Coaching for Quality Improvement

POCQI: Point of Care Quality Improvement

Simple steps to practice quality improvement at health facility level

Coaching Guide

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Point of Care Quality Improvement

Coaching Guide

World Health Organization
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World Health Organization
WHO Collaborating Centre for Training
& Research in Newborn Care
All India Institute of Medical Sciences, New Delhi

Acknowledgement

The POCQI Coaching Guide is a capacity building tool to accompany the "Point of Care Quality Improvement" (POCQI) training manuals for improving the quality of care for mothers and newborns in health facilities.

This guide has been prepared jointly by the South-East Asia Regional Office of World Health Organization (WHO SEARO), WHO Collaborating Center for Training and Research in Newborn Care, All India Institute of Medical Sciences (AIIMS) New Delhi and the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project.

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This coaching guide has been field tested in India (New Delhi and Himachal Pradesh). The opportunity to field test the package and inputs received from participants and facilitators are gratefully acknowledged.

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Introduction to this guide

Initial training on quality improvement (QI) approaches is important for people to learn the principles of QI. Some healthcare workers or teams are able to take what they learned from a classroom QI training and apply it to real-world problems in their facilities on their own. But most teams need additional ongoing support.

QI coaching is an important method to provide ongoing support to help healthcare workers and teams to apply QI approaches in their setting.

QI coaching requires three key skill sets. First, the QI coach should have a good understanding of QI methodology and how to apply it practically. Second, the QI coach should possess communication and facilitation skills to help people learn to apply these methods in their own setting. Third the coach should be able to organize and plan their work of supporting QI teams. Many people who become quality improvement coaches have themselves received QI training, undertaken QI projects and have acquired deeper knowledge of the theory and practice of QI.

This package has been developed as a primer to meet the initial practical needs of coaches. This is not a comprehensive resource for learning all the skills and knowledge needed by coaches. People mostly learn to become good QI coaches as they undertake coaching of more and more QI teams. Getting better at coaching and QI is a lifelong pursuit and encompasses a wide array of knowledge and skills that is not possible to cover in this training package.

> The skills required for coaching an external team are different from that the ones needed for doing one's own QI project

We hope that this Coaching Guide will equip QI practitioners and trainers to become QI coaches who can help new QI teams in managing some common challenges they face.

How to use this guide

This POCQI Coaching Guide consists of two sections:

Section 1 – Introduction: Coaching for quality improvement

This section explains the role of coaching in helping healthcare teams apply QI approaches, defines the skills and attitudes of a good QI coach, and outlines components required for a coach to provide support to a QI team (the coaching plan).

Section 2 – Case scenarios: Coaching for quality improvement

This section contains a case study exercise that describes some of the different steps that a QI team in a health facility might go through. It introduces common challenges that a new team may face. The training participant plays the role of the coach and is asked to help the team deal with these challenges.

Section 2 is divided into two parts:

- Part A is the "Participant Worksheet" in which the participants write their responses to the questions related to each case scenario of the coaching case study

- Part B is the "Facilitator Guide" that has 'learning points' to be used by the facilitators to explain the case scenarios and discuss the responses of the participants.

There are two ways of doing this exercise: a) workshop format and b) self-study format.

a) Workshop format - We recommend that the case scenario exercise be done in a small group workshop format with potential or newly inducted coaches as participants. Experienced QI experts (someone who has provided coaching support to multiple new QI teams) are required as facilitators for this workshop. The recommended ratio is one facilitator for a group of 6-9 participants. Such a workshop usually takes about two hours. The facilitators use the Facilitator Guide and participants use the Participant Worksheet.

b) Self-study format – The case scenario exercises can also be used as a self-study document. For self-study users, we recommend that the user first go through the case scenario and write down the possible actions he or she will take in the Participant Worksheet. Only after completing the worksheet, they may consult the Facilitator Guide for the learning points provided for actions related to each case scenario discussion.

We hope that this Coaching Guide for QI will provide new and potential coaches with the confidence in providing coaching to healthcare teams newly trained in point of care quality improvement (POCQI).

SECTION 1

Introduction: Coaching for quality improvement

Introduction: Coaching for quality improvement

What is coaching?

Coaching is regular hands-on support to motivate and help teams of healthcare workers to improve quality of care at the health facility. QI coaches help facility teams to identify and solve problems in conducting and sustaining QI projects. Regular coaching is important for maintaining momentum in improving quality of care.

Any system – a hospital, a district, a state/province/region or a country – that wants to improve the quality of care in a sustainable and effective manner should consider providing coaching support to facility-level QI teams. Adequate support should be provided to coaches for their work (e.g., time and transportation to visit the teams they coach) and opportunities to upgrade their coaching skills.

What are the key skills required for coaching?

Coaching requires a broad set of skills adapted to the needs of a specific facility/QI team. Each coach will have a unique style, but all coaches apply the same basic principles to help develop the QI skills of the hospital teams and guide them to improve care more effectively.

Most important is that the coaches need to work with external teams – in other departments or facilities where they do not work themselves. Guiding people in a setting which is new/unfamiliar is different than doing one's own QI project in a setting which one knows intimately. Coaching usually involves a long term relationship with QI teams.

The key categories of skills required by coaches include:

1. **Strong technical skills in the art and science of QI.** Having strong QI knowledge, experience and skills is a prerequisite in a QI coach. Coaches should know when to introduce new and advanced QI concepts to the teams. Concepts need to be presented in a simple format in a manner that is appropriate to the facility where the project is being planned. To be contextual and relevant are the biggest assets of a QI coach.

2. **Good interpersonal skills.** Coaches need to have effective communication skills, including listening to people. To be effective QI coaches, they should be passionate about QI, possess attributes like helpfulness and empathy, and able to encourage and motivate teams. QI coach should also be able to act as a facilitator by providing opportunities to the QI team to connect with other QI teams, present their work to peers and superiors, and create an improvement culture in the health facility.

3. **Ability to develop and carry out a coaching plan.** A coaching plan includes the details about how a coach is going to carry out the work with one or multiple QI teams. He/she needs to plan how to remain connected with the teams – such as arranging the logistics for coaching visits or maintaining regular communication through virtual means. The coach also needs to keep track of data and progress of multiple QI teams and be able to organize sharing of learning among QI teams.

How does coaching differ from monitoring or supervision?

Many health systems use monitors or supervisors as a way of periodically measuring and supporting quality of care. While both coaching and monitoring approaches use external personnel, they are very different. The table below highlights some of the differences between monitoring and coaching.

Monitoring or supervision	Coaching
The supervisor is often in a **position of authority** over the facility staff.	The coach often **does not have formal authority** over the facility staff, works with staff and needs to earn their trust and respect.
The **supervisor** assesses a **wide range** of areas (for example by using a facility assessment checklist) in the health facility at the same time.	The coach helps the facility staff **focus on specific areas** of clinical care and parameters of quality of care.
The supervisor **identifies quality gaps and the staff are required to fix these.**	The coach **encourages problem solving** and guides the facility staff as they try to improve care using QI approaches.

Who should be a coach?

An ideal QI coach is someone who has a good understanding of the science of improving care, has practiced QI himself/herself, has good interpersonal, communication skills and can advocate for the teams he or she is supporting. Some familiarity with the area of clinical care that is being improved, such as maternal, newborn and child health, is useful.

Experience in improving care in one's own unit/department is useful, but is not enough to become a good coach. A coach must be able to go to a new facility, team and even a different technical area (since the principles of QI are applicable to all areas of care) and be able to guide teams in using quality improvement methods to deliver better care.

In the POCQI approach, the QI coaches would be people who have been trained in POCQI, have undertaken multiple QI projects, have facilitated POCQI trainings and have been trained in coaching principles like in this coaching guide.

QI Coaches can be from several places of work:

1. Staff with quality improvement experience from the same facility

2. Medical college faculty with experience in improvement

3. Staff from elsewhere in the health system, such as from the district staff

4. External technical personnel from partner organizations

What does a quality improvement coach do?

The coach develops and nurtures a relationship with the QI teams in health facilities based on trust and support. The coach observes the QI work of the team and their situation; and provides ongoing guidance, support and encouragement. Over time, the coach facilitates increasing independence among hospital teams, thus transitioning QI programmes from requiring external guidance to being internally driven and self-sustained. Coaches typically work with multiple QI teams at the same or different health facilities.

The QI coaches undertake several activities:

1. **Help healthcare teams build their skills in improving care.** Attending one training in QI (e.g., POCQI training) is not enough to become an expert. The coach helps staff build their skills as they practice QI at their place of work and gain more experience. With ongoing coaching, health workers are able to use QI approaches to get results.

2. **Help the QI teams to involve leadership at their place of work.** The frontline workers of the team need to update leaders on the progress of the QI projects and request help for problems beyond the staff's control. The coach should help the team keep leadership informed about what is going on and how they can support the programme.

3. **Identify QI teams / sites which are doing well** and help them document how they achieved progress and share this learning with other sites. The coach needs to infuse a spirit of achievement after a successfully completed project. The coach should provide a platform for teams to share their QI journey as a success story.

4. **Identify QI teams / sites which are struggling** and provide them with more support and help them think of other ways to address their challenges.

5. **Share learning between facilities.** Since coaches work with multiple QI teams they have access to successful examples of QI and can inform other QI teams that may find these solutions useful for their own settings.

6. **Document learning from multiple QI teams** around what has worked and what has not worked to improve quality of care.

7. **Ensure proper data flow.** The coach promotes the data sharing process followed in the health system (e.g., in a district or state) and works with QI teams to report such data in a timely manner.

What are the principles of coaching?

Coaches usually do not have a position of authority, so the teams they support do not have any compulsion to work with them. The coach has to earn the confidence of the teams. Because of this, the principles of coaching are related to building trust, encouraging health worker autonomy and mastery, focusing on results, and learning.

Principles of coaching	Attitudes or actions to demonstrate these principles
Build trust	• Be nice to QI teams • Be patient and kind when the team makes mistakes • Clearly communicate your willingness to provide support to them • Look for, acknowledge and appreciate the team's successes • Be discreet – do not share information the team is uncomfortable in sharing with others
Encourage health worker autonomy and mastery	• Express confidence in the team's ability to improve care • Be humble – don't try to show off your knowledge or fix problems for teams • Encourage self-learning among QI teams – support them to try their own ideas, introduce new QI ideas as they need them

Principles of coaching	Attitudes or actions to demonstrate these principles
Focus on results	• Keep the team focused on the big picture – saving lives, reducing harm, improving the patient experience • Encourage teams to measure outcome data
Focus on learning	• Listen first. Ask clarifying questions. • Don't offer solutions unless the team is stuck. Help them build their own skills and confidence to fix problems. • Encourage the team to use more advanced QI skills once they master easier ones.

How should a coach build teams' QI technical skills?

People learn different QI skills at different rates. Some QI skills typically take longer to learn than others. The coach should not try to teach everything at the start. Instead, she should start by helping people to learn the easier skills first, and build their confidence in applying these skills to solve real problems. As people become comfortable with the easier skills, the coach should help them to build new skills to allow them to address increasingly complex problems.

It requires judgment to know when people are ready to learn more advanced skills. The table below outlines some of the skills that new teams usually pick up quickly and some which often take some time and experience for people to understand completely.

Some important QI skills for a coach to focus on with QI teams are listed in the table below. The coach should initially focus on the skills that are under the 'new QI team' column. Many problems are fixable just using these skills. As teams' progress and start working on more complex problems, the coach should help them use the skills in the 'more experienced QI team' column.

QI skill	New QI team	More experienced QI team
Prioritizing problems and choosing good aims	Pick problems that are: • under the control of the team • easy to measure objectively • will not take too much additional time or resources to fix • important for all those who are involved	Move on to more complex problems which may: • need to involve team members from other units • be more challenging to measure • take longer to fix Help them focus on solving issues that lead to better outcomes of care as well as processes
Working effectively in teams	Form a multi-disciplinary team involving representatives from all categories of staff whose work will need to change to reach the aim	Get more involvement and leadership from more junior members of the team (who often know the most about what is actually happening)

QI skill	New QI team	More experienced QI team
Analyzing problems to find root causes	Use basic QI analysis tools – fishbone diagram, 5 Whys, Pareto principle, flowchart	Focus on identifying root causes related to 'place' and 'procedure' rather than 'people' and 'policy'
Developing Indicators and measurement plan	• Define simple indicators related to the aim • Identify simple ways to collect the required data	• Simplify data collection • Understanding various types of measures process, outcome and balancing measures
Understanding data	• Use data to know if there is improvement. • Use MSExcel or other software to collect and display data. • Plot data over time.	• Use and interpret run charts or control charts
Developing change ideas	• Come up with simple doable ideas to reach the aim	• Look for change ideas that move beyond training or issuing orders
Testing and adapting changes	• Test change ideas to see if they work	• Try more ambitious ideas focusing on using smaller tests to adapt changes
Sustaining improvement	• Based on the successful change, prepare standard operating procedures (SOPs) or policies to sustain improvements	• Focus on changing systems to make improvements sustainable.

Prioritizing problems and choosing good aims

New teams sometimes want to choose their worst or most complicated problem to solve. It is best to try to move new teams away from overly ambitious problems and help them pick problems that are going to be relatively easier to fix as their first project. This will allow them to use all the QI skills, will build confidence, and prepare them to tackle more complex problems.

Working effectively in teams

Most people see early on the value of forming multi-disciplinary teams that involve the people who are involved in the work. But the formation of a multi-disciplinary team, on its own, does not break down long-standing medical hierarchies immediately. **Teams often need to learn how to organize meetings and communication so that junior team members feel free to give their ideas.** Without this information, team leaders will often try to solve problems without understanding the real challenges faced by the people doing the work. Coaches play a very important role in modeling that they value the input and suggestions of the junior staff. Coaches should strive to help the team to work so that anyone with information or good ideas is able to share their input. Coaches can individually seek the opinion of the quieter members of the team so as to encourage a culture of openness.

Understanding data

New teams often need some initial support in their own context in setting up data collection methods and in displaying data over time, but usually learn these skills fairly quickly. Most teams will need additional

support in simplifying data collection and in learning how to analyze data. In general, it is best not to emphasize data too much with new QI teams. **Data is important, but the focus should be on helping health workers to work in teams and make changes.** They should spend their initial energy on learning these new skills. After they are making progress, the coach will have more opportunities to help them improve their data skills.

Analyzing problems to find root causes and developing effective change ideas

It is unfortunately human nature, when presented with a problem, to blame the individuals doing the work and to look for solutions that will help them perform better. While we know that systems are responsible for most problems, we still tend to look for individual solutions instead of system solutions. Individual solutions rely on individuals changing their behavior. System solutions rely on changing systems so that it is easier for individuals to do the right thing without them working harder.

For example, when automated teller machines (ATM) were first introduced, they would dispense cash and then dispense the card. Many people took the cash and left, forgetting to collect their card. Possible individual solutions for this problem would include putting up a sign reminding people to wait for their card or banks organizing education campaigns telling people to remember to get their card. A system solution would be to give the card back before the cash is dispensed as people are much less likely to forget the money that they came to withdraw.

Individual and system changes are also applicable in health care. For example, a NICU in New Delhi required family members entering the NICU to first wash their hands and then put on sterile gowns. However, family members often did these actions in the wrong order. They tried to teach family members the right process, but it was time consuming to have to teach new people for every admission and often they would forget. To make it easier for family members to remember the right order, they moved the shelf where gowns were kept so that it was more natural for people to first stop and wash their hands and then move towards the NICU entry where they put on their gowns. This led to family members following the right process more often and reduced the amount of time nurses had to spend teaching and reminding family members.

People may learn some of the differences between individual and system changes in QI trainings but struggle to apply them back in their facilities. They may start by making individual changes. That is fine. Individual changes are often necessary. Training is often required. But sustained improvement, in most cases, also requires changes to systems.

Coaches should help teams to progress from making changes related to individual behavior (e.g., developing standard operating procedures or guidelines, giving trainings) to making system-level changes.

There are five main reasons why new teams struggle to move beyond individual-level changes:

1) **The team may not be getting enough information from the people doing the work,** who actually understand the system constraints. This is why it is so important that the QI team have the right membership and open communication. All team members, including junior staff members, should feel free to share their ideas.

2) **The team may not be analyzing the situation correctly.** The coach should help the team to use flowcharts, fishbone diagrams and other diagnostic tools. The coach should help new teams to use analysis tools and should particularly focus on helping identify problems related to how work is organized rather than looking at individual behavior.

3) **Our natural tendency to focus on individual behavior rather than systems makes this challenging.** The coach can help by giving examples of system change and putting constraints in place. For example, a coach could ask the team to draw a fishbone but initially only focus on filling in the 'bones' related to barriers caused by 'place' and 'procedure'.

4) **All health workers and managers are comfortable with training. They are less comfortable with making system changes.** The coach can help this by focusing on doing a small scale PDSA to test system changes and build their comfort

5) **The team may not be empowered to make system changes.** Hence it is important to keep influential people / leaders informed about the activities and progress of the QI team so that they can provide support to the team as needed.

Testing and adapting changes

Because new teams often pick changes that they are comfortable with (e.g., training, new standard operating procedures), they often feel that they can just make the change and see if it works. So, they apply the change to everyone and test it using a large PDSA (over weeks or months) (e.g., train all nurses in the importance of starting early initiation of breastfeeding and measure if early initiation of breastfeeding improves in all babies a month later).

These types of changes and PDSA are useful initially, but in the long run learning how to do smaller PDSA cycles for the sake of adapting changes is arguably more valuable. This is because the skill of using small PDSA cycles to adapt changes lets the team try more ambitious changes. For example, a team may want to reorganize the labour room to create more space for another bed to keep women longer after delivery as a means to improve early initiation of breastfeeding. There may be no obvious way to organize the labour room and different people may have different opinions. If the team is skilled at using small PDSA cycles, they can test multiple options. In this case, they may decide to try two different options for two patients each to see which setup seems best. Based on what they learn from these tests, they can adapt again until they have a room setup that is comfortable for the staff and patients before planning a larger PDSA to see if the new setup leads to better care.

Specific actions coaches can take to encourage small scale PDSA cycles:

- Coaches should quickly try to help new teams to move beyond simply doing PDSA to answer the question: 'Did this change work or not?' to answering the question: 'How can we make this change more feasible in our setting?'.

- New teams often carry out several PDSA cycles to adapt ideas but usually don't recognize them as tests of change. Coaches can help point out this type of PDSA when they see teams do it and identify the explicit Plan, Do, Study and Act steps that the team was taking. Coaches can emphasize the importance as documenting each of these small changes as a test of change (PDSA cycle).

- Coaches can also look for situations when the group has split opinions about what to do to improve care. These situations lend themselves well to asking the group to try small PDSA to get a bit more information about the different options.

Sustaining improvement

If the main changes that a team undertakes involve individual behavior, then improvement will be hard to sustain. If the change was a standard operating procedure, people will need continual reminders and reinforcement to make sure they continue to comply. If the change was education, then every time new staff join, they will need to be educated. These types of changes mean that the team will need to

work indefinitely to sustain them. However, if teams are able to successfully test ideas related to making system changes, rather than just changes in individual behavior, they are usually well set up to sustain the improvements. Coaches should continue to emphasize the importance of getting the right team members, helping them use the real-life information from service delivery to identify possible solutions for system barriers and use small PDSA cycles to test and adapt those solutions. If they do these well, their chance of sustaining improvement will go up dramatically.

What are the components of a good coaching plan?

Having good QI skills and being a good team facilitator is essential to coach QI teams. But it is not enough. The coach also needs to be able to plan and organize their coaching activities. This is called a coaching plan. A coach needs to know the health facilities to be supported, the frequency of support, mode of support and how they are going to track the performance of QI teams. The coach should also be able to effectively organize coaching meetings and visits, help teams with multiple ways of support and help share learning among teams and beyond. All these need to be agreed upon in discussion with the teams.

Components of a good coaching plan	
Details on the facilities being supported	One coach usually supports more than one health facility. The number of facilities that a coach supports can vary depending upon: • Whether the coach can do this work full-time or part-time • Whether coaching support is in person or virtual (using electronic technology) • For in-person support, geographic distances will also affect how much time the coach will need per facility. • A full-time QI coach who provides in-person support can support about 10-20 QI teams depending on how far apart the teams are geographically. • The coach should know clearly which facilities he or she is supporting and have some details about the facility
Agreeing upon frequency of coaching support	• The teams' level of experience in quality improvement will determine the frequency of coaching support. • More frequent support is important when working with new QI teams. • Usually working with teams every 1- 4 weeks is useful. Over time as QI teams gain experience, they will need less frequent guidance.
Agreeing upon mode of coaching support	• Coaching support can be provided through in-person meetings with the QI teams and/or through virtual means such as messaging (text, WhatsApp), emails, phone calls or video conferencing. • In-person coaching is the most effective way of supporting QI teams. Sometimes, however, it may be more feasible to support teams through virtual coaching. • Virtual coaching can be done by audio conference call or using a video-conferencing software. Depending upon quality of internet access, latter should be preferred as it may facilitate better interaction.

Components of a good coaching plan	
	• Generally, a combination of in-person and virtual coaching can be helpful in saving time and resources and maintaining the frequency and quality of coaching support. Between in-person visits, the coach can remain connected with the teams through virtual means. • The coach and team should agree on the type of coaching support ahead of time. If you are going to use technology, the coach should make sure the team knows how to use the selected technology and that it will work in their facility. • In addition to planned coaching visits, the coach should be available for the QI team for any quick clarifications or suggestions (through email, WhatsApp groups and other means)
Keeping track of facility performance	• Coaching doesn't stop in between the coaching meetings/visits. • The coach should set up a system to keep track of the performance of QI teams so that he or she can identify teams that are doing well (and use these to learn from) and teams that are struggling (and provide these facilities with extra support). • Simple Excel or Google spreadsheet can be used for organizing data and information from facilities and teams, and to keep track of coaching visits.
Organizing coaching meetings	• The coaching visit should be scheduled at a convenient time for the facility and should not interfere with patient care. • When it is time for a coaching visit, the coach should remind the QI team about the time of the meeting. • The coaching meeting should include everyone in the QI team not just the team leader or senior staff. A typical coaching meeting will require two to three hours. • Prior to the meeting, the coach should review what he or she knows about the current work of the team and should have a rough idea of what QI skill the team needs to work on. • The coaching meeting should always begin with an appreciation of the teams efforts towards improving quality. Critical remarks or negative feedback should be avoided. • The coaching meeting should end with action points. These should be reviewed at beginning of the next meeting.
Using other methods to support facilities	Sometimes teams may not make progress despite coaching visits. This is not uncommon. Luckily, there are two other approaches coaches can use to support these teams. • **Peer-to-peer support** - Bringing facilities together to learn from each other can help QI teams that are struggling to overcome their challenges. Peer-to-peer support helps in different ways: ▪ People can learn practical solutions to problems from staff in other facilities, who are in a similar setting. ▪ Seeing people in similar facilities improve care can motivate people to use the skills they have learned.

Components of a good coaching plan		13

	• **Leadership support**
	
	  ▪ Involving leaders (administrator of the facility or district manager) in solving problems that QI teams can't solve themselves can be very important.
	
	  ▪ It can be important to talk to the leaders beforehand about the principles of coaching so that they do not focus on the negatives or scold health workers.	

Sharing learning	Coaches have a key role in helping teams with documentation and presenting their work to others. The coach should: • Actively look for success and make it obvious: Sometimes teams do good work, but do not clearly articulate how they achieved the improvement. The coach has to ask and listen carefully to discover what exactly the team did to achieve the results and help them to share these results. • Help document successful stories in case studies, presentations, and posters. • Provide avenues for people to share their QI work.	

How to build coaching skills?

When a health system starts a QI programme, the system has to prepare a pool of QI trainers and coaches. One of the initial steps is to find potential coaches within the system, like champions from hospitals or from the district management teams or both. Possible options to support new coaches include: initially conducting joint visits with experienced coaches engaged from outside the district, including experts from development partners; arranging meetings with established coaches to share experiences and learning; and receiving guidance from QI experts.

There are other ways to build coaching skills – self-learning, peer-learning with coaching community, writing case studies/publications, presenting their work, joint visits/observing other coaches in action etc.

You can build coaching skills by:

● **Doing more QI work.** The more quality improvement work coaches do, both in their own facilities and externally, the more they will evolve as coaches. Document and revisit what worked and what did not work as a coach for you with the different teams. This will enable to understand your own strengths and weaknesses as a coach and help you to improve coaching skills

● **Sharing learning and challenges with other coaches.** Every QI project is unique because it's in a different context. Sometimes even experienced coaches might encounter issues that they are not sure how to address. It is important for coaches to have connections with other coaches so that they can learn from each other's experiences and seek guidance from each other. Building a network and community of coaches is a great way to ensure that successful ideas can spread easily. Social media and messaging platforms for coaches to form communities can be very helpful. In addition, coaches can organize periodic meetings or interactions with other coaches and can also directly contact each other in between as needed.

● **Learning through the internet and other resources.** Self-learning is an important option for QI coaches. There are several online resources for quality improvement. Videos about quality improvement concepts and experiences are also easily found online. Reading case studies, project reports and journal articles about other quality improvement experiences is especially useful.

- **Conducting field visits with a more experienced coach.** There are two ways to do this: either you can observe the experienced coach conduct the coaching session and learn how they do it or you can have the experienced coach observe you conduct a coaching session and give you tips and feedback afterwards. Doing visits with other coaches will expose you to different styles of working and coaching.

- **Making presentations and getting feedback.** Making presentations on the projects completed by your QI teams (giving due credit to them) among your peer coaches and in conferences is a good way of understanding a project in depth.

- **Writing case studies.** Documenting a QI project completed by your teams in the form of a case study is very useful in developing a deeper understanding of how improvements in care were made; especially, documenting what worked and what did not work and the challenges faced in the project. In all publications, credit should be given to the quality improvement team and efforts should be made to include members of the team as co-authors; thus, helping the team to build their skills in documenting and sharing their work.

The figure below presents a schema for a stepped approach for evolving into an experienced QI coach:

Gains experience in completing multiple QI projects and facilitates several QI trainings

Starts coaching QI teams - in other units/wards in own facility or other facilities and in other clinical care areas

Self-study or consult experts on issues that arise during coaching

Sharing learning with other coaches

Field visits with more experienced coach
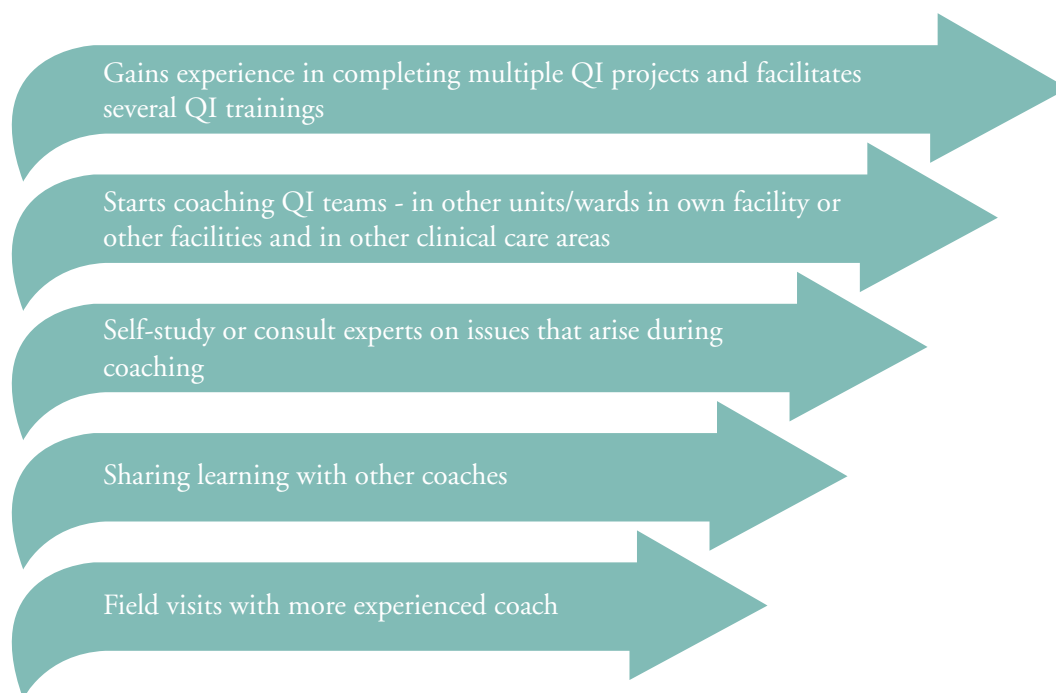
What support do coaches need?

Coaching is an important component for improving care at the frontline. QI programmes in states, districts, or large institutions that have included QI coaching in their plans should make sure that coaches have enough time for the field visits as well as resources for transportation.

It is hard for an individual coach to develop and implement his/her own coaching plan. They will almost always need some support from their organization. This will include: permission to spend time on coaching; resources for in-person visits and meetings or virtual interactions; resources for peer-to-peer meetings; support data management from multiple facilities; and linkages to leadership at health facilities and district management to solve problems that facilities can't solve.

An overall management system should be in place that can provide this support to coaches. Such a system will also track whether coaches are able to make their contribution to the QI programme and whether they need any additional support and then take action to provide this support.

SECTION 2

Part A: Participant worksheet

Case scenarios for coaching

Case scenarios for coaching

This section consists of a set of scenarios that are commonly seen when coaching teams in their initial QI projects. The section is divided into two parts:

- **Part A** is the **Participant Worksheet** in which the participants write their responses to the questions related to each case scenario of the coaching case study;

- **Part B** is the **Facilitator Guide** that has notes to be used by the facilitators to explain the case scenarios and discuss the responses of the participants.

There are two ways of doing the exercise: a) Workshop Format and b) Self-Study Format.

a) **Workshop Format** - We recommend that the case scenario exercise be done in a workshop format with a group of potential or newly inducted coaches as participants. Experienced QI experts are required as facilitators for this workshop. The recommended ratio is one facilitator for a group of 6-9 participants. Such a workshop usually takes about two hours. The facilitators use the Facilitator Guide and participants use the Participant Worksheet.

- **Possible Variation:** Within the workshop format, the participants can be divided into groups and can do the exercise as a role play of the visiting coach and the QI team. An enactment of the coaches' approach towards problem solving, appreciative attitude and stimulating the teams rather than imposing a solution can offer a real time experience of coaching.

b) **Self-Study Format** – The case scenario exercises can also be used as a self-study document. For self-study users, we recommend that the user first think about the case scenario and write down the possible actions he or she will take in the Participant Worksheet. Only after completing the worksheet, they may consult the Facilitator Guide for the learning points provided therein for actions related to each discussion.

This exercise has been developed to meet the initial practical needs of coaches. The scenarios included in the package are based on real experiences by QI coaches. These can be adapted to include details specific to the setting or group of participants.

We hope that this introduction to coaching and the coaching case scenarios will provide new and potential coaches with the confidence to do their work in providing coaching to the healthcare teams newly trained in point of care quality improvement (POCQI).

Participant worksheet

Case scenario: Part 1

Facility staff members attend QI training:

The senior medical officer (SMO) and the nurse-in-charge (NIC) from a community health center (CHC) (a 30-bedded health facility) attend training on using QI approaches for care of women and newborns. They decide to improve two aspects of care at their health facility:

- increase early initiation of breastfeeding (within 1 hour) after delivery at their facility and

- reduce hypothermia among newborns delivered at their facility

The senior medical officer becomes the team leader and they plan to return to their facility to initiate the improvement project.

A coach visits the team at their health facility:

Following the QI training, a coach comes to the facility for a scheduled coaching visit. The coach finds that only the SMO and NIC are available to meet to discuss the QI project. The SMO and NIC inform the coach that they have begun the QI project, but have not had any meetings with other staff in their unit.

Discussion 1.1

Q1. What has the QI team done well? (Please write in the space below)

Q2. What have they not done well yet?

Discussion 1.2

What should the coach do next?

🔍 Case scenario: Part 2

The coach congratulates the SMO and NIC for getting started. She asks the SMO and NIC who at the facility is involved in delivering babies and looking after newborns. They explain that nurses do this work. The coach asks if these nurses have been invited to join the QI team.

The SMO and NIC explain that the labour room nurses were invited but have not been able to join. The main problem is that they work in different shifts, so they can't find a good time to meet. The coach asks the SMO and NIC for ideas to solve this problem. The nurse-in-charge suggests that she could visit the labour room at the time of the shift change of the nurses and meet them when both outgoing and incoming nurses would be present. The SMO, NIC and coach decide to meet after two weeks.

Second visit by the coach:

The coach visits the facility after two weeks, she discovers that the SMO and NIC have involved the labour room nurses. This larger QI team has met three times and everybody has agreed to start breastfeeding early and to keep babies warm. One staff nurse has collected data on breastfeeding and babies' temperatures. She informs the coach that during the first week there was some improvement in the proportion of babies who had initiated breastfeeding within an hour and proportion of babies with a temperature in the normal range, but then there was a decline.

Discussion 2.1

Why do you think the initial improvement was not sustained?

Discussion 2.2

What do you do as a coach?

Case scenario: Part 3

The coach appreciates the QI team for getting initial improvement. The coach also appreciates that they are collecting data about the problem. She asks the team what led to improvement. The SMO responds that he has sensitized all the staff on the importance of early initiation of breastfeeding and keeping the babies warm. The coach asks the team members if they can think of any possible reasons why the results were not sustained. The SMO says that they were not able to sustain results because some of the nurses are not motivated.

The coach then asks the nurses specifically if they are facing any problems/challenges in starting early breastfeeding or keeping the babies warm. One nurse responds that both these activities are difficult because babies are taken away by the relatives and mothers are moved out of the labor room soon after delivery, so the babies do not get skin-to-skin contact and nurses don't get adequate time to counsel the mothers. So, it is not true that the nurses are not motivated, as expressed by the SMO.

Discussion 3.1

Why do you think the team leader (senior medical officer) and team member (nurse) have different opinions?

Discussion 3.2

What should the coach do next?

Case scenario: Part 4

The coach asks if the QI team has used any of the problem analysis tools that they learned to use during the QI training. The team says they have not. They ask the coach which tool they should use.

Discussion 4

What should the coach suggest?

Case scenario: Part 5

The QI team draws a flow chart of all activities that take place from the moment of delivery in the labour room to the initiation of breastfeeding. Because the nurses know most about the specific activities, most of the flow chart is filled in with input from the nurses. The flow chart they develop is given below:

Discussion 5

What should the coach do next?

Case scenario: Part 6

The QI team reviews the flow chart and identifies the main problem from the flow chart: the family members take the newborn away, and this prevents the nurses from checking the baby's temperature, continuing skin-to-skin care, or starting breastfeeding within an hour.

The senior medical officer says they should tell the family that they cannot take the newborn until after the first breastfeeding has been completed.

Discussion 6.1

What solutions should the coach give to the team?

Discussion 6.2

What should the coach do next?

Case scenario: Part 7

The coach asks the nurses on the team why do the family members take the newborn away.

One of the nurse shares that the family is supposed to keep the baby with the mother, but they often take the baby away to show to other relatives, give pre-lacteal feeds, and take pictures.

Another nurse mentions that the family has to receive the baby because the mother has to be moved from the labour (delivery) room to the post-partum (postnatal) ward soon after delivery, and it is not safe for the mother to hold the baby while she is being transferred. It is often over an hour before the mother and baby are reunited in the postnatal ward.

The coach suggests that the team try using another tool to understand better why the mother has to be moved to the postnatal ward before the initiation of breastfeeding. The team decides to use the 5 whys tool to see if they can identify a possible solution that can help keep the mother and baby together immediately following delivery. As a group they use 5 whys and come up with the following analysis:

> Q1: Why early initiation of breast feeding is not done?
> A1: Because the mother is shifted to the postnatal ward before breast feeding
> Q2: Why is the mother moved to the postnatal ward before breastfeeding?
> A2: Because the nurses need to free up the labour table for the next delivery
> Q3: Why can't the mother and baby stay in the labour room on another bed?
> A3: Because there is no extra bed
> Q4: Why is there no extra bed?
> A4: Another bed has not been requested

The senior medical officer is now very enthusiastic. He orders the nurse-in-charge to put a bed in the labour room and tells the coach that the next time she comes back 100% of babies will be breastfed early and none will be cold. The coach notices that most of the nurses seem less eager than the doctor.

Discussion 7

What should the coach do?

Case scenario: Part 8

The coach congratulates the team on coming up with the possible solution of putting in an extra bed in the labour room. She also notes that there is a difference of opinion among the team about how feasible it will be to put the new bed in the labour room.

She asks the team if anyone remembers from the QI training what to do when the team has a change idea. The nurse-in-charge says that she thinks that the QI team can test if putting the bed in the labour room is feasible or not. The coach asks the nurse about whether she has any suggestions on how they can test this idea. The nurse suggests that they put the bed in the labour room for the next month and at the next coaching visit the team can see how many newborns are starting breastfeeding early and are normothermic by the time they are ready to move to the postnatal ward.

The coach asks what the rest of the team thinks about this idea. One of the nurses says that there isn't enough space for another bed. The coach asks the other nurses what they think. There is disagreement. Some think there is enough space and others think there isn't.

Discussion 8

What should the coach do next?

Case scenario: Part 9

The coach commends the nurse-in-charge for suggesting a good way of testing the change idea. The coach asks the team if the test needs to be a month long. They say, "Yes, a month is a good duration." The coach asks the QI team what they are trying to learn by doing this test. The team says they are trying to learn if moving the bed into the labour room leads to more breastfeeding and less hypothermia.

The coach asks the team if there is any possible downside (likely adverse effect) to having another bed in the labour room. The nurse who had previously said that there was not enough space replies that this may lead to crowding in the labour room and hamper the delivery services. The coach says, "Great point. There seems to be some uncertainty about whether there is enough space. Do we need to test this change for one whole month to learn if putting another bed in the labour room causes crowding?"

The team decides that they can shorten the test to two days to test for feasibility. They first want to learn if placing the bed in the labour room causes overcrowding before they measure the effectiveness in achieving early initiation of breastfeeding within an hour of delivery.

The coach plans the next coaching visit after two weeks. The coach suggests the team leader if they could share their data and with her before the next meeting and encourages the team to review their data before the actual meeting.

Third coaching visit:

The coach returns after two weeks for the next coaching visit.

The team has shared data from the past ten days showing that early breastfeeding rates have increased and that more newborns are now normothermic at 60 minutes after delivery. The coach reviews the data with the team and helps them to start drawing a time series chart.

The coach learns from the QI team that they have tested different locations in the labour room for placement of the extra bed. The team learns that placement of the bed just outside the labour room with a surrounding curtain worked well.

The nurses like the new setup. It makes it easier for them to manage the labour room, keeps the labor table free, and helps them to keep mother and baby together; thus, letting them provide better care for their patients. The combination of easier work and better care makes them more confident about the change idea.

However, one of the nurses says that they still have not fully reached their aim.

Discussion 9

What should the coach do next?

Case scenario: Part 10

The coach explains to the team that it is unusual for one change idea to fix the problem entirely. There are many causes for one problem, and they have addressed one such cause and seen improvement. The coach praises the team for this achievement. The coach reminds the team to reflect on how much their QI work has already benefited their patients. The coach asks everyone to give themselves a round of applause.

The coach then asks them to further analyze the situation and come up with other ideas that can be tested for changing the processes of care.

Having been successful to some extent already, the QI team is more enthusiastic and interested and, after some discussion, comes up with and tests several ideas over the next three months. They test several ideas over the next three months. Some ideas (changes) worked well immediately, some needed to be adjusted until they work and didn't work at all. The coach should encourage teams to continue to collect data properly, because it is not unusual for teams to try a lot of change ideas but forgetting to collect and analyze their data.

The coach keeps visiting the team at regular intervals and keeps guiding them through the process. In this systematic and diligent way, the QI team achieves both its aims of improving initiation of early breastfeeding and keeping newborn babies warm.

The coach and the team celebrate this success together. "Well done, team!". The coach also brings this achievement to the attention of the head of the health facility, who acknowledges and appreciates the efforts of the QI team. The coach also encourages the QI team to present their "successful QI project" at local and state level meetings.

In a future coaching visit, the coach guides the team to select another improvement aim in the care of mothers and newborns – like given women uterotonic within one minute of delivery to prevent postpartum hemorrhage. This time the team needs less coaching support and are able to use the QI skills and tools with more confidence to continue improving care for mothers and newborns in their facility.

SECTION 2

Part B: Facilitator guide

Case scenarios for coaching

Case scenarios for coaching

Case scenario: Part 1

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-   increase early initiation of breastfeeding (within 1 hour) after delivery at their facility and

-   reduce hypothermia among newborns delivered at their facility

The senior medical officer becomes the team leader and they plan to return to their facility to initiate the improvement project.

A coach visits the team at their health facility:

Following the QI training, a coach comes to the facility for a scheduled coaching visit. The coach finds that only the SMO and NIC are available to meet to discuss the QI project. The SMO and NIC inform the coach that they have begun the QI project, but have not had any meetings with other staff in their unit.

Discussion 1.1

Q1. What has the QI team done well? (Please write in the space below)

Q2. What have they not done well yet?

Learning points (Discussion 1.1)

One of the most important aspects of being a good coach is to be friendly, pleasant and supportive. Coaching is not an inspection or supervision to find faults. The job of a coach is to encourage the healthcare teams and help build their skills and ability to make improvements in their work. This is done by first noticing the things they have done right, and appreciating and reinforcing them. A good coach always sees the glass as half full (not half empty) and then looks for ways to fill it even more. Thus, the coach should start with noticing the things that have been done right.

Some things that the team in this scenario has done well are:

- They coordinated the coaching visit and were available to meet with the coach
- They have identified good problems in quality of care to address and prepared aims
- They are committed to improving and doing better

Some things that haven't been done yet are:

- They haven't involved other staff in the labour room
- They haven't started analyzing the problem to find the cause or solving problems
- They have not started collecting data regarding the selected aims

The coach understands that **these challenges are common among new QI teams.** Following the QI training, many participants do not immediately form a proper team and start improving care. It is a common scenario that teams don't form until after the coaches' visit and this is not a failure of the training or the coaching. Reasons for not immediately forming a proper team at their health facility following initial QI training include:

- The need for additional time to bring colleagues together to form a QI team
- Not fully knowing how to initiate a QI team
- Not understanding who should be on the QI team

Discussion 1.2

What should the coach do next?

Learning points (Discussion 1.2)

The coach should first:
- Thank the SMO and NIC for coordinating the coaching visit and being available to meet with her
- Appreciate them for prioritizing relevant quality of care problems to work on.

The next step is to encourage and support them to form a team:
- Ask the SMO and NIC about which staff are involved in the delivery process and in caring for newborns soon after delivery. This will help identify the people who should be on the team.
- Request the SMO and NIC for suggestions on how to involve these staff members on the QI team.
- **Note - The coach should help the team members find their own solutions and not provide ready-made solutions from her side.**

Case scenario: Part 2

The coach congratulates the SMO and NIC for getting started. She asks the SMO and NIC who at the facility is involved in delivering babies and looking after newborns. They explain that nurses do this work. The coach asks if these nurses have been invited to join the QI team.

The SMO and NIC explain that the labour room nurses were invited but have not been able to join. The main problem is that they work in different shifts, so they can't find a good time to meet. The coach asks the SMO and NIC for ideas to solve this problem. The nurse-in-charge suggests that she could visit the labour room at the time of the shift change of the nurses and meet them when both outgoing and incoming nurses would be present. The SMO, NIC and coach decide to meet after two weeks.

Second visit by the coach:

The coach visits the facility after two weeks, she discovers that the SMO and NIC have involved the labour room nurses. This larger QI team has met three times and everybody has agreed to start breastfeeding early and to keep babies warm. One staff nurse has collected data on breastfeeding and babies' temperatures. She informs the coach that during the first week there was some improvement in the proportion of babies who had initiated breastfeeding within an hour and proportion of babies with a temperature in the normal range, but then there was a decline.

Discussion 2.1

Why do you think the initial improvement was not sustained?

Learning points (Discussion 2.1)

- It is common that new QI teams are able to get initial improvement but are not able to sustain it over time, and the performance slips back quickly towards the baseline.
  - Mostly this happens because new teams often do not spend time identifying the real causes of the problem. Instead, they tend to jump to solutions focused on telling people what to do. This can take the form of education or training programmes for staff or giving instructions and directing staff to implement a particular guideline.
  - The result of such actions is that staff members work harder for a time to meet these new instructions, but are not able to sustain the extra effort over time as the initial enthusiasm and strictness wears off.
- **New QI teams find it hard to look beyond the common solutions** like training, orientation and instructions for three reasons:
1. Health workers and managers often have the misplaced assumption that most quality issues are due to lack of staff knowledge or motivation. In reality, most quality problems are because the system in which people work makes it hard for them to do the right thing.

2. When problems arise, it is usually the senior staff that decide how to fix these problems. They do not always ask for input from the staff involved in the actual day-to-day work, and therefore do not learn about constraints in the system.

3. Identifying the barriers in the system that make it hard for people to provide good care is a skill that's developed over time.

Teams often need help in looking beyond common solutions that are based on misplaced assumptions, such as that most quality issues are because the staff has poor knowledge or do not know what to do and how to do it. **The first, and most important, step is to learn from the people doing the actual work about what makes it hard for them to provide the care that they want to provide.**

Discussion 2.2

What do you do as a coach?

Learning points (Discussion 2.2)

- It is important for the coach to be positive with the team. The positives so far include:
  - They now have a team
  - They have already recorded some improvement
  - They have data to show what is happening

- The key next step for the coach is to help the team to get more ideas from the nurses, who actually deliver babies and provide immediate care for newborns after birth. These nurses will know why it is hard to provide the right care and will have good solutions to make it happen.

- The coach can also ask the QI team to share the challenges they faced in starting early initiation of breastfeeding and keeping the babies warm.

- The coach can support the team in this regard by asking in depth questions. The idea is to walk them through the process without calling it that. This can best be done by asking questions - What usually happens after this ..?, and then? and then? and so forth. The team needs to be made to think about what happens at each step.

- Do not forget to appreciate the person/people who shares the actual story.

🔍 Case scenario: Part 3

The coach appreciates the QI team for getting initial improvement. The coach also appreciates that they are collecting data about the problem. She asks the team what led to improvement. The SMO responds that he has sensitized all the staff on the importance of early initiation of breastfeeding and keeping the babies warm. The coach asks the team members if they can think of any possible reasons why the results were not sustained. The SMO says that they were not able to sustain results because some of the nurses are not motivated.

> The coach then asks the nurses specifically if they are facing any problems/challenges in starting early breastfeeding or keeping the babies warm. One nurse responds that both these activities are difficult because babies are taken away by the relatives and mothers are moved out of the labor room soon after delivery, so the babies do not get skin-to-skin contact and nurses don't get adequate time to counsel the mothers. So, it is not true that the nurses are not motivated, as expressed by the SMO.

Discussion 3.1

Why do you think the team leader (senior medical officer) and team member (nurse) have different opinions?

Learning points (Discussion 3.1)

- There are often such situations in front of the coach where team members have difference of opinion in their problem analysis

- Senior staff are often involved in management process and are not necessarily as involved with all aspects of the day-to-day healthcare. Therefore, they may assume that problems lie with the people doing the work, such as that they do not have the knowledge or skills to perform the work. They often might not understand the real barriers that prevent the staff in their team from doing the work.

- **The expectation that staff are able to immediately and always carry out exactly what they have been trained in is not always realistic.** The coach and the QI team need to find out what other barriers must be overcome.

Discussion 3.2

What should the coach do next?

Learning points (Discussion 3.2)

- The information from the team member (nurse) suggests that the current way in which that care is being provided to newborns makes it hard for nurses to start early initiation of breastfeeding or keeping babies warm.

- The coach should encourage the QI team to use an analysis tool to understand the current situation better. (Next step)

Case scenario: Part 4

The coach asks if the QI team has used any of the problem analysis tools that they learned to use during the QI training. The team says they have not. They ask the coach which tool they should use.

Discussion 4

What should the coach suggest?

Learning points (Discussion 4)

There are 4 main analysis tools that can be used in different ways:

- **Flow Charts** are good for understanding different steps that are happening in a sequence and the different people who are involved in various steps of care.

- **Fishbone Diagrams** are good for thinking broadly about all the different factors that influence care. This tool helps teams think of the four main factors that determine healthcare delivery: process (procedure), place, people and policy. The fishbone diagram should be used to encourage the team to think about how issues related to process and place affect care. Usually addressing issues of process and place can lead to sustained improvement even if the staff changes subsequently.

- The **5 whys** is good for in-depth understanding of the reason for a particular, immediate contributing cause.

- **Pareto Principle** implies that 80% of the problem can be attributed to 20% of the causes. The Pareto analysis is useful for selecting the main causes of a problem and focusing improvement efforts on them.

While all these tools could be used in the problem noted in the case scenario under discussion, the flow chart would be a good one to start with in this case. The QI team wants to understand all the activities that occur between delivery of the baby and initiation of breastfeeding and maintaining body temperature of the newborn. Drawing a flow chart might help them identify where in the process their current way of working is making it difficult for the nurses to deliver adequate care.

Case scenario: Part 5

The QI team draws a flow chart of all activities that take place from the moment of delivery in the labour room to the initiation of breastfeeding. Because the nurses know most about the specific activities, most of the flow chart is filled in with input from the nurses. The flow chart they develop is given below:
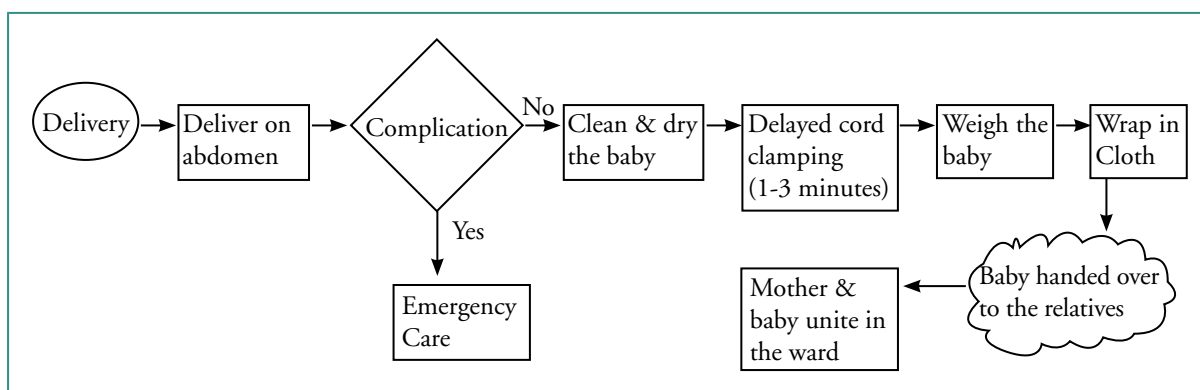
Discussion 5

What should the coach do next?

Learning points (Discussion 5)

- **The coach should encourage QI team at every new interaction. The coach should remember to identify first what all is going well and appreciate that.**

- The coach should help the team identify what seem to be the biggest barriers – the coach should encourage the team to analyze the flow chart and to identify the steps where the problems are occurring. **The coach should be patient and let the team members identify the issues indicated by the flow chart and not give suggestions from her side.**

- Help the team develop change ideas to address the identified problems: The coach should prompt the teams by asking, "So what ideas do you have for addressing this?" The coach should be patient and wait for the team members to come up with suggestions and avoid giving her own preformed solutions.

Case scenario: Part 6

The QI team reviews the flow chart and identifies the main problem from the flow chart: the family members take the newborn away, and this prevents the nurses from checking the baby's temperature, continuing skin-to-skin care, or starting breastfeeding within an hour.

The senior medical officer says they should tell the family that they cannot take the newborn until after the first breastfeeding has been completed.

Discussion 6.1

What solutions should the coach give to the team?

Learning points (Discussion 6.1)

- **The coach should ask in depth questions and usually should not come up with ready-made solutions.**

Discussion 6.2

What should the coach do next?

Learning points (Discussion 6.2)

- In this scenario, the SMO again jumped to a solution without first analyzing the problem: "They should tell the family that they cannot take the newborn until after the first breastfeeding."

- A key principles of coaching is to understand of the real circumstances in a system. A culturally unacceptable change can never be sustained. Hence coaches should help teams to make changes that conform within the norms of that context.

- The coach should encourage the team to first analyze and understand the problem before moving to solutions.

- The coach could remind the participants that there is a tool to go deeper into the causes of a specific problem, which might help them.

- **The coach should take every opportunity to involve the junior members of the team during interactions** so that the senior leaders - the SMO and NIC in this case- could emulate the coach.

Case scenario: Part 7

The coach asks the nurses on the team why do the family members take the newborn away.

One of the nurse shares that the family is supposed to keep the baby with the mother, but they often take the baby away to show to other relatives, give pre-lacteal feeds, and take pictures.

Another nurse mentions that the family has to receive the baby because the mother has to be moved from the labour (delivery) room to the post-partum (postnatal) ward soon after delivery, and it is not safe for the mother to hold the baby while she is being transferred. It is often over an hour before the mother and baby are reunited in the postnatal ward.

The coach suggests that the team try using another tool to understand better why the mother has to be moved to the postnatal ward before the initiation of breastfeeding. The team decides to use the 5 whys tool to see if they can identify a possible solution that can help keep the mother and baby together immediately following delivery. As a group they use 5 whys and come up with the following analysis:

Q1: Why early initiation of breast feeding is not done?

A1: Because the mother is shifted to the postnatal ward before breast feeding

Q2: Why is the mother moved to the postnatal ward before breastfeeding?

A2: Because the nurses need to free up the labour table for the next delivery

Q3: Why can't the mother and baby stay in the labour room on another bed?

A3: Because there is no extra bed

Q4: Why is there no extra bed?

A4: Another bed has not been requested

The senior medical officer is now very enthusiastic. He orders the nurse-in-charge to put a bed in the labour room and tells the coach that the next time she comes back 100% of babies will be breastfed early and none will be cold. The coach notices that most of the nurses seem less eager than the doctor.

The coach asks what the rest of the team thinks about this idea. One of the nurses says that there isn't enough space for another bed. The coach asks the other nurses what they think. There is disagreement. Some think there is enough space and others think there isn't.

Discussion 7

What should the coach do?

Learning points (Discussion 7)

- The coach should continue to be positive with the team and take a moment to appreciate the progress of the team so far. The positives here are:
  - The team has done a good analysis.
  - The team has identified a solution that has the potential to lead to better care.
- Remind the team that many good ideas may not work perfectly immediately.

Case scenario: Part 8

The coach congratulates the team on coming up with the possible solution of putting in an extra bed in the labour room. She also notes that there is a difference of opinion among the team about how feasible it will be to put the new bed in the labour room.

She asks the team if anyone remembers from the QI training what to do when the team has a change idea. The nurse-in-charge says that she thinks that the QI team can test if putting the bed in the labour room is feasible or not. The coach asks the nurse about whether she has any suggestions on how they can test this idea. The nurse suggests that they put the bed in the labour room for the next month and at the next coaching visit the team can see how many newborns are starting breastfeeding early and are normothermic by the time they are ready to move to the postnatal ward.

Discussion 8

What should the coach do next?

Learning points (Discussion 8)

- The coach first notices the positives and appreciates them. The positives are:

  - The team understands the concept of testing a change idea.

- For most change ideas, the initial tests should first focus on feasibility. So, the test should be done on a small scale for a short time period and cover only a few patients. Such a test can be done in one or two shifts.

- The coach should advise the team that the **PDSA** *test duration should not be determined by the frequency of QI team meetings or coaching visits but by* **learning objectives** and the minimum amount of time and information required for learning.

Case scenario: Part 9

The coach commends the nurse-in-charge for suggesting a good way of testing the change idea. The coach asks the team if the test needs to be a month long. They say, "Yes, a month is a good duration." The coach asks the QI team what they are trying to learn by doing this test. The team says they are trying to learn if moving the bed into the labour room leads to more breastfeeding and less hypothermia.

The coach asks the team if there is any possible downside (likely adverse effect) to having another bed in the labour room. The nurse who had previously said that there was not enough space replies that this may lead to crowding in the labour room and hamper the delivery services. The coach says, "Great point. There seems to be some uncertainty about whether there is enough space. Do we need to test this change for one whole month to learn if putting another bed in the labour room causes crowding?"

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Third coaching visit:

The coach returns after two weeks for the next coaching visit.

The team has shared data from the past ten days showing that early breastfeeding rates have increased and that more newborns are now normothermic at 60 minutes after delivery. The coach reviews the data with the team and helps them to start drawing a time series chart.

The coach learns from the QI team that they have tested different locations in the labour room for placement of the extra bed. The team learns that placement of the bed just outside the labour room with a surrounding curtain worked well.

The nurses like the new setup. It makes it easier for them to manage the labour room, keeps the labor table free, and helps them to keep mother and baby together; thus, letting them provide better care for their patients. The combination of easier work and better care makes them more confident about the change idea.

However, one of the nurses says that they still have not fully reached their aim.

Discussion 9

What should the coach do next?

Learning points (Discussion 9)

- The coach should recognize that this is a time to **celebrate the success of a change idea.** Encourage the team to give themselves a round of applause.

- The coach should also **note the positives** and what led to the success of the idea:
    - The team had done a good analysis.
    - The team did not go straight away with the first way to implement the change idea, but tested the proposed idea in multiple ways. This led to the most convenient option being used.
    - The team has identified a solution that has led to better care with no added work or resources. In fact, they found it easier to now to provide complete care around the time of birth.
    - They are able to show improvements using their data.

- The coach emphasizes the importance of testing and adapting new ideas.

- The coach emphasizes the need for such changes that make it easier to do the work rather than rely on people working harder while continuing the same routine (without a change).

- The coach should now encourage more analysis and help the team come up with other ideas to further improve care.

Case scenario: Part 10

The coach explains to the team that it is unusual for one change idea to fix the problem entirely. There are many causes for one problem, and they have addressed one such cause and seen improvement. The coach praises the team for this achievement. The coach reminds the team to reflect on how much their QI work has already benefited their patients. The coach asks everyone to give themselves a round of applause.

The coach then asks them to further analyze the situation and come up with other ideas that can be tested for changing the processes of care.

Having been successful to some extent already, the QI team is more enthusiastic and interested and, after some discussion, comes up with and tests several ideas over the next three months. They test several ideas over the next three months. Some ideas (changes) worked well immediately, some needed to be adjusted until they work and didn't work at all. The coach should encourage teams to continue to collect data properly, because it is not unusual for teams to try a lot of change ideas but forgetting to collect and analyze their data.

The coach keeps visiting the team at regular intervals and keeps guiding them through the process. In this systematic and diligent way, the QI team achieves both its aims of improving initiation of early breastfeeding and keeping newborn babies warm.

The coach and the team celebrate this success together. "Well done, team!". The coach also brings this achievement to the attention of the head of the health facility, who acknowledges and appreciates the efforts of the QI team. The coach also encourages the QI team to present their "successful QI project" at local and state level meetings.

In a future coaching visit, the coach guides the team to select another improvement aim in the care of mothers and newborns – like given women uterotonic within one minute of delivery to prevent postpartum hemorrhage. This time the team needs less coaching support and are able to use the QI skills and tools with more confidence to continue improving care for mothers and newborns in their facility.

Annexes

Annex 1: Coaching visit outline for supporting new teams

This is a general guideline for some of the tasks a coach will need to do during a coaching visit. A coach may not need to do all of these in a single visit. Also these activities do not have to be done in this specific order. Other tasks not listed in this table might also be needed. The coach should tailor their work during the coaching visit depending on the needs of the QI team and their progress.

Main activities	Specific tasks	Approximate duration
Introduction of the session	Introduce participants Discuss the agenda Ensure to keep time and encourage team to choose a member to take notes.	10 min
Update on the QI work and progress	Encourage the team to describe their progress with the improvement project aim/objectives, indicators, and changes (planned or introduced). Ask questions to ensure that you understand the situation properly.	15 min
Recognition and appreciation of progress made by team	Appreciate the team's progress and efforts. Point out specifically things that they have done well.	5 min
Prioritize issues and challenges team is facing	Encourage the team to list the issues to be discussed regarding the project.	15 min
Identification of concerns about data collection and review	Observe the methodology they are using for data collection and if needed give inputs to simplify the process.	15 min
Technical assistance	Depending on the progress of the team and the issues they bring up you might need to help the team do one or more of the following • Help them to choose the correct problem which is easy to fix and within their control. • Help them choose the relevant team members involved in the process, if missing. • Use the relevant analysis tool(s) e.g. fishbone etc. • Help them reviewing data and draw a run chart	30 min

Main activities	Specific tasks	Approximate duration
	• Most importantly help the team selecting a change idea and plan the next test of change. Team should know what they expect to learn from this test and exactly how it is going to be carried out. • For more advanced QI efforts, the coach will help the team document the improvement experience. Every coaching visit is an opportunity to not only solve the team's immediate challenge but also to build their knowledge of the concepts and tools of quality improvement.	
Debriefing and Planning for next steps	Have a volunteer (usually the note-taker) from the team summarize what has been done and learnt during the session Discuss and decide upon possible solutions/next steps to be taken by the team Help the team plan the next steps usually the next test of change. Ensure there is clarity among team members over next steps. Appreciate the work of the QI team	15 min
Follow up planning	Agree upon the next communication (email, telephone, etc.) Agree upon a date for the next coaching session	5 min

Annex 2: Coach self evaluation proforma

This form can be used by coaches to assess their performance in conducting a coaching visit or session. This can help coaches identify what they can do to improve their coaching sessions and help them become better coaches.

S. No	Activity	Self – assessment		Suggestions for improvement
1.	Preparations prior to session (Agenda, Informed teams in time)	Well performed	Need improvement	
2.	Was the purpose of the session well explained to the teams	Well performed	Need improvement	
3.	Facilitated use of appropriate QI tools	Well performed	Need improvement	
4.	Ability to enhance participation by all the team members	Well performed	Need improvement	
5.	Was feedback given on keeping the measurement simple and doable	Well performed	Need improvement	
6.	Were the next action steps clear to the team members	Well performed	Need improvement	
7.	Was there any introduction to new learning resources	Well performed	Need improvement	
8.	Was the next session planned	Well performed	Need improvement	
9.	Documentation of the visit/ session	Well performed	Need improvement	