

Coaching insights from supporting multidisciplinary teams during a quality improvement collaborative

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DESCRIPTION

To provide the best care for children with medical complexities (CMC) a multidisciplinary approach is required. As a part of a 4-year collaborative created to improve well-being for CMC, 10 states convened multidisciplinary teams (MDTs) with representatives from Title V, family and youth-led organizations, clinical sites, insurers, and state departments. Each team implemented a quality improvement (QI) project focused on at least one of the collaborative's prioritized topic areas: care coordination, rural care, transition, family/patient engagement, shared decision making, innovative partnerships, and innovative payment models.

As a part of the collaborative, each team was assigned a QI coach from Population Health Improvement Partners. Coaches worked alongside teams to guide and facilitate project design, data collection/interpretation, implementation, sustainability, and spread.

AIM

The QI coaches aim was to guide state teams towards their intended outcomes by providing QI methodologies and resource education, promoting MDT growth and development, facilitating strategic connections, along with encouraging cross-sharing across the collaborative.

ACTIONS TAKEN

Coaches had regular interactions with state teams, including monthly calls, monthly collaborative-wide webinars, annual learning sessions, on-site consultation visits, affinity group calls, and ad-hoc individualized technical assistance (TA). Coaches adapted the TA provided over the course of the 4 years as state teams grew in maturity (see Table 1). Coach interactions were recorded in a TA Tracker (see Figure 1), so themes across state teams could be identified and shared with the larger project team. In addition, coaches met regularly to share coaching strategies.

Table 1. Sample coaching roles/interventions

| | Year 1 | Year 2 | Year 3 | Year 4 |
|--|---|--|---|--|
| Continuing activities: monthly coaching calls, monthly webinars, annual learning sessions, on-site consultation visits, ad-hoc affinity group calls, and ad-hoc individualized technical assistance | | | | |
| QI Development and Instruction | <ul style="list-style-type: none"> Collaborative-wide introduction to QI methods and tools Model for Improvement AIM and charter PDSA Introduction to measures Data collection & display (run charts) System mapping Root cause analysis (pareto, fishbone, force field analysis) | <ul style="list-style-type: none"> PDSA & tracking Measure refinement Data collection tool development Using data for improvement Observational walks Process mapping Change management & addressing resistance Incorporating sustainability into project planning | <ul style="list-style-type: none"> Data workbook development for improved measure display Run chart use & instruction Spread strategies Equity principles and QI Responsive TA to meet additional state team requests | <ul style="list-style-type: none"> Sustainability & dissemination focus Using QI principles for final year planning Using your data to tell your story Responsive TA to meet additional state team requests |
| Team Development and Dynamics | <ul style="list-style-type: none"> Stage awareness & activities Change Management Roles & responsibilities Project lead guidance Team meeting structure | <ul style="list-style-type: none"> Onboarding family leaders onto clinical teams Data collection tips & tools Individualized coaching activities for yearly consult visits per team | <ul style="list-style-type: none"> Adapting to COVID19 Continued stakeholder engagement Communication plans Family team member engagement activities (FESAT and action plan guidance) | <ul style="list-style-type: none"> Planning for adjourning Celebrating learnings and successes Developing final project deliverables, including learning session presentations, product pitches, impact statements, and final team chapters |
| Collaborative-Level Planning | <ul style="list-style-type: none"> Planning & co-faculty for learning sessions and monthly webinars (all years) Building collaborative relationships with project partners | <ul style="list-style-type: none"> Bi-monthly contacts with collaborative leads: report out on team progress and needs Data discussions on team and aggregate level | <ul style="list-style-type: none"> Sustainability & spread planning Bi-monthly contact with collaborative partners Co-planned individual state team consultation visits (years 3-4) Co-led role-based affinity groups (years 3-4) | <ul style="list-style-type: none"> Sustainability and spread activities Data use and evaluation Product dissemination plans Capturing areas for publication Final chapter guidance for teams |

Figure 1. Headings from TA Tracker

| Date | TA Type | TA Provider | State | Key Points Discussed | Resources Provided | Next Steps | Other Comments |
|------|---------|-------------|-------|----------------------|--------------------|------------|----------------|
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Figure 2. Themes from state teams re: the value of QI coaching

- Having a coach who was "a part of the team" helped encourage innovation, as they were able to ask questions from an outside perspective.
- Coaches were connected to all elements of the work, including individual team dynamics. They helped teams overcome barriers and guided decisions.
- Coaches helped connect how QI activities directly translate into impact on a family's life.
- Coaches were encouraging and helped provide validation to teams.
- Coaches were great at listening, synthesizing, and making both big picture and situation specific recommendations.
- Coaches were able to bring teams working on similar tests of change together for collaborative learning.
- Coaching calls facilitated effective team functioning by providing a safe space to brainstorm and voice concerns.
- The coaching perspective was critical in keeping the conversation around measures improvement-oriented.
- Coaches provided tools to assist in building team consensus. Gemba walks, for example, helped center teams by highlighting what's important to families.

*Themes obtained from evaluations and verbal sharing during the Y4 learning session

Figure 3. Example coaching lessons learned



Table 2. Example techniques used by state teams to facilitate the creation of a high functioning MDT

| | |
|---|---|
| Engaging family and youth partners | <ul style="list-style-type: none"> Provide flexible meeting times and locations Provide a clear ask for family/youth partners (define roles, responsibilities, and desired skill set) Be cognizant of language (is the language too "professional" vs family friendly) |
| Creating meaningful partnerships with system-level stakeholders | <ul style="list-style-type: none"> Shared accountability and leadership between organizations Participation in leadership/advisory teams to guide implementation team work Seek input from stakeholders for monthly collaborative reports |
| Ensuring equitable distribution of power within teams | <ul style="list-style-type: none"> Nominal group techniques to encourage all perspectives Group consensus on how decisions are made Use first names, not titles |
| Utilizing QI and project management tools to help facilitate team interactions | <ul style="list-style-type: none"> Fishbone diagrams to solicit stakeholder input Gemba walks and process maps to highlight family experience Return to team aim and scope to make decisions Standard work to encourage mutual understanding and consistency Engaging non-traditional stakeholders in Plan-Do-Study Act cycles |
| Using data and visuals to bring stories to life and encourage buy-in | <ul style="list-style-type: none"> Use of case studies and qualitative data to highlight need Use of balancing measures to address concerns Highlight successes to encourage spread Utilize run charts for learning and improvement |
| Adapting during challenges, like COVID19 | <ul style="list-style-type: none"> Testing in extreme scenarios to accelerate learnings (example: telehealth learnings during COVID) Cross-training opportunities Plan-Do-Study Act cycles for rapid adaptations |

*Example techniques taken from final state team chapters

SUMMARY OF RESULTS

Having a QI coach was a value-added resource for state teams while they were forming and maintaining their MDT (see Figure 2). In addition, coaches were able to glean insights from the teams, including lessons learned around:

- Engaging family and youth partners within QI teams;
- Creating meaningful partnerships with system-level stakeholders, like Title V and Medicaid;
- Ensuring equitable distribution of power within teams;
- Utilizing QI and project management tools to help facilitate team interactions;
- Using data and visuals to bring the teams' stories to life and encourage buy-in; and
- Adapting during challenges, like COVID19. (see Figure 3 and Table 2)

CONCLUSIONS AND IMPLICATIONS

Coaching is a critical tool to not only facilitate the creation and maintenance of effective MDTs, but also document and share key learnings for future work.

TO LEARN MORE...

This poster is not exhaustive of all coaching strategies utilized over the 4-year collaborative. For more information, contact the authors:

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To learn more about Improvement Partners, please visit our website at: www.improvepartners.org

For more information on the project being discussed in this poster, please visit <https://ciswh.org/project/coiin-cmc>.