



NATIONAL QUALITY CENTER

## NQC Training on Coaching Basics (TCB)

### Concept Paper

#### I. Background

Grantees of the Ryan White HIV/AIDS Program are required to establish an effective quality management infrastructure to improve the quality of HIV care. In response, many grantees have hired quality improvement coordinators to manage agency-wide quality management programs and, in case of HIV provider networks, to effectively coordinate the quality management infrastructure across multiple HIV providers. However, significant challenges remain for grantees to meet their HIV/AIDS Bureau quality expectations. Several quality improvement training opportunities are available for those who oversee Ryan White quality management programs but grantee needs assessments suggest that specific skills in supporting others in building their quality improvement programs require further improvement and development.

The National Quality Center (NQC) and HIVQUAL-US have been established to provide quality improvement support to Ryan White Program-funded grantees. NQC provides diverse state-of-the-art technical assistance offerings to grantees across all Parts, including on-site consultations by a team of experienced quality improvement experts and is in a unique position to assist those who guide HIV providers and/or networks of HIV providers.

The aim of the NQC Training on Coaching Basics (TCB) Program is to close the educational gap of quality managers, to increase quality improvement competencies, to effectively guide other HIV providers in order to meet all Ryan White quality management expectations, and to provide peer learning and networking opportunities to share best practices. The target audience for this new national training program, which will augment the previously developed Training-of-Trainer (TOT) Program and Training of Quality Leaders (TQL) Program, includes those who have the capacity and responsibility to provide quality improvement guidance to other HIV providers. This national program helps NQC meet its goal of nationally increasing the pool of competent quality improvement managers across all Parts and of building regional and grantee-wide capacity for quality improvement, which will ultimately lead to better HIV care across the entire Ryan White care continuum.

#### II. Overview

##### Benefits

The NQC Training on Coaching Basics (TCB) Program has been developed based on articulated needs of quality managers and input of quality improvement experts. The overarching goal of this Program is to build the quality improvement capacity of quality leaders to coach other HIV providers to better their quality improvement programs. Participants will be engaged in a three-part learning experience that will stretch over several months, including Pre-work and monthly Post-work assignments surrounding a rigorous 3-day face-to-face training program. The centerpiece training session provides a safe learning environment to assess participants' own coaching style, real-world examples and hands-on exercises, peer learning and networking opportunities, and access to quality improvement experts.

Successful graduates experience the following benefits:

- Increased mastery of effectively coaching HIV providers and/or groups of HIV providers to establish and sustain effective quality management programs and quality improvement teams

# NQC Training on Coaching Basics (TCB)

## Concept Paper

- Enhanced ability to conduct organizational assessments, provide constructive feedback, and develop effective action plans based on assessment findings
- Improved confidence to understand behaviors and interventions that promote a systems approach to quality management using partnerships and shared vision, and to address resistance and conflict of individuals and groups to achieve agreed objectives
- Improved self-awareness of individual coaching style and of personal working style and limitations that may contribute to interpersonal tensions
- Increased understanding of different approaches to maintain team motivation while building self reliance
- Increased sophistication in addressing the tension between contract monitoring and coaching to improve HIV care since these functions often reside in the same office

### Target Audiences

With the aim to enlarge the pool of expert HIV improvement coaches across the country, NQC will prioritize applications for participation in this TCB Program to individuals who currently work in Ryan White Program-funded grantees, are instrumental in managing existing quality management programs, and are charged in assisting other agencies within their HIV/AIDS network with advancing their quality management programs and quality improvement activities.

In the application process, potential participants need to indicate their quality management role across multiple HIV agencies, such as multi-agency networks, health care systems, including City and State Department of Health, or settings with subcontracted HIV providers. The TCB Program targets those candidates who are responsible for building capacity for quality improvement among HIV providers and for supporting them to build sustainable quality management programs. NQC screens TCB applicants for current and future potential and to ensure appropriate geographic and Part-specific representation. Prospective participants are expected to have successfully graduated from the TOT or TQL Programs before participating in this TCB Program.

### Role of Improvement Coach

To assist in defining the role of an improvement coach, NQC provides the following seven functions and several prerequisite skills for an effective improvement coach. These concepts constitute the intellectual framework for the TCB Program, the proposed coaching model, and ultimately, provide a unified approach for this concept paper.

**Assumptions to Define Improvement Coaches:** The following assumptions are used to frame and define an improvement coach working within the Ryan White Program. The improvement coach:

- Collaborates with an organization or a group of organizations to achieve agreed improvement objectives
- Provides quality improvement guidance and content expertise
- Engages a team of representatives from their networked agencies to assess the entire or part of the agency quality management program and provide feedback based on assessment findings
- Facilitates group processes and offers problem solving techniques to overcome these barriers

**Functions of Improvement Coaches:** The following roles detail key responsibilities of improvement coaches.

# NQC Training on Coaching Basics (TCB)

## Concept Paper

1. **Quality Improvement Catalyst** – to promote quality improvement activities and assist organizations to maintain momentum toward their quality improvement goals
  - Provide an improvement framework for advancing HIV care in the context of an organization and its objectives
  - Help organizations to identify and prioritize the opportunities for improvements
  - Reinforce the need to change, support organizations and individuals in generating enthusiasm for change and enable providers to achieve their quality improvement goals
  - Creatively seek opportunities for testing improvements by using rapid cycle testing
  - Promote the development of an organization-wide infrastructure for quality management
  - Enable quality improvement teams to reach their goals by ensuring key stakeholders are on teams and a consumer voice is included when key decisions are made
2. **Collaboration Builder** – to work collaboratively and to help providers build collaborative partnerships with individuals and groups of health care providers to achieve their improvement goals.
  - Build trusting work relationship with individuals and groups by listening to concerns, sharing openly and being inclusive in conversations
  - Build team consensus around common goals by ensuring key stakeholders have the information required and understand their decision-making options
  - Collaborate with organizations to ensure stakeholder involvement in improvement opportunities
  - Recognize team roles and utilize the diversity of functions and competencies to accomplish team goals by ensuring appropriate staff and other stakeholders are represented on improvement projects
  - Engage organizational leaders in quality improvement by soliciting their input and participation during QI projects
  - Effectively negotiate group consensus and problem resolution for those with divergent views and highly complex needs
3. **Strategic Thinker** – to strategically develop an organization-wide quality management program and assist providers in doing the same within their networks and agencies.
  - Understand the complexities of health care organizations and recognize the importance of a system's approach to improve HIV care
  - Assist providers in strategically developing an organization-wide quality management vision utilizing multiple perspectives
  - Develop or assist providers to develop a written quality management plan, including a master implementation work plan with detailed milestones and roles/responsibilities
  - Identify and engage internal and external stakeholders who are instrumental for successfully sustaining the quality management program
4. **Capacity Builder** – to train HIV providers to build their capacity for quality improvement.
  - Build the quality improvement capacity of HIV providers using different training modalities, such as face-to-face trainings, online technology, peer exchange, and article readings
  - Identify training needs, writing learning outcomes and selecting effective teaching strategies to meet the needs of a diverse group of providers
  - Develop educational plans that outline training activities, target audiences and corresponding timetables
  - Develop education/training curricula and quality improvement content relevant to targeted audiences
  - Develop and present quality improvement content in group settings, such as workshops

## NQC Training on Coaching Basics (TCB)

### Concept Paper

- Easily identify and share effective practices, worthy of spread to other organizations in a manner that can be easily adopted
5. **Facilitator** – to guide individuals and teams through group processes.
    - Deal with teams that struggle with cohesiveness and team dynamics
    - Manage meeting logistics, including agenda development
    - Provide individual and group feedback regarding team process, role effectiveness and opportunities for improvement
    - Mentor individuals to reach their potential in QI groups or organizations
  6. **Measurement Advocate** – to develop system-wide performance measurement system reflective of the internal and external needs.
    - Articulate the framework for an organization-wide performance measurement system, and help individual providers to do the same
    - Help organizations and networks define key indicators to effectively measure HIV quality of care
    - Assist organizations to develop performance measurement systems to routinely produce performance data reports
    - Analyze quality performance data and prepare data reports
    - Share data reports and present them to internal and external stakeholders
    - Advocate with organizational leaders and providers so that performance data drive quality improvement activities
  7. **Objective Assessor** – to assess individual and organizational performance, give formative feedback and track progress over time.
    - Assess the organizational quality management program using standardized assessment tools
    - Summarize and provide oral and written recommendations based on key review findings
    - Develop action plans which outline upcoming milestones, roles and responsibilities
    - Routinely track and document the progress towards achieving agreed objectives
    - Re-adjust the action plan when milestones are not met or implementation delays are anticipated

**Skills of Improvement Coaches:** The following skills are prerequisites for effective improvement coaching prior to the coaching engagement.

**Quality Improvement Expertise** - proficiency of quality improvement methodologies and tools; access to state-of-the-art quality improvement resources, such as websites or publications; knowledgeable about pivotal practices from peers with similar quality improvement needs; first-hand knowledge of quality improvement applications in HIV care; ability to transfer recent advances in quality improvement research into practical applications for front-line providers

**Communication Skills** - effective listening skills; ability to assess verbal and non-verbal clues; non-judgmental communication style; able to assess and provide motivating interactions with teams and individuals; reads non-verbal cue and intervenes appropriately; effectively elicit and summarize information, both oral and written; effectively deliver quality improvement presentations using a variety of communication channels, such as in person, conference call, virtual, etc.

**Operational Skills** - proficient in developing action plans relative to the agreed goals; tracks progress over time; aware of next steps and plans accordingly; maintain clear and accurate documentation; basic understanding of data analyses and graphing of data; hold individuals and groups accountable for moving forward; demonstrate a respectful attitude and professionalism

**Self-Awareness** - self-aware of own knowledge strengths and content expertise; demonstrate insight into knowledge limitations; able to assess strengths and opportunities for improvements and develop personal improvement plans, aware of own personal working style and limitations; aware of how others

## NQC Training on Coaching Basics (TCB)

### Concept Paper

perceive you in one-on-one and group settings; recognize your own role in groups settings to effectively meet the overall objectives; recognize one's own biases, misunderstanding and limitations that may contribute to interpersonal tensions

**Adaptive** - demonstrates an empowering approach; flexible to adapt to the changing needs; pursuit of mastering their domains of expertise over time; use of multiple approaches to achieve the same goal; familiarity with different learning styles and teaching formats; identifies and respects team values, including boundaries and cultural issues

### III. Training Logistics

The TCB Program is divided in the following three distinct phases from the perspective of the participants:

**Pre-Work Phase** - Potential participants are asked to complete a standardized screening tool to assess their coaching skills, prior coaching experiences, project management, QI knowledge, and participation in NQC-sponsored TOT/TQL Programs. The results of these assessments are used to tailor the TCB training content. After NQC screens all candidates, applicants are informed about their participation. In preparation, each TCB participant is asked to complete a Pre-work package. Pre-work includes completion of key readings, pre-session activities, participation in two pre-TCB conference calls/Webex sessions to review learning objectives and meeting logistics, and completion of provided planning tools. Participants are asked to complete a standardized coaching assessment tool to identify individual coaching strengths and challenges. In addition, each participant needs to identify up to 5 individuals within their organization (supervisor, colleague who was exposed to the participants coaching style, etc.) to perform a pre-training "360 Degree Feedback Assessment" which they use to develop an individual skill development plan.

**TCB Session Phase** - Participants attend a rigorous 3-day interactive workshop session focused on the skills and behaviors of being a successful improvement coach. In addition, the session provides hands-on, real-world exercises for effectively coaching individuals and teams in order to improve HIV patient care. Additionally, each participant will build on results of their pre-work assessment to identify their strengths and challenges in coaching others and develop a Personal Improvement Plan (PIP) moving forward. Participants will join 3 other study group partners during the TCB session to provide ongoing structured peer support regarding coaching issues.

**Post-Work phrase Phase** – After successful completion of the face-to-face TCB component, participants are expected on a monthly basis to convene their study via telephone or by email exchange, to complete brief assignments with their study group partners, and to participate in routine conference calls facilitated by NQC staff and consultants. Assignments for the study groups are pushed out electronically to participants and will help catalyze and give structure to the study group work. The assignments are posted for faculty review by each study group, thus allowing for intervention if a group undergoes attrition or is not functioning usefully for the participants. At approximately 3 months post-TCB training, participants are requested to retake the self-assessment test and compare results. These results and participant updates are discussed during quarterly conference calls, which are integrated with post-TOT/TQL graduate calls. Finally, where feasible, TCB Program participants will be linked to HIVQUAL and NQC consultants who are supporting HIV programs and regions, to allow for alignment of coaching efforts and informal on-site support and engagement of the TCB graduates.

**Measuring the Outcomes of the TCB Program:** Program outcomes include process measures such as the number and diversity of participants, their ratings of the usefulness of the TCB Program elements and retention of eligible participants throughout the Program. In addition, information is gathered from

## NQC Training on Coaching Basics (TCB)

### Concept Paper

participants' repeated self-and colleague-generated assessments to match progress with the goals that participants identify for themselves at the TCB session.

**Selection Criteria:** The TCB Program is designed for those individuals who meet the following criteria:

- Are grantees of Ryan White Program funds
- Have a fundamental knowledge of QI principles, familiarity with the HRSA HAB quality mandate and current coaching experience
- Are required as part of their job responsibility to build and support the capacity of organizations in quality improvement
- Are in quality management roles to work across multi-agency networks, City and State DOH systems, or settings with subcontracted HIV providers
- Have some direct field experience in directing HIV providers in strengthening their quality management programs
- Are prepared to support other grantees and/or sub-grantees in understanding and implementing improvement activities
- Have the capacity and ability to fully participate in all TCB Program activities, including Pre-work, TCB session and Post-work activities

### Time Commitment

The estimated time commitment for each participant accepted to the TCB Program includes:

#### **Pre-Work Phase** - Total: 5-6 hours

- a. 2 x 1 hour TCB Pre-work conference calls
- b. 2-3 hour for TCB materials review and pre-work assignments
- c. 1 hour for self assessment and 360 assessment

#### **TCB Session Phase** - Total: 46+ hours

- d. 24 hours training session (3 days)
- e. 2 days travel to/from TCB session
- f. Coaching partnerships (2 hours)

#### **Post-Work Phase** - Total: 12-16 hours

- g. 2 hours perform follow-up self-assessment and follow-up 360 assessment
- h. 1 hour each quarter for TCB/TOT/TQL conference call
- i. 1 hour each month (for 6 months) study group meeting and homework

In addition to this post-training expectation, TCB graduates are expected to conduct at least one coaching event within 3 months based on one of seven coaching functions introduced in the TCB session. They are:

1. Quality Improvement Catalyst – to promote quality improvement activities and assist organizations to maintain momentum toward their quality improvement goals.
2. Collaboration Builder– to work collaboratively and to help providers build collaborative partnerships with individuals and groups of health care providers to achieve their improvement goals.
3. Strategic Thinker – to strategically develop an organization-wide quality management program and assist providers in doing the same within their networks and agencies.
4. Capacity Builder – to train HIV providers to build their capacity for quality improvement.
5. Facilitator – to guide individuals and teams through group processes.
6. Measurement Advocate – to develop system-wide performance measurement system reflective of the internal and external needs.

## **NQC Training on Coaching Basics (TCB)**

### **Concept Paper**

7. Objective Assessor – to assess individual and organizational performance, give formative feedback and track progress over time.

This activity helps participants to practice the coaching skills in response to their personal improvement plans that have been developed during the TCB session. Within six-months, participants are asked to complete an online survey to report on a) the selected coaching function and a brief description of the coaching event; and b) the outcome of their coaching experience and c) the perceived confidence level to coach a quality improvement effort.