



State Partner Coaching Guidance

Coaching is a crucial component of the States Targeting Reduction in Infections via Engagement (STRIVE) Project and a core responsibility of State Partners (state hospital associations, state health departments, etc.). As coaches, State Partners are responsible for demonstrating, reinforcing, motivating and providing feedback to their hospitals to help them reach their infection prevention and reduction goals. The National Project Team (NPT) is leaving it up to each state to determine what form this coaching will take. As a reminder, State Partners need to coordinate and conduct a site visit to 50% of their participating hospitals, submit a short report on each site visit to the NPT, check in monthly with hospitals and host at least one in-person meeting with the hospitals. State Partners can also reach out to the NPT to be connected to infection prevention experts to present or answer questions on specific topics. This guide details four strategies State Partners may choose to use to coach their states and outlines key best practices to consider during your coaching endeavors.ⁱ

Coaching Competenciesⁱⁱ and STRIVE Coaching Expectations

<p>Communication</p> <ul style="list-style-type: none"> • Communicate instructions • Effective and frequent communication • Provide constructive feedback that is timely, respectful, specific, directed toward improvement, bidirectional and constructive • Listen to hospitals’ understanding of program requirements, goals and infection prevention best practices • Clarify hospital expectations 	<p>Performance Improvement</p> <ul style="list-style-type: none"> • Help set performance goals: both infection prevention and implementation goals • Assist with assessing hospitals’ strengths and weaknesses • Use the infection control and response (ICAR) and/or practice change assessment (PCA) report to recommend areas of focus • Anticipate potential barriers early • Develop strategies to overcome obstacles • Deal with failure and reward improvement
<p>Relationships</p> <ul style="list-style-type: none"> • Leverage relationships • Build rapport and trust with hospitals • Motivate hospitals to succeed in infection prevention • Offer support without judgment • Confront difficult and uncomfortable situations 	<p>Execution</p> <ul style="list-style-type: none"> • Orchestrate the implementation of the project in their enrolled hospitals • Respond to hospital and team requests • Follow through on commitments • Be a motivator • Help hospitals see the bridge between behaviors and outcomes • Encourage hospital belief in their ability to succeed • Express enthusiasm and commitment • Validate accomplishments • Identify potential challenges • Offer support and assistance • Celebrate successes

Coaching Formats

One-on-one phone calls

One-on-one phone calls with hospital teams or team leads are a great way to connect with individual hospitals to help them troubleshoot and address areas specific to their facility and infection prevention needs.

Site Visits

Site visits can help coaches get a better picture of the environment and culture within their hospitals. They can be a great way to build trust and witness program efforts first hand. Site visits can be time consuming, so consider incorporating STRIVE coaching within existing site visit.

Group calls/webinars

Group coaching calls or webinars bring together all hospitals enrolled in one state or organization, and allow for facilitated peer-to-peer learning. Hospitals can learn from one another and share infection prevention strategies. This can be a less time consuming option than one-on-one phone calls, especially since many hospitals are likely to have similar questions or concerns.

In-person learning sessions

In-person learning sessions or meetings are an interactive coaching strategy that are a great way to initiate a project. They can also be used as a mid-point program check to reenergize program participants. In-person learning sessions can be time consuming and difficult organize, so consider incorporating a STRIVE in-person learning session into an existing meeting you may be conducting with hospitals in your state.

Do's and Don'ts of Coachingⁱⁱⁱ

Do...

- Actively monitor and assess team performance
- Establish performance goals and expectations
- Schedule times for coaching well in advance
- Share agendas and materials ahead of time
- Acknowledge desired behaviors and skills through feedback
- Coach by example
- Reach out to the NPT if you need additional support
- Celebrate successes

Don't...

- Coach from a distance
- Coach only to problem solve
- Lecture instead of coach

Solutions to Common Barriers Encountered During Coaching

Project does not appear to be a priority for the team leader.

- Validate the importance of the project work with the team leader.
- If possible, setup a site visit or a coaching call, to reengage the team leader and highlight project benefits.
- Determine why the project is not perceived as a priority (e.g. too many projects? high staff turnover?) and coach to this specific need.
- Emphasize your availability for support and assistance, and that their success is your number one goal.
- Work with the team lead to develop an action plan, setting milestones and celebrating successes.
- If the hospital is involved in multiple improvement projects, help the team lead align interventions to meet the needs for all projects. Help determine how the work can be supportive without being duplicative.

- Meet the team leader and hospital where they are in terms of project scope. If they are feeling overwhelmed, suggest narrowing the focus of their project involvement by aiming to improve one infection instead of multiple infections, or beginning the initiative in a particular unit, or limiting the intervention to just one specific practice change.

Project does not appear to be a priority for senior leadership.

- If possible, setup a site visit or a coaching call to engage senior leadership, highlighting initiative benefits.
- Determine senior leadership priorities (e.g. value-based purchasing, creating a high reliability organization, patient safety) and emphasize how the initiative can help the hospital achieve these goals.
- Facilitate communication between hospital senior leadership and the team leader to help achieve a mutual understanding about the initiative benefits and requirements.
- Ask senior leadership to be actively involved in the initiative by participating in monthly meetings, conducting safety rounds, etc.
- If senior leaders remain unengaged or unresponsive, consider going up the chain of command to your senior leaders to personally engage the hospital Chief Executive Officer in the benefits of the initiative.

Lack of staffing or resources dedicated to the project.

- Discuss how interventions can be incorporated into routine work.
- Engaging senior leadership is critical for assuring resources are appropriately allocated to projects.
- Encourage hospital teams to consider developing a business case to demonstrate to leadership the return on investment for allocating resources (e.g. staffing, supplies) to the improvement project.
- Help the team conduct a root cause analysis to better understand what is really preventing success, to more effectively target the barriers or practices that will have the largest impact while requiring fewest resources.
- Encourage hospitals to embed participation in improvement projects into performance evaluation criteria.
- Make the improvement project meeting the best part of a team member's day. Affirm the value of the work and share how their work is positively improving patient safety and the hospital's mission.

High levels of staff turnover.

- Ask about potential staff turnover or people being out on leave at the start of the project. How will this be addressed? How will gaps be filled? If the hospital uses temporary staff, how will they be oriented to particular healthcare-associated infection prevention strategies?
- Encourage hospital teams to integrate improvement activities into new employee orientation. Consider having a mentor or coach work with new staff or temporary staff to ensure competency.
- Help hospital team leads engage unit managers to monitor morale during periods of high staff turnover. Encourage leaders and managers to offer understanding, emotional support and validate staff's hard work and value by modeling behaviors, lending a hand, covering patient care during lunch and/or helping with daily patient care (e.g. bathing, turning patients).
- Encourage hospitals to understand the reasons for turnover – are there bigger issues going on?
- Celebrate successes, even small wins.

ⁱ Note. Monthly Learning Action Forums do not take the place of the State Partners coaching responsibilities.

ⁱⁱ TeamSteps 2.0: Module 9. Coaching Workshop. Content last reviewed March 2014. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/teamsteps/instructor/fundamentals/module9/igcoaching.html>

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