

NS Health Improvement Coaching



NS Health Quality Improvement, Safety & Performance Framework 2021-2024

In its 2021 quality framework, Nova Scotia Health identified a new provincial area of focus dedicated to **Quality Improvement Methodologies, Tools and Measurement for Improvement**.

“We aim to become a high performing organization that creates a culture of quality improvement (QI). As an organization dedicated to high quality, evidence-based care, we need to support our team members to develop the capability and capacity to implement, evaluate, sustain, and spread successful QI initiatives at all levels of the organization. This is enabled by the application of QI methods, user-friendly tools and measurement.” (NS Health, 2021)

What is a Quality Improvement Initiative?

Quality improvement (QI) initiatives have a well-defined aim statement, change idea(s) selected / developed by a QI team, who work collaboratively to implement time-bounded small tests of change (plan-do-study-act cycles) which require dedicated human and/or financial resources, and continuously measure to determine if the change is an improvement.

Ideally, the QI initiative is documented within an improvement charter which captures how the initiative aligns with NS Health, program/service and/or team goals.

Improvement Teams vs Implementation Teams

Improvement Teams are interdisciplinary teams who are responsible to design, plan and guide the implementation of the QI initiative.

Implementation Teams are interdisciplinary teams who are responsible to test change ideas in local team, unit and/or care settings.

What is Improvement Coaching?

An improvement coach supports others in the application of quality improvement knowledge, techniques, and tools.

Does Improvement Coaching make a difference?

Yes. High performing health systems with well-developed quality improvement structures and processes^{i, ii} report reduced rates of adverse safety and risk events, increased engagement, an increase of employees reporting “joy in work”ⁱⁱⁱ, and improved patient outcomes and experience. There is strong evidence to support the use of improvement coaches to support the continued development of organizational capacity to lead, sustain, spread and scale of improvement^{iv}. Information sharing alone regarding best practice (ex. clinical practice guidelines, standing order sets, etc.) is rarely sufficient to change (and sustain) practice.

There is organizational commitment to building QI capacity and enhancing our QIS culture NS Health. In 2021, we are aiming to build the capacity (how much) and capability (how confident) of all health system leaders with a core set of QI knowledge, techniques, and tools. This commitment has been initiated in fall 2021 with a focus on

building capability with quality leaders in the Quality Improvement and Safety portfolio assessing need and readiness within the broader organization for next steps.

What are the Roles and Responsibilities of an Improvement Coach?

Improvement coaches work collaboratively with teams to determine their level of involvement and support based on several considerations including (but not limited to): the nature and alignment of the priorities (provincial, zone, site, unit, team, etc.), the complexity and reach of the aim, the QI capacity and capability of the team, and other contributing factors.

It is expected that the level of involvement may be more significant for teams earlier in their QI journey and adjust as teams increase their own QI capacity and capability.

The overarching goal of an improvement coach is to develop organizational capacity and capability and cultivate a culture of quality improvement where everyone feels safe to test change ideas (even if they might not work).

Improvement coaches act as champions for QI to share knowledge with others who will benefit and identify solutions to remove barriers, and serve as a knowledge liaison and connect QI teams with organizational supports (ex. rapid review from Research and Innovation – including navigation to REB (research ethics board) review when appropriate, or advanced data analysis from Performance Analytics, collaboration with Interprofessional Practice and Learning, etc.)



In **participation/collaboration with** QIS Teams, Improvement Coaches support Improvement Teams to:

- Identify, understand, and articulate the problem / issue(s) using evidence
- Identify, understand, and articulate a measurable/ achievable aim statement
- Identify and prioritize the implementation of change ideas
- Develop and support an implementation plan, putting change ideas into practice
- Identify appropriate indicators and measures, and support data analysis and data display (ex. run charts)
- Utilize Plan-Do-Study-Act (PDSA) cycles to guide implementation of change and inform next steps – is the change an improvement? If not, stop and try another change idea...if yes, did we achieve the aim? If not, what other change ideas need to be implemented?
- Assess QI initiatives for potential readiness for spread and scale

Teams know their patient populations, processes, and procedures best, and as such they are expected to put forward appropriate champions (those who are accountable for the change), members of the quality improvement team (those who plan and measure the change) and the implementation team (those who implement the change).

It is expected that the level of involvement may be more significant for teams earlier in their QI journey and adjust accordingly as teams increase their own QI capacity and capability so that the QIS team can continue to support development of an imbedded culture of QI throughout NS Health.

ⁱ Baker, R.G. and Denis, J.L. (2011). A comparative study of three transformative healthcare systems: Lessons for Canada. Retrieved from [Baker-Denis-EN.pdf \(cfhi-fcass.ca\)](#)

ⁱⁱ Baker, G.R., A. MacIntosh-Murray, C. Porcellato, L. Dionne, K. Stelmacovich and K. Born. 2008. "Learning from High-Performing Systems: Quality by Design." *High Performing Healthcare Systems: Delivering Quality by Design*. 11-26. Toronto: Longwoods Publishing. [Chapter 1: Introduction. Learning from High-Performing Systems: Quality \(longwoods.com\)](#)

ⁱⁱⁱ Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. (2017). *IHI Framework for Improving Joy in Work. IHI White Paper*. Cambridge, Massachusetts: Institute for Healthcare Improvement. Retrieved from [ihi.org](#)

^{iv} Godfrey, M.M., Andersson-Gare, B., Nelson, E.c., Nilsson, M. and Ahlstrom, G. (2014). *Coaching interprofessional health care improvement teams: the coachee, the coach and the leader perspectives*. [Journal of Nursing Management 22, 452–464](#)

Peter M. Senge, *The Fifth Discipline* (New York: Doubleday, 1990), p. 1.