shared ignorance” of each other
Humble Inquiry

• “True helping begins with a humbling.”

• “Helping is not to dominate but to serve.”

• “Helping is patient”

Kierkegaard

Secret in the Art of Helping

“If one is truly to succeed in leading a person to a specific place,
One must first and foremost take care to find him
Where he is and
Begin there.
Coaching

"Coaching puts the center of its attention on the question **how a person can help** other people develop new capabilities, new horizons, and a new world of opportunity for **themselves** and those around them."

### Team Coaching Model

<table>
<thead>
<tr>
<th>Pre-Phase</th>
<th>Action Phase</th>
<th>Transition Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Getting Ready</strong></td>
<td><strong>Art &amp; Science of Coaching</strong></td>
<td><strong>Reflection, Celebration &amp; Renew</strong></td>
</tr>
<tr>
<td><em>Context</em></td>
<td><em>Relationships</em></td>
<td>Reflection on improvement journey</td>
</tr>
<tr>
<td>- Review of past improvement efforts and lessons learned</td>
<td>- Helping</td>
<td>- What to keep doing or not do again</td>
</tr>
<tr>
<td>- Preliminary system review - Micro/Meso/Macro</td>
<td>- Keep on track</td>
<td>- Review measured results and gains</td>
</tr>
<tr>
<td><em>Site Visit</em></td>
<td><em>Communication</em></td>
<td>- Assess team capability and coaching needs &amp; create coaching transition plan</td>
</tr>
<tr>
<td>- Resources (Data)</td>
<td>- Virtual</td>
<td>Celebration!</td>
</tr>
<tr>
<td>- Logistics (Time)</td>
<td>- Face-to-Face</td>
<td>Renew and re-energize for next improvement focus</td>
</tr>
<tr>
<td><em>Expectations</em></td>
<td>- Available &amp; accessible</td>
<td>Evaluate coaching</td>
</tr>
<tr>
<td>Clarity of aim</td>
<td>- Timely</td>
<td></td>
</tr>
</tbody>
</table>
**Pre-Phase**

“Getting Ready” “Meeting them where they are”

- Set expectations
  - Leader of coach
  - Coach of Leader
  - Coach + Leader of Team
- Leadership discussions
- Clarity of aim
- Prior improvement experience
- Preliminary system review: Micro/Meso/Macro systems
- Logistics (Time)
- Resources (Data)
- Site Visit?

---

**Action Phase**

Art and Science of Coaching

- **Relationships**
  - Helping, Keeping focus and staying on track
  - Interpersonal Skills
- **Communication**
  - Virtual, Face-to-Face, Available & accessible
  - Timely
- **Encouragement**
- **Clarifying & Technical**
  - Teaching Improvement Knowledge & Providing To Dos and Checklists
- **Reframing**
  - Different perspectives
  - Possibilities

---

*Godfrey, MM (2013) In Press*
Transition Phase

- **Reflection** on improvement journey
  - what to keep doing
  - what to be sure and not do again
- **Review** measured results and gains
- **Assess** team improvement skills capability and group dynamics to match coaching needs to create coaching transition plan
- **Celebration!**
- **Renew and re-energize** for next improvement focus
- **Evaluate Coaching**

- **Transition Assessment Tools** (Individual & Team)
  - Improvement skills
  - meeting skills & tools of improvement
  - Group Dynamics
- Create transition coaching plan
- How will new members be oriented?
- Assess Coaching Experience

---

**Team Coaching Model Over Time**

**Pre-Phase, Action Phase, Transition Phase**

[Diagram showing the cyclical flow of Pre-Phase, Action Phase, and Transition Phase, with intensity levels over time.]
Clinical Microsystem Development and Coaching Intensity

Create awareness of flow of work and interdependencies

Test some changes to address some of the “embarrassing stuff”

See ourselves as a system of care

Respond to strategic challenges and invitations

Learn to integrate multiple improvement cycles while taking care of patients

Measure performance

Unending curiosity about and pursuit of “best known” world class processes and outcomes

---

Improvement Capability at the Front line of Healthcare
Helping through leading and coaching

- My experience & studies lead me to become more specific about creating the conditions within the microsystem and across the organization.
- Protected time to learn and practice improvement is a huge issue
- How do we help leaders realize the importance of providing time for staff to learn and practice improvement.
- Helping them find the time with a variety of strategies.
- Think about how the meso and macrosystem create the conditions for reflection.
- How do you stimulate groups to think about the need to reflect and then how and when to reflect?
- Also to help them identify they do have reflective moments (post code debriefs an example) in daily clinical care and how do they find other opportunities or build others.
Learning

- Collaborative environments in which a varied group of professionals are working together offer a rich opportunity for learning; paradoxically, collaboration depends on the value placed on learning. This duality of learning and collaboration can be seen, on one hand, in the discourse of using collaboration to solve complex problems (e.g., Bronstein, 2003; Gray, 1989; Shortell et al., 1991), and on the other hand, as a part of continuous improvement and team development (Batalden, Nelson, Edwards, Godfrey, & Mohr, 2003; Nicholson et al., 2000).

- Both problem solving and continuous improvement require action and reflection. For example, Mills, Kinny, Bagian, and Weeks (2008) observed that “training without action” (p. 37) was negatively associated with improvement.

- Kvarnstrom (2008) also reported interprofessional learning opportunities varied with degrees of group reflection and joint action.


Reflection

- Consist of weekly one-hour interdisciplinary meetings for participants to collectively conduct structured analysis, interpretation, and related recommendations for action.

- Deliberate routines for reflection has been attributed to successful improvement endeavors.

- The use of Reflective meetings is an ideal method for “data collection and analysis” because it provides the opportunity to ask “how are we doing?”

- Using relevant consistent tools and methods, participants can collectively step back to look at current structures, activities, and data.
What I’ve learned

• Increasing improvement capability at the front lines of health care involves *intentional reflective practices* designed into every day delivery of health care.
  – Study and understanding of the clinical microsystem by staff and leaders
  – Creating the conditions to cultivate successful improvement by leaders at all levels of the organization
  – Reflection-in-action by all frontline staff..which can be helped by...
  – Team coaching for frontline staff and leaders

Organizational Leaders at all Levels...

• *Help cultivate improvement capability* by designing structures, processes and outcomes of their organizational systems to support health care improvement activities

• *Set clear improvement expectations* of all staff

• *Develop the improvement knowledge of every staff member* in the microsystem to know their operational processes and system to promote action learning in their daily work

• Support improvement actions and learning using a *Team Coaching Model*
The Dartmouth Institute Microsystem Academy
Team Coaching for Health Care Improvement International Activities

1. TDIMA: What actions in what context help interprofessional improvement teams make desired improvements? How can we learn what mechanisms cultivate the conditions? What are the measures to know if the Team Coaching Model is effective in what context? ✔
2. CF USA: How can team coaching develop staff capability to provide and improve care to improve outcomes for people with CF? ✔
3. CF Canada: How can team coaching develop staff capability to provide and improve care to improve outcomes for people with CF? ✔
4. CHC, Inc: How can team coaching cultivate local improvement and system goals? ✔
5. Sheffield, UK Microsystem Coaching Academy: How can we develop team coaching skills and how can we execute a team coaching improvement strategy in one organization? ✔
6. Dublin, Ireland: How can we improve the quality of value of ED care and develop ED managers to “coach” improvement ✔
7. Jönköping, Sweden: Team coaching targeted at populations & Esther Coaching—What don’t we know? ✔
8. Stockholm, Sweden: How can team coaching improve outcomes for registry specific populations of patients? ✔
9. Doha, Qatar: What can we learn about the Team Coaching Model in a highly complex setting? What works when? What particularities are essential? ✔

Action Research and Staying Connected Can Contribute to the Team Coaching Field of Knowledge and Health Care Improvement

• We have the opportunity to learn who is doing what in what context and to study the effects
• The Team Coaching Model seems to be an attractive alternative to “fly by the seat of your pants” coaching
• Microsystem Festival and The Dartmouth Institute Microsystem Academy Fall Retreat can be where we share and learn together to advance the field of knowledge (October 1st and 2nd 2014)
• Showcase venues with evaluative measures and reflections are “popping” up to openly share lessons learned: Sheffield Showcase April 1, 2014, Stockholm QRC/Coaching Day February 6, 2014, Microsystem Festival Coaching Session February 25, 2014
• CHC, Inc holds Project ECHO video coaching learning and support
• The Dartmouth Institute MA & Sheffield MCA websites
• The Dartmouth Institute Microsystem Academy International Coaching Website opens April 4, 2014 to provide a virtual sharing and learning space for the “emerging international coaching movement.”
Under a sky the color of pea soup
she is looking at her work growing away there
actively, thickly like grapevines or pole beans
as things grow in the real world, slowly enough.
If you tend them properly, if you mulch, if you water,
if you provide birds that eat insects a home and winter food,
if the sun shines and you pick off caterpillars,
if the praying mantis comes and the ladybugs and the bees,
then the plants flourish, but at their own internal clock.

Connections are made slowly, sometimes they grow underground.
You cannot tell always by looking what is happening.
More than half the tree is spread out in the soil under your feet.
Penetrate quietly as the earthworm that blows no trumpet.
Fight persistently as the creeper that brings down the tree.
Spread like the squash plant that overruns the garden.
Gnaw in the dark and use the sun to make sugar.

Weave real connections, create real nodes, build real houses.
Live a life you can endure: Make love that is loving.
Keep tangling and interweaving and taking more in:
a thicket and bramble wilderness to the outside but to us
interconnected with rabbit runs and burrows and lairs.

Live as if you liked yourself, and it may happen:
reach out, keep reaching out, keep bringing in.
This is how we are going to live for a long time: not always,
for every gardener knows that after the digging, after
the planting,
after the long season of tending and growth, the harvest comes.