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MINISTRY OF HEALTH-ETHIOPIA
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Ethiopian Healthcare Quality
Coaching Guide

January 2021

unicef

Contents

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Forward

This guidance document has been produced by Ministry of Health, Health Service Quality Directorate to assist quality coaches in the provision of technical support in the process institutionalizing quality and safety culture for a continual improvement of services for a better outcome of care and experience of care. It is intended that this document be followed to guide the national coaching technics through the process of planning, implementations and follow-ups and the guiding principles appropriate

In the preparation of the document, the Health service quality directorate has adapted Point Of Care Quality Coaching guide (POCQI) published by WHO SEAR. The guidance has included all of the elements that would need to be considered in the process of quality coaching process with aim of service improvement providing some background, rationale for developing the guidance, key elements of quality coaching, steps in quality coaching, and tools that are required for quality coaching.

This guidance has been developed primarily to meet the basic practical skills and needs of coaches. This is not a comprehensive resource for learning all the skills and knowledge needed by coaches. Thus, this version will be revised as we learn from its implementation in the future

I hope that this Coaching guide will help Quality Coaches with the key skills and competencies needed, principles of coaching, steps in coaching and as quick reference at the time of coaching

Dr Hassen Mohamed
Director, Health Services Quality Directorate
Ministry of Health

1. Introduction

Quality improvement encompasses all activities that enable improvement in service providers and the services they perform. The three fundamental activities of quality improvement (QI) are: to define quality; to measure quality; and to improve quality

Our experience shows that formal quality improvement efforts are necessary to address complex and recurring performance issues in order to ensure a better outcome of care and improve confidence in the system. Such challenges typically have multiple causes and require the involvement of many stakeholders to identify the parts of the system that need to be redesigned. With Deming's Theory of Profound Knowledge in mind, the ministry of health of Ethiopia uses a "Model for Improvement" (MFI) framework as the logical basis of any quality improvement effort to set up, manage, and replicate large-scale QI efforts.

The MFI. as we learned from Deming's appreciation of a system, change is the central concept of any improvement effort. However, not every change leads to improvement. The effects of changes must be tested and validated, usually through a four-phase cycle of planning, doing, studying, and acting—the PDSA cycle, a key element (step) of the MFI—before they are implemented, sustained, and scaled up.

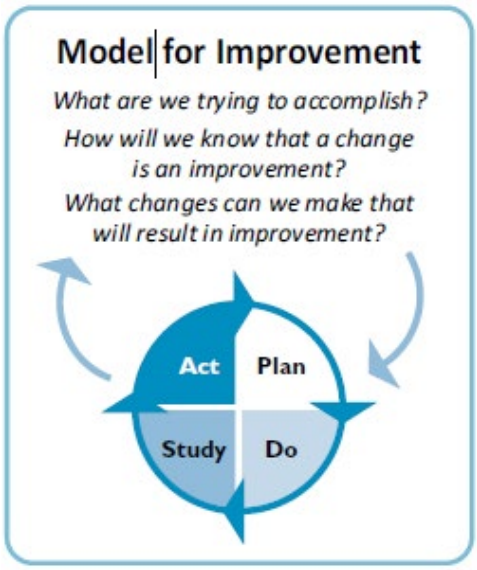
The Quality Improvement Model contains the following questions and steps:

What are we trying to accomplish? We identify the improvement aim and objectives that express, in measurable terms, a benefit to the community/ population

How will we know a change is an improvement? We develop a system that measures progress toward the aim and objectives

What change can we make that will result in improvement? We generate ideas for changes, using a list of known change concepts or other methods

Test and implement system changes with the PDSA cycle: We assess the effects of changes, based on the improvement aim and objectives. If a specific change yields improvement, it is sustained and replicated. If not, it is abandoned and another change is tested



Coaching is key mechanisms for transferring learning from the Quality Improvement training course back to the workplace. In Ethiopia, although there has been a an effort to improving the quality of care over the past two decades, coaching of QI practitioners has not gotten full attention. A health system that delivers high-quality coaching contributes to a continued improvement in the outcome of care substantially.

Despite national efforts to increase health workforce capacity through training and guidelines, there also remains a gap in implementation of effective strategies to build their skills, knowledge and the systems needed to ensure quality of care delivery. These gaps reflect a need to identify and invest in effective approaches to providing better on-job follow-up and support for health workers or teams to deliver quality care. Thus, in order to address these gaps incorporating coaching intervention as components of health systems strengthening strategies after training is crucial.

Target users of this guidance

The guidance for Coaching is intended for Health managers at all levels, coaches, and QI officers and focal dealing directly with health facility staff working in quality improvement implementation. The guideline is relevant across all programs.

2. The rationale of the guide

In the past five years, since the launch of the first National Health Care quality Strategy, more than 3000 health care providers were trained on quality improvement. However, there is a limited effort in testing change ideas, documenting lessons learned, and scaling up good practices. Similarly, global evidence showed that classroom QI training alone does not ensure that the trained health workers apply the QI concept to solve a real-world problem in their facilities and settings which necessitate additional ongoing site level support. QI coaching is an important method to provide ongoing support to help healthcare workers to apply QI approaches in their setting.

The Ethiopian Health sector plan II emphasizes health care quality as one of its transformation agendas of the sector. Implementing a QI coaching system at all levels is one of the mechanisms to effectively and sustainably institutionalize QI approaches for a better health outcome and experience of care. QI coaching approach for the local health system helps in increasing ownership of the improvement effort and the institutionalization of QI capacity in the system that ultimately improves the desired outcome of care.

Though there are efforts for quality coaching in the country, the approach is not standardized, customized, well-coordinated, and uniformly applied or implemented across the health system. Thus, developing national guidance on QI coaching is very critical to address the health care quality gap that arises from the knowledge and practice variation.

3. Purpose of the guide

The purpose of this document is to provide guidance on Quality Coaching skills and components required by the coaches in coaching process at different level of the health care system that aims to help healthcare workers and teams to apply QI approaches in their setting. It may also be used as a reference for healthcare providers who wish to serve as QI coaches.

4. Objectives

- Guide the concept and practice of coaching in the context of the Ethiopian healthcare system.
- To describe the skills, roles, and components of effective quality improvement coaching.
- To describe the coordination and support mechanism for effective coaching activity

5. Concept and Approach of Coaching

What is Coaching?

QI coaching is the process of providing ongoing guidance and directions to QI teams on ways of applying the concept of science of improvement into practice by building trust, communicating effectively, and identifying the obstacles hindering the team from applying quality methodology and tools across the system within their organization effectively and efficiently. *Thus in Ethiopian health care context Quality coaching defined as a process of transferring Knowledge and skills by experienced expert as a means of providing technical guidance to an individual or a team of experts for them to have the right skills and understanding in defining, designing, implementing, monitoring and reviewing performance improvement*

Concept of QI coaching:

QI coaching encompasses the concept of providing continuous support and guiding QI teams and HCWs to translate the knowledge and skills of QI approaches into practice to bring on a tangible improvement in the quality of care delivered across the health system and sustain them. This includes the emotional component of motivating the team to strive to improve the quality of care at their facility.

By establishing rapport with the facility staff, the coach offers the art of applying the science of improvement at an organization level which will facilitate the move of the organization towards full implementation of the QI program. The coach actively seeks out areas of weakness the institution is facing in implementing the QI program

and provides targeted support in a tailored fashion to help the facility reach a maturity level in terms of running the QI program independently: from external guidance to internally driven and sustained quality management.

Approach to QI coaching service delivery

1. **Internal QI coaching:** is a coaching process where the coach is an internal staff of the insituion anr a facility.

2. **External QI coaching:** is aoaching where an external staff provide a coaching support to the QI team. The external QI coaching approaches differs in two condition

- On the level of the health facilities which is going to be supported (at federal, regional, Zonal, and primary health care facilities).

- Quality improvement system strengthening/QI leadership and management activity versus actual QI activities implementation at the health facilities level.

Based on the above two conditions, it is recommended to use the existing platform,

- Linking the QI coaching with catchment mentoring at the primary health care facilities with QI coaching.

- Creation of a pool of QI coaches: at the federal level by MOH/HSQD for federal hospitals, at the RHB level for the general, zonal hospital and primary hospitals, at Zonal/woreda level for Health centers and Health posts.

- System-level coaching: coaching to strengthen the improvement system.

Frequency and Duration of coaching:

Generally, the frequency depends on the level of maturity of the QI teams and the facility level.

- **At Primary health facilities:** Every month at the early phase and the frequency will be decreased to quarterly on the follow-up phase as the team mature to work independently.

- **At the federal and regional level:** The frequency could be quarterly.

- **System-level coaching:** The frequency could be quarterly.

The External coaching process will get mature and shift to an internal coaching process as the team and institution to be coached equipped with the required skill. The decision to made using the Maturity index score (Annex)

6. Guiding Principles of Effective Coaching

To help the QI team and care providers, improve their skills, coaches should use the following skills:

- Building relationships based on trust,
- demonstrating genuine interest to support the team during project planning and execution and
- use effective observation and communication skills

i. Building trust:

To help others to improve their practices, coaches must convince them that their current low performances and practices can be changed for the better. QI team and care providers will offer a commitment to improving their practices only to coaches who have earned their trust. An effective coach will take the time to build rapport with others and to understand their standpoint which would lay the foundation for a strong coaching relationship, to gain trust and build their commitment to improve.

ii. Non-Judgmental:

QI coaches should be non-judgmental and ask open-ended questions to enable greater trust and mutual understanding. Coaches should focus on understanding the challenges frontline health workers face and coach them in finding a solution instead of having an attitude of 'fault finding'. Coaches should display a 'no lame and no shame' attitude that fosters honesty and authenticity

iii. Focus on Learning:

coaches who deeply observe and ask the right questions can accurately diagnose the root causes of problems and can better facilitate solutions that are appropriate and achievable. When coaches can help others identify for themselves the barriers that stand in the way of improvement, it is a much more powerful motivator for change.

iv. Effective communication:

In discussing practices, giving feedback, and helping care providers to identify problems and solutions, a coach must use good communication skills. A good coach knows when and how to listen well, how to speak to others with respect and kindness, and how to communicate ideas clearly and simply. This can be achieved through using open-ended questions, active listening, giving respectful and constructive feedback

v. Result-oriented:

By encouraging QI teams or care providers to state-specific, concrete goals with definite timelines, a coach helps them to commit to changing their practices. This helps to motivate the improvement team to reach their objectives and goals by focusing on improving the provision of care and the outcome of care. Coaches should help the QI team focus on the 'big picture': saving lives and improving patient experience

7. Roles of QI Coach and QI team members

7.1. Roles and Responsibilities of Coaches:

Coaches in the health care setting have multiple roles and responsibilities which include but are not limited to observation, asking questions, giving feedback, and support to the team as they go through the change. The role of quality improvement coaches has three phases:

A. **Initiation phases:** A design phase is a planning phase of QI processes for implementation. The phase starts with team formation and making the team capable to implement the QI project. It is a phase that focuses on the rapid assessment process which requires a combination of gathering information, defining expectations, and obtaining a consensus among stakeholders on the problem that would be the focus of improvement.

- Form a competent QI team who has a minimum of QI basic knowledge and the ability to share their achievement and challenges with others
- Engage technical experts who have subject matter knowledge
- Train the QI team
- Support the QI team to identify the gap and areas for improvement
- Promote and model the QI principles
- Identify behaviors and dynamics of problems and intervene accordingly
- Encourage the QI team to learn
- Explain complex ideas in simplified terms
- Promote shared responsibility

B. Implantation Phase: Testing and implementation of changes: The transformation phase is the implementation phase of QI that was planned in the designing phase and supporting the QI team to implement effective change ideas.

- Support the QI team to plan for improvement by
  - Encouraging the QI team to develop change ideas and suggest appropriate change ideas
  - Suggest promising intervention and innovations for test
  - Enable the QI team to make their own decisions by consensus and by considering their local context
- Allow the QI team to implement changes by
  - Building their skills in QI
  - Encouraging creativity and testing of new ways of doing things:
  - Providing/suggesting appropriate QI tools
  - Guiding them through PDSA cycles testing changes
- Assisting them when obstacles arise
  - Facilitate communication with leaders to promote and support the improvement process
  - Providing positive and constructive feedback
- support the QI team to measure the improvement
  - assess the effectiveness of changes
  - review the run chart if there is an improvement

C. Scale-up and sustainability phase:

Scale-up and sustainability is the phase that the QI team builds the foundation for QI culture and institutionalize QI. Besides, it is a phase that the QI team scale-up and document best practices.

- Support the QI team to customize processes and incorporate changes into their day to day routines.
- Document and share best practices .

7.2. Roles and responsibilities of QI team

For effective coaching, both the coach and a 'coachee' play a critical role. The coaching visit needs to be well planned. However, the 'coachee' also needs to engage openly and willingly and need to be interested in learning and development. Therefore the coachee should:

- Understand the coaching process
- Be self-motivated and willing to learn,
- Be committed to change and completing their goals

- Be able to take responsibility for their own choice and actions,
- Be able to listen actively and consider appropriate feedback without being defensive or taking offense
- Be able to consider others views and beliefs without judgment
- Be prepared to think outside the box and consider new concepts and take calculated risks
- Accept their areas for development and able to praise themselves for their achievement

Who should be a coach?

An effective Coach should be an experienced QI expert who;

- Has ample experience in design implementation, and documentation of QI project using the science of improvement
- has good interpersonal skills, and can facilitate and advocate for the teams.

A quality Improvement coach can be any health care professional at a different level of the health system who has:

- Interest and commitment to take the roles of a coach
- Experience in providing the QI training
- Quality improvement expertise (one who had planned, implemented, and documented QI project)
- Data analysis and interpretation skill,
- Trained on QI coaching,
- Good interpersonal communication

8. Skills required for QI Coaching

QI coaches required a set of skills adapted to specific institutions and levels of coaching. Though every coach applies the same guiding principles, each can apply a different style in developing the teams' QI skills and drive them for improvement. As coaches need to work with an external team, it needs to build a long term relationship with the QI teams. To be an effective coach, a Coach should have to have an understanding of how people work together and improve teamwork effectiveness. Thus to properly play a coaching role having good interpersonal communication skills, facilitation skills, training skills, strong quality improvement, and data analysis skills are very basic.

1. Good Interpersonal Communication skills:

A good coach needs to have effective communication skills which include active listening, summarizing, and the ability to clarify all questions raised on QI, providing positive and constructive feedback. QI coach should also be able to connect the QI team with other QI teams, present their work to peers and superiors, and create an improvement culture in the health facility.

2. Facilitation skills:

The Coach should help the group or the team to work together as a team, understand their objective, and plan how to achieve these objectives. The coach monitors the team through the various stages of development and intervenes appropriately to help the team move forward.

3. Quality improvement skills:

Having strong QI knowledge, experience and skills is a prerequisite for quality coaching. Coaches should know when to introduce new and advanced QI concepts to the teams. The coach Should understand and explain the concepts of QI and QI approaches, Understand the problem and prioritization matrix, understand and use problem analysis tools (5whays, Fishbone, problem tree….), documentation. Concepts need to be presented in a simple format in a manner that is appropriate to the facility where the project is being planned. The coach should also be contextual and relevant in its approach.

4. Data analysis and interpretation skill:

Coaches should have a detailed understanding of data collection analysis and interpretation. The Coach should have skill in run chart and control chart utilization and interpretation. The coach should guide the team on documentation of QI and facilitate 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.

The rate of learning different QI coaching skills varies among different people. Some QI skills typically take longer to learn than others. The coach should not try to teach everything at the start. Instead, 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. The table below summarizes the necessary competency and activities need to be done in the design, transforming and sustaining the quality improvement in the process of coaching. The table below describes the competency needed by the coach and area of support for specific quality improvement skill building in the process of coaching.

Table 1. Technical Competency and Major activity for QI Coaching:

QI Skill area	Competency	Activities
Prioritizing problems and choosing SMART aims	■ Brainstorming ■ Prioritization or decision matrix ■ Basic problem solving	■ Assist the team to 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 ■ Help them focus on solving issues that lead to better outcomes of care as well as processes ■ As the team gets matured, assist them to involve members from other units and problems that may take longer to fix. ■ Assist the team to set AIM that is Specific, Measurable, Achievable, realistic, time bounded (SMART)
Working effectively in teams	■ Teamwork concepts and Development	■ Form a multi-disciplinary team involving representatives from all categories of staff whose work will need to change to reach the aim
Analyzing problems to find root causes	**Problem Analysis** ■ Basic QI analysis tools – fishbone, diagram, 5 Whys, Pareto principle, flowchart	■ Assist the team to use basic QI analysis tools to identify root causes of the problem ■ Focus on identifying root causes related to 'place' and 'procedure' rather than 'people' and 'policy'
Developing Indicators and measurement plan	■ Indicator development ■ Knowledge of national indicators ■ Process vs. Outcome Indicators ■ Balancing measures ■ Data collection process ■ Sampling methods	■ Explain/clarify national Indicators ■ Define simple indicators related to the aim ■ Support the team to understand and select Process, Outcome and balancing measures ■ Explain and support data collection methodology and simple ways to collect the required data), ■ Discuss barriers to data collection, e.g. Problems with medical record management)

QI Skill area	Competency	Activities
Understanding data	■ Basic Skill in MS Excel or other software to collect and display data ■ Data analysis and result interpretation ■ Data quality ■ Run charts ■ Process variation	■ Assist the team to: • Use MS Excel or other software to collect and display data • Plot data over time. • Use and interpret run charts or control charts • Use data to know if there is improvement.
Developing change ideas	■ Developing interventions through mapping to identified gaps	■ Support the team to identify with simple doable ideas to reach the aim ■ Help the team to focus on change ideas that move beyond training
Testing and adapting changes	■ Knowledge of improvement cycle (PDSA)	■ Assist teams in testing change ideas to see if they work
Sustaining improvement	■ Sustainability planning	■ Based on the successful change, prepare standard operating procedures (SOPs) or policies to sustain improvements ■ Support the team to focus on changing systems to make improvements sustainable.
Governance and structure	■ Familiarity with Quality structure at different levels ■ Priority health areas for Quality	■ Meet with Senior leadership and other key individuals to discuss Health care Quality and related activities (Structure, QI, Dashboard utilization, learning, Coaching purpose) ■ Conduct or Review Organizational Assessment to determine program gaps and challenges ■ Review progress since last contact and any changes in the organization that may influence ■ Support the establishment of Quality Structure/Quality committee/ Quality improvement team (If not in place) ■ Support the leadership in aligning the local plan with national priorities ■ Provide feedback after every coaching visits

9. Creating a well-functioning Quality Improvement Team?

The purpose of teams is to solve an identified problem, and team members must develop a feeling of trust and honesty in order to fully accomplish their objective.

Improvement work invariably involves work across multiple systems and disciplines within a practice. The quality improvement (QI) team is the group of individuals within a practice charged with carrying out improvement efforts. The team may report to the organization's chief executive officer. To be effective, the team should include individuals representing all areas of the practice that will be affected by the proposed improvement, as well as patient representatives.

The QI team meets regularly to review performance data, identify areas in need of improvement, and carry out and monitor improvement efforts. For these activities, the teams will use a variety of QI approaches and tools, including the Model for Improvement (MFI), Plan Do Study Act (PDSA) cycles, workflow mapping, assessments, audit and feedback, benchmarking, and best practices research.

The team should have a clearly identified "champion" who is committed to the ideal and process of continuous improvement. This individual should be interested in building capacity in the practice for ongoing improvement and implementing effective "processes" that will enable improvement. Such processes may include gathering and reflecting on data, seeking out best practices, and engaging voices and perspectives of individuals involved in all aspects of the process/ activity under scrutiny. The role of the QI team champion is to ensure that the team functions effectively and fulfills its charter for the organization.

To enhance the team spirit and accountability there should be assign team leader, reporter and timekeeper in quality improvement team. Decision making through consensus for team building is crucial.

Who Should Be on a Quality Improvement Team?

Every team includes at least one member who has the following roles:

- Clinical leadership. This individual has the authority to test and implement a change and to problem solve issues that arise in this process. This individual understands how the changes will affect the clinical care process and the impact these changes may have on other parts of the organization.
- Technical expertise. This individual has deep knowledge of the process or area in question. A team may need several forms of technical expertise, including technical expertise in QI processes, health information technology systems needed to support the proposed change, and specifics of the area of care affected. For example, a team implementing an intensive care management clinic for people with poorly controlled diabetes might need technical expertise in change management, the clinic's electronic health record, and the patient treatment protocols that will be used.
- Day-to-day leadership. This individual is the lead for the QI team and ensures completion of the team's tasks, such as data collection, analysis, and change implementation. This person must work well and closely with the other members of the team and understand the full impact of the team's activities on other parts of the organization as well as the area they are targeting.
- Project sponsorship. This individual has executive authority and serves as the link to the QI team and the organization's senior management. Although this individual does not participate on a daily basis with the team, he or she may join periodically and stays apprised of its progress. When needed, this member can assist the team in obtaining resources and overcoming barriers encountered when implementing improvements.

The optimal size of a QI team is between five and eight individuals, although this may vary by practice

Developing a team involves five principal stages: Team formation, The storm, Norm acceptance, Performance and End.

The table shows the behavior of team members at each stage, and corrective actions to be taken

S.NO	Stages	Meaning	Member Reactions	Useful Activities
1.	**Team Formation**	Identify the members Assign roles Prepare the working norms Clarify the work subject	Enthusiasm Anticipation Optimism Concern Politeness Efforts to identify tasks Complaints	■ Presentation/ inclusion activities ■ Mission clarification ■ Establish basic rules ■ Provide all training necessary on QI concepts or tools
2.	**Storm**	Conflicts of all types	Resistance Changing attitudes Disputes Defensive behaviors Competition Doubts about the objective Unrealistic goals	■ Conflict management techniques ■ Clarification/ teaching QI concepts
3.	**Norm acceptance**	Everyone accepts the working norms Conflicts are settled	Acceptance of membership status Relief Commitment to overcome differences Feedback “Happy” interactions	■ Continue to foster shared responsibility (schedule setting, team decision making) ■ Identify he agenda for the meeting ■ Provide initiation to QI tools
4.	**Performance**	Team productivity	Satisfaction Trust Anticipation of problems Prevention Risk taking Commitment to continue	■ Initiation to QI tools and concepts as needed
5.	**End**	End of the improvement process for the subject addressed	Celebrate team achievement: ■ Joy, pride ■ Appreciation ■ Avoids a definitive end and sustain achievement	■ Discuss the next steps Evaluate ■ Present the results

N.B: Remember to use communication and facilitation skills at each stage of team development!

10. Coaching Strategies By level

A QI coach can provide support to several levels within the health care system:

Level	Description	Outcome
National	■ Focus is on the development of a sustainable system for quality management ■ Facilitate development of quality indicators based on national priorities ■ Development of Quality framework ■ Alignment of national priorities with improving quality of care ■ Learning and knowledge management ■ Integration of Quality in all programs ■ Quality Promotion/ Engagement strategy	■ Sustainable National Quality Management ■ Program integrated fully into the country health care system
Regional	■ Focus is on developing a core group of individuals at the local level to support QI activities and documentation ■ Alignment of national priorities with improving quality of care ■ Learning and knowledge management	■ Program integrated fully into the regional health care programs ■ Effective support and expertise available at the local level (support facilities and set local priorities)
Zonal/ Woreda	■ Focus is on developing a core group of individuals at the local level to support QI and documentation	■ Effective support and expertise available at the local level (support facilities and set local priorities)
Facility	■ Focus is on developing QI skills across the health care facility and promoting facility level leadership to guide the process	■ Sustainable comprehensive QM program that is inclusive and multidisciplinary in approach ■ Ability to lead QM activities at a specific level (national, district, facility or organization)

11. Component of effective QI coaching visit

Quality improvement coach planning helps allocate limited resources like staff, materials, and time in a systematic manner. 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. To make effective coaching plan the coach should be able to follow ahead of time, through thorough preparation.

1. Preparation phase

a. Identify sites for coaching then communicate the visit date and purpose

b. Review previous coaching/learning session:- supervision reports, analyze available data, documents to identify team's strengths, weaknesses, and needs for technical assistance.

c. Set a goal and objectives of coaching:- describe expected deliverables, clearly listing the agenda to be addressed.

d. List coaching activities:- Introducing, building skill, ensure proper data flow, Identify QI teams(coachee), share learning, document learning from multiple QI team

e. Organize coaching team:- Select and form a team that provides coaching (if the visit needs multiple coach)

f. Prepare the logistics needed for the visit:- prepare concept note or proposal and arrange transportation and other admin cost for the site visit

g. Make ready coaching document and materials:- Prepare the documents and materials required for the visit including data collection tools like forms, prior reports, coaching agenda/ objectives, protocols, guidelines, coaching checklist, etc.

h. Decide on mode and method of coaching support:- Coaching support can be provided through on site meetings with the QI teams and/or through virtual means such as messaging (text, Telegram, WhatsApp), emails, phone calls or video conferencing, one to one or group and team.

2. Conducting phase: -

a. Set coaching tracking mechanism: a simple Excel or Google spreadsheet can be used for organizing data and information.

b. Sharing Learning: coaches have a key role in helping teams with documenting successful stories in case studies, presentations, and posters to share their work to others.

c. Provide feedback: - encourage ongoing work, recognize what they are doing well, guide the direction of the work, provide recommendation and planning for the next

3. Follow up phase: -

a. Coaching doesn't stop in between the coaching meetings or visits, thus maintaining communication is very critical. Thus the coach should identify and set up a system to track the performances of the QI team which help in sorting which team is doing well and which is not doing well. This information will provide which facility needs more help and support.

b. Draft a visit report using the format that was selected

c. Follow up planning:- monitoring, continue communication using virtual platform, assess progress update within specific time frame

Frequency of coaching visit:

- Regular coaching is important to maintain the momentum of improving quality of care with a minimum frequency of monthly visit by dedicating one full day to a health facility.
- Virtual coaching through phone call follow-up between visits would help to have close follow-up with the team. If possible, consider creating a Telegram or WhatsApp group as a means of sharing real-time information and progress.

12. Program management and Coordination

Though there is a quality coaching at all level of the health care system , the primary focus of the coaching is a district based coaching where the district health office and the primary hospital organize on-site support for health centers in the district.

MOH

- Set national strategic direction for quality
- Select and Prioritize the national intervention

- Develop operational and resourcing plan with key stakeholders
- Facilitate national level coaching system
- Facilitate the national level learning platform
- Develop guidance training, material and tools for quality coaching
- Provide coaching for federal and teaching hospitals

RHB/ZHD

- Facilitate regional level coaching system
- Support coaching of general hospitals and health colleges in the regions
- Regional level learning platforms
- Woreda
- Provide necessary technical and financial support for quality coaching as per the standard
- Facilitate district level learning platforms
- Align district aims with the national priority goals
- Provide orientation on the aims and the goals
- Adapt national interventions to district level context
- Select and training pool of quality coaches in the district
- The district health office collaborate with Primary hospitals to facilitate the catchment Health Centers

Health Facilities:

- Commit to district aims and identify facility aim
- Establish, organize and support multidisciplinary teams
- Conduct situational analysis/baseline assessment to identify gaps
- Adopt standards of care
- Identify QI activities – develop action

Implement QI action plans and document the qi report

Undertake continuous measurement of

Focus on continuous improvement and sustain the improvements and refine action plans

13. Coaching tools

Improvement coaches support QI team's improvement efforts through regular communication and face-to-face interactions during frequent visits. In order to measure coaches performance in conducting a coaching session and identify what coaches can do to improve their coaching sessions and become better coaches it is advised to use checklists. The annexed checklist help coaches for a coaching session, where both the coach and the QI team learn from each other about the system that they are trying to improve.

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Annex A: Guiding Questions during Coaching

Date of encounter	
Facility name	
Encounter type	On-site_____ Telephone_____
Email_____ Other_____	
Attendees/individual	
Coach (name)	
Guiding questions	**comment**
GENERAL/ SYSTEM LEVEL	
Discussion with senior leadership about status of the quality management status ■ Is senior leadership aware of QI activities and can they describe the current activities ■ Do they understand the structural components crucial for managing quality ■ Is the leadership familiar with principles of quality improvement ■ Does the leadership know system components of quality ■ Is the leadership facing major changes in the organization or program that may impact the quality improvement activities ■ Does the SMT regularly follows selected indicators using a dashboard/other platform and uses it for decision making ■ Does the leadership allocate budget for quality management	
How do you conduct your annual review meetings	
How do you conduct your learning collaborative sessions	
Do you organize quality summit? If so how	
Is there anything else I can help you with today?	
General Quality improvement	

Discussion with QI team or QI team leader

- Is a QI team/unit with TOR established
- Does the team meet regularly to discuss about quality
- What kind of capacity building trainings the members took
- Do you have a data management plan including data collection process and data validation plan
- Do you give feedbacks to QI teams
- Do you conduct Clinical audit regularly
- Is there a means to display of data to view the quality improvement activities of the institution?

QI project

Tell me about your QI project?

Project prioritization How was the project chosen? What was the problem?

AIM What was the aim of the project? Is it realistic?

Measurement What measures do you have? How regularly do you review performance? Does the project have the right information to make decisions?

Teamwork Who is on the team? Is it multidisciplinary? Is there a team leader? How frequently does the team meet? Is there consumer representation?

Project work plan How do you keep the project on track?

Causal Analysis How did you decide what the root causes to your problem were? Did you develop a process flow or fishbone diagram

Does the team show effective use of data to set priorities and drive improvement efforts? **Use of data** Do they use visual displays of data to review trends and determine if improvements are successful? Were changes tested?

Is there anything else I can help you with today?

Annex B: Coaching checklist

Date of encounter			
Facility name			
Encounter type	On-site_____ Telephone_____ Email_____ Other_____		
Attendees/individual			
Coach (name)			
GENERAL/ SYSTEM LEVEL		**YES**	**NO**
Discussion with senior leadership			
Minutes from senior meetings showing evidence of QI discussion			
Presence of organogram that clearly shows the quality structure of the institution(QI unit with TOR, QI steering committee with TOR, QI officers with Job description)			
QI and QI related training logs			
QM program work plan			
Annual quality management work plan			
Visual displays of data are available			
Produced reports on learning collaborative sessions, review meetings and quality summit			
General QI			
Discussion with QI team or QI team leader			
QI unit/ team TOR			
QI unit/ team minutes			
QI unit minutes show evidence of data analysis and action plans			
Report of feedback given to sub QI teams			
Report of conducted clinical audit			
Visual displays of data are available			
QI projects		**YES**	**NO**
Project selection and prioritization			
Problem prioritized using prioritization matrix or other tool			
QI Project relates to organization's strategic/annual plans/ objectives.			
Clear description that states need for improvement			
Expected impact to the organization is clear (clinical outcomes, waiting time, financial etc.)			

Improvement clearly points to process, service or sub-system improvement.
AIM STATEMNET
Specific, numerical goals to be attained.
Project can be completed within time frame
Impact on patient or external customer is clear
Expected outcomes are clear and the team will know when it has completed the project.
Measurement
An appropriate family of measures is identified: Outcome, process, and balancing measures
Measures identified are directly related to the project description, aim and change ideas
Baseline data exist on performance of the process to be improved.
Measures can be collected at intervals frequent enough to assess progress on the project
Improvement in the project measures can reasonably be expected within project time frame
Teamwork
Appropriate subject matter knowledge is represented on the improvement team
Leadership (authority to make changes) is represented
People with detailed knowledge of the targeted system are on the team.
Patients, clients are on the team.
Causal Analysis
Detailed problem analysis is done using appropriate analytic tools according to the problem(fishbone, 5WHYs, driver diagram, flow chart)
Project work plan
QI project work plans

Problems identified		
Recommendations/way forward		
Additional technical assistance needed?	YES	NO

If yes, in what program component is assistance needed?
QM Program
Performance measurement
Quality improvement

Annex C: Team Maturity Index

Purpose: To monitor progress in team maturity as they work through different stage of improvement

Expectations:

- At the end of each visit coaches will discuss and provide a score for the QI team.
- Coaches will review the team score as they are planning for the next visit
- The team will progress to a stage of maturity, working independently on assessing the problem and working on quality improvement activities

Assessment/ Description	Definition
1.0 Forming Team	■ QI Team has been formed and oriented on aims ■ QI Team has held discussions on a minimum of one QI project
1.5 Planning for the improvement has begun, but no changes	■ QI Team is actively meeting and discussing regularly (team building) ■ Some baseline data are collected to identify problem ■ Plans for testing changes have been made ■ No tests of changes has begun
2.0 Changes tested, but no improvement	■ Some changes are being tested in one or more QI projects ■ Data on key measures is being collected, analyzed and use run chart ■ No improvement in measures

Assessment/ Description	Definition
2.5 Changes tested, initial improvement	■ Some changes are being tested in one or more QI projects ■ Data on key measures is being collected, analyzed and reported ■ Some evidence of improvement from sites based on simple indicators or anecdotal evidence ■ May or may not be evidence of improvement in process measures (depending on sensitivity) ■ Starting to articulate changes and activities to coaches and at Learning Sessions
3.0 Modest Improvement	■ Change ideas tested, successful change ideas implemented for at least one care step ■ Testing changes for at least two additional care steps begun ■ Data on key measures is being collected, analyzed and reported ■ Evidence of moderate improvement in process measures (two to three months of data showing improvement over baseline based on run chart) ■ Ability to articulate changes and activities effectively to coaches and at Learning Sessions
3.5 Improvement	■ Change ideas tested, successful changes implemented for at least three care steps ■ Testing changes for all other care steps begun ■ Data on key measures is being collected, analyzed and reported ■ Team shows ability to prioritize and analyze further details of care steps which are not showing improvement ■ Evidence of improvement in process measures (three to five months of improvement in data over baseline based on run chart) ■ Evidence of care consistently provided in the home from birth to 48 hours (based on checklist indicators) ■ Observed assisting other kebele sites at woreda meetings and learning sessions

Assessment/ Description	Definition
4.0 Significant improvement	■ For all care steps, changes have been tested and implemented. ■ Data on key measures is being collected, analyzed and reported ■ Sustained improvement in process and outcome measures observable ■ Team prioritizes and analyzes further details of care steps which are not showing sustained improvement ■ Team requested to support other kebeles in implementing similar changes
4.5 Sustainable improvement	■ Sustained improvement in at least 3 outcome and process measures ■ Involved in self-initiated or woreda-driven spread to different areas observed
5.0 Outstanding sustainable results	■ Improved and changes implemented for entire facility ■ All goals have been accomplished

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