Strategic Coaching Strategies to improve interprofessional collaborative practice (IPCP) in primary care centers (PCCs)

Julie LaMothe DNP, RN, CPNP
Betsy Lee MSPH, RN
Susan Hendricks EdD, MSN, RN
Claire Burke Draucker, PhD, RN, FAAN
Lauren Wright BSN, RN

Disclosures

I have no conflict of interest in relation to this study and presentation.

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Learning Objectives

• Describe the significance, context, and aims for this multi-site HRSA NEPQR study
• Discuss the literature supporting use of coaching for development of complex workplace skills
• Describe the methodology and findings for the qualitative study
• Dialogue about the study strengths and limitations, future research, and implications for practice

What is Healthcare Coaching?

• Coaching is a strategy for improving performance
• Most reports of coaching of professionals occurred in acute care settings, with no standard method or outcomes
• Study of coaching strategies in healthcare is in the very early stages with many variabilities in methods
• Documenting what happens during coaching is a key early step in creating clear and eventually replicable study of coaching as an improvement methodology

Purpose

• Describe strategies used by a health coach to advance interprofessional care and teamwork in primary care settings.

Interprofessional Collaborative Practice in Indiana

1. Apply interprofessional collaborative practice in an urban acute medical care setting by refining an existing Accountable Care Unit (ACU) model.
2. Apply interprofessional collaborative practice in rural, community-based primary care settings.
3. Develop emerging nurse leaders prepared to practice in IPCP environments in acute and primary healthcare settings through a nursing leadership program at IUSON.
4. Increase the number of interprofessional education and clinical opportunities in urban and rural IPCP environments for interprofessional learners.

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Key Grant Activities

- Team formation
- Competency education
- Nursing leadership development
- Team engagement in innovation and improvement *(where the coaching occurred)*
- Coaching calls to support improvement

Interprofessional Collaborative Practice Competency Areas

- Values/Ethics
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

Strategic Perspectives that Guided the Project

- Model for Improvement (MFI): providing structure to the PCCs quality improvement methodology *(Langley, Moenh, 2009)*
- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS): provided methods for enhancing communication and team building *(About TeamSTEPPS, AHRQ)*

Model for Improvement

- Model for Improvement
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What change can we make that will result in improvement?

TeamSTEPPS Goals

- Increased Knowledge
  - Shared Mental Model
- Positive Attitudes
  - Mutual Trust
  - Team Orientation
- Excellent Performance
  - Adaptability
  - Accuracy
  - Productivity
  - Efficiency
  - Safe environment for patients and employees

Snorkel to generate ideas for improvement
Team engagement in innovation and improvement: Coaching calls

- 12 coaching calls with IPCP teams: twice per month
- Structure:
  - Project update
  - Challenges or barriers
  - Strategies to test
  - Reinforce TeamSTEPPS tools and other evidence-based tools
  - Next steps

Coaching Call template

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Content notes</th>
<th>Process notes/Reflections</th>
<th>Action items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project update</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Challenges or barriers</td>
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<td>Strategies to test</td>
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<tr>
<td>Next steps</td>
<td></td>
<td>Next Call: ____________</td>
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Coaching Call timeline

<table>
<thead>
<tr>
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<th>Date</th>
<th>Time</th>
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<td>June 11, 2015</td>
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</tr>
<tr>
<td>2</td>
<td>July 23, 2015</td>
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<tr>
<td>3</td>
<td>August 13, 2015</td>
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<td>4</td>
<td>September 3, 2015</td>
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<tr>
<td>5</td>
<td>September 24, 2015</td>
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<tr>
<td>6</td>
<td>October 8, 2015</td>
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<tr>
<td>7</td>
<td>October 29, 2015</td>
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<td>8</td>
<td>November 19, 2015</td>
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<tr>
<td>9</td>
<td>December 10, 2015</td>
<td>9:15 am</td>
</tr>
<tr>
<td>10</td>
<td>January 7, 2016</td>
<td>9:15 am</td>
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<tr>
<td>11</td>
<td>January 21, 2016</td>
<td>9:15 am</td>
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<td>12</td>
<td>March 17, 2016</td>
<td>1:00 pm</td>
</tr>
</tbody>
</table>

Qualitative Descriptive Method (Sandelowski, 2000)

- Informed consent
- Researchers well known to the interprofessional teams
- Members appeared to respond without obvious response bias.

Qualitative Data-
Coaching Call Transcripts

- 36 coaching calls total, lasting 20-30 minutes each.
- Three clinic teams (12 calls each clinic team)
- The calls assisted teams to implement quality improvements related to the chronic care population selected, using an interprofessional team approach.
- All calls were audio recorded and transcribed by a medical transcriptionist.

Qualitative Analysis: completed in NVivo

- First read to obtain holistic view
- Relevant text units were highlighted, extracted, and coded.
- Grouped similar descriptive codes into types of coaching practices (comprised of coaching strategies).
- Each of the practices were named and defined and strategies used by coach were reflected
- Iterative process with all codes reviewed again.
- A narrative summary of each practice was completed and diagramed.
Results of Coaching Practices and Strategies

Offering Resources
- Offering evidence-based tools
- Providing evidence-based literature

Facilitating Progress
- Helping plan the Improvement Projects
- Recommending small Changes
- Planning to overcoming Barriers
- Planning next Steps

Affirming the work of the Team
- Validating actions taken
- Acknowledging challenges and successes

Enhancing Team Development
- Modeling meeting Structure
- Encouraging team reflection & participation

Connecting work to Theoretical Frameworks
- Linking the work of a team to an IPCP framework
- Linking the work of a team to a change model

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Offering Resources
- Best Research Evidence
- Clinical Expertise
- Patient Values

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Producing Highly Effective FQHC Medical Teams in a Primary Care Setting

Healthy Heroes - Fighting Childhood Obesity

Integration of the Medical Scribe in a Pediatric Primary Care Practice

Diabetes Group Visits
- HgA1c percentage
- Cholesterol levels, specifically LDL
- Patient knowledge of diabetes
- Patient self-management abilities

Improving Pediatric Asthma
- Improving communication with parents
- Huddles beginning of shift
- Improving care of Child with Asthma with improved team communication

Strengths of the Study Design
- Several sites
- Consistency of method across sites
- Lengthy study period
- An abundance of data
- Team consistency during this period
Challenges of the Study Design

- One person served as the main "coach," so there is a possibility that this coach favored certain strategies versus others.

Study Implications and Lessons for Practice

- Healthcare team coaches employ a variety of practices and strategies to facilitate IPCP.
- The central practice of facilitating progress involves helping the team plan and implement improvement activities effectively.
- The coaching practices of offering resources and connecting the work to theoretical frameworks assists the team to apply evidence based tools, approaches, and models.

Study Implications and Lessons for Practice

- Coaches affirm the work of team by validating actions and experiences of team.
- Coaches enhance team development by modeling effective behavior and facilitating team reflection.
- Application and study in a broader context.

References


References


References