Evaluation of the Sheffield Microsystems Coaching Academy: criteria for judging success

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Outline of presentation

Background to the Sheffield Microsystems Coaching Academy (MCA)

Evaluation aims, approach and methodology

Key findings from the evaluation

Methodological reflections
Sheffield MCA

First accredited Academy to deliver The Dartmouth Institute (TDI) Microsystems Coach the Coach training in the UK

Used TDI Clinical Microsystems methodology to train coaches in team coaching and improvement science to work with frontline staff

MCA based in healthcare setting. Programme delivered by Service Improvement team (Faculty)

Initial focus two NHS Trusts/organisations comprising 5 hospitals

Funded by Health Foundation for 2.5 years set up and early implementation period

Aim – MCA initiative

To develop coaching capability and capacity to enable corporate and support services to work in collaboration with clinical teams to achieve continuous quality improvement.
MCA approach

Dartmouth Coach the Coach curriculum

- 5 learning sessions
- Individual and group coaching mentorship
- Academic and technical support

Intention at outset

- 30 coaches trained every 6 months (120 over 2 year evaluation period)
- 30 improvement microsystems initiated every 6 months (120 over 2 year period)

Evaluation background

Clinical microsystems methodology already shown to be effective

Evaluation focused on MCA's intention to train clinical and support staff as coaches in CMS methodology at scale and pace in NHS setting

Recognised from outset, highly ambitious programme would take time to become fully established

Evaluation period 2 years – covered early implementation (January 2013 – December 2014)
3 completed cohorts, 1 in progress, 1 recruited
**Evaluation approach**

Formative and summative

Based on ‘logic' model – systematic approach to examining links between inputs, outputs, outcomes and the context.

Pluralistic perspectives – tapping views of different stakeholders

Participatory approach working with stakeholders to identify the criteria they would use for judging success of the initiative (Smith and Cantley 1988)

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**Evaluation framework – logic model**

- **Context**: Priorities, Vision, Intended outcomes
- **Inputs**: What we invest (Staff, Time, Money, Technology, Equipment, Etc.)
- **Activities**: What we do (Train microsystems, coaches, Implement QI projects, Etc.)
- **Participation**: Who we reach (Patients, Clinical teams, Support services, Managers, Etc.)
- **Outputs**: What we achieve (Knowledge, Skills, Attitudes, Motivation, Etc.)

**Outcomes – Impact**

- **Short**: Change in: Behaviours, Practice, Policies, Procedures, Etc.
- **Medium**: Change in: Organisational culture, Economic conditions, Social conditions, Environment, Etc.
- **Long**: Change in: Organisational culture, Economic conditions, Social conditions, Environment, Etc.

**Assumptions**

**External Factors**

**Evaluation**: Measurement of process indicators, Measurement of outcome indicators, Theory of Change making explicit links between inputs, activities, outcomes and context

- Quantitative and qualitative data to capture structure, process and outcomes
Data collection

<table>
<thead>
<tr>
<th>Method</th>
<th>Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semi-structured interviews (n=34)</td>
<td>MCA Faculty, SI leads, coaches, executive sponsors, senior managers, Dartmouth lead</td>
</tr>
<tr>
<td>Focus groups (n=2)</td>
<td>MCA trainers, MCA core faculty</td>
</tr>
<tr>
<td>Case studies (n=7)</td>
<td>Coach, coach manager, microsystem leader</td>
</tr>
<tr>
<td>Observation</td>
<td>Training sessions, microsystem meetings, MCA faculty meetings, MCA steering group</td>
</tr>
<tr>
<td>Survey monkey</td>
<td>Confidence to coach, Coach intention to coach, Microsystem participants</td>
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Criteria for success

Success judged in terms of

- Programme delivery
- Developing coaching capability and capacity
- Impact on quality improvement as a result of microsystems activity
- Achieving a climate of continuous quality improvement
- Sustainability through organisational integration
- Spread of learning beyond organisational boundaries
**Programme delivery**

- **Curriculum design and delivery**
  - Minor modifications to curriculum
  - Modification to mode of delivery

- **Initiation of coach training**
  - Demands of curriculum
  - On-going support and responsiveness of Faculty

- **Action learning approach**

- **Creating organisational conditions for (sustainable) coaching activity**
  - Identifying suitable microsystems
  - ‘Doing the work before the work’
  - Microsystem leader and participants lacked QI knowledge and experience

- **Outcomes: coach satisfaction with training**
  - High level of coach satisfaction
  - I have thoroughly enjoyed this experience and am seriously considering it as a potential career option

**Coaching capability and capacity**

**Coach recruitment and retention**

- 123 coaches recruited to 5 cohorts (82% target)
- Partner organisations – 55% and 72% recruitment target
- Attrition rate 8%

**Coach selection**

- Level of seniority
- Capacity to coach

**Coach training**

- I have learnt a huge amount about QI and the microsystems approach. The challenge will be putting theory into practice.
Capacity: Sustainability of coaching activity (Cohorts 1–3)

<table>
<thead>
<tr>
<th>Substantive role</th>
<th>Graduates n</th>
<th>Continuing to coach n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service improvement</td>
<td>15</td>
<td>13</td>
<td>87</td>
</tr>
<tr>
<td>Corporate / support</td>
<td>11</td>
<td>7</td>
<td>64</td>
</tr>
<tr>
<td>Clinical</td>
<td>18</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>Manager</td>
<td>14</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>28</td>
<td>47</td>
</tr>
</tbody>
</table>

N=37/64
Response rate 58%

Capability: coaching skills Cohorts 1–3)
**Capability: coaching confidence**

- N=37/64
- Response rate 58%

**QI resulting from CMS activity**

**Microsystem leader**
- Knowledge of QI, CMS

**Microsystem team**
- Team engagement
- Continuity of team
- Knowledge of QI

**Microsystem process**
- Identifying and establishing suitable microsystem
- Understanding and ownership of CMS approach
- Time taken to achieve change

**Measurable improvement as result of microsystem activity**
- End of programme 50% introduced small tests of change (range SI 73% – manager 15%, p<0.05)
- Time required to achieve measurable improvement
- Survey of approx. 16% CMS participants (n=70) 77% CMS successful in achieving useful change
- ‘excellent process to enable change and patients and staff benefited immensely’
Climate of continuous quality improvement

Cultural change at microsystem level
- End Cohort 4: 65 graduates from 2 partner organisations
  Estimated 450 staff involved in CMS
- Survey approx 16% CMS participants (n=70)
  87% good understanding of QI
  71% interested in future QI
- *CMS very effective in empowering staff to engage in QI. If change is top down, staff have no sense of ownership and can be reluctant to accept change.*

Cultural change at mesosystem level
- Too early to assess organisational impact on CQI
- Short course in QI reaching 450 staff

Sustainability through organisational integration

Executive level ownership
- Alignment with organisational strategy for QI
- Concern re scale and pace of change needed for current / future healthcare agenda
- One approach among a number of QI approaches

Middle management engagement
- Concern about reciprocal cross-organisation coaching model
- Support variable, some concerned with immediacy of current clinical pressures, rather than longer term vision of CQI
Spread of learning beyond organisational boundaries

Involvement of wider Sheffield health economy
- Engagement of Health & Social Care Trust and GP/Primary care

Interest from other organisations
- Local universities, healthcare organisations in London, Scotland and Northern Ireland

International collaborations
- On-going relationship with TDI – coaching programme of pathway redesign at mesosystem level
- Collaborative work with TDI – MCA lead engaged in microsystems collaborative across cystic fibrosis services Canada – informs development of MCA

Methodological reflections

MCA – dynamic and evolving initiative
- Divergence from original aim of MCA
- Evaluation plan had to adapt
- Criteria for success sensitive to change

Formative evaluation to capture process
- Feedback influenced direction taken by MCA

Summative evaluation to capture outcomes
- Evaluation period too short
  Captured early stages of implementation – not established MCA activity

Data collection
- Poor response rates to survey monkey questionnaires
- Incomplete data sets for microsystem activity
Conclusion

MCA highly successful in training coaches in clinical microsystems methodology

Impact of coach training on quality improvement only partially realised during the early stages of the implementation of the MCA

Evaluation identified the crucial importance of creating the conditions for sustainable coaching and clinical microsystems activity within a healthcare organisation – training coaches is not enough

Question time

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