DOES A COACH MAKE A DIFFERENCE...WITHOUT A DOUBT!

Panelists
Barbara Bates
Kathryn Santos
Mary Gracey-White
Debora LeBarron, Facilitator

Learning Objectives

• This session will help participants to...
  — Understand the role and value of coaching in the Gold STAMP model.
  — Identify areas of pressure ulcer assessment, prevention and treatment that the Gold STAMP Model can be helpful with in their community.
  — Identify more cross-setting quality improvement areas where the Gold STAMP model could be used.

Coach Role

• Establish a rapport with and assist in building strong relationships among collaborative members
• Understand and help assess collaborative needs
• Facilitate consensus with development and execution of collaborative Action Plan
• Advise and assist organizations with defining their own Action Plans, relevant to the collaborative
• Monitor and facilitate data collection
• Model coaching behavior and nurture potential leaders for collaborative sustainability
• Participate in Transformational Conference
Coach Value

- Objective 3rd party
- Challenges group norms and assumptions
- Serves as a constant support to members
- Keep progress in Action Plans and goal achievement a collaborative priority
- Model coaching behaviors for sustainability of the collaborative

Coach Tools

- Organizational self-assessment/Profile
- Gold STAMP Resource Guide
- Performance improvement strategies
- Statewide collaboratives/Champions
- Coach Training Day
- Coach coordinator
- Project leaders/Gold STAMP Partners
- Technical Assistance calls/Archived Webinars/Website
- Each other

MRT Collaboratives:
Niagara Falls, Rochester, Plattsburg, & Brooklyn

- Coach – Barbara Bates, MSN
- Each collaborative had hospital, nursing home, home care and hospice representation
  - Rochester providers primarily from two major health systems
  - Plattsburg serves more rural setting, servicing large area
  - Brooklyn and Rochester both large teaching hospitals involved
  - Niagara Falls collaborative members served same patient populations but not worked on care delivery issues
- Collaborative goals: Consistent and accurate implementation of the Braden Scale; Cross setting education of staff (including physicians/residents) on wound staging, prevention and management; Implementation of a communication tool with emphasis on non-repetitive documentation
Grant Collaboratives: Queens & Brooklyn

- Coach – Kathryn Santos, PT, MPA
- Each collaborative: has a hospital and a nursing home within the same health system; has a home care agency that is part of the same corporation; one collaborative also comprises a smaller home care agency
- Providers impacted directly by Hurricane Sandy - long and short term
- Collaborative goals: compliance with use of a standardized communication tool, coordination and timely delivery of durable medical equipment at home, engagement of Physicians; education of all; sustainability

Grant Collaborative: Long Beach

- Coach - Mary Gracey-White, RN
- Collaborative included Long Beach Medical Center, three Long Beach Nursing Homes and 1 Home Care Agency.
- Collaborative goals: Development and implementation of a cross setting communication tool; Cross-setting Education for residents/patients, families and all staff.
- Structurally the hardest and longest hit collaborative by Hurricane Sandy

Challenges

- Collaborative member’s self assessments not completed as team – limited perspective on areas needing improvement
- Collaborative representation had too many administrative staff vs more direct caregivers
- Collaborative members need interest in issue not just be assigned by administration
- Members from organizations bring competitive and political histories to the table
- Addressing how to “leave at the door” those competitive and political histories
Challenges... Continued

• Documentation system differences (paper vs electronic) and transitions (paper to electronic)
• Turnover among key leaders
• Corporate structures that serve as barriers to piloting/adopting products, processes, and systems collaboratively
• Limited authority of representatives to make decisions and implement change organizationally
• Identifying the right patients transitioning hospital/nursing home/home care to include in pilot
• Involvement of physicians in the community

Successes

• Strong new partnerships created across settings
• Enhanced communication between caregivers related to pressure ulcer prevention, assessment, management and treatment.
• Networking and sharing of creative methods and evidence-based practices to educate staff related to pressure ulcer staging and prevention
• Improved use of Braden Scale and subsets to enhance knowledge of pressure ulcer risk assessment

Successes... Continued

• Increased interdisciplinary awareness and involvement in care transitions and pressure ulcer-related issues
• New Performance Improvement (PI) tools, processes, and systems
• Improved other care transitions issues (e.g., avoidable rehospitalizations)
• Appreciation for “others’ shoes” – operational, regulatory, etc.
Lessons Learned
• Establish early meeting ground rules, action plan, etc. and review every meeting
• Establish action plans that are realistic and achievable
• Introducing new members well after collaborative is established slows down process
• New members may have difficult time understanding Gold STAMP process; their orientation falls to their predecessor
• Members with resistance to change/negative approach can limit progress of the group

Lessons Learned... Continued
• Align changes with standards of practice
• Involve champions who are passionate about the issue
• Gain buy-in from executive leadership; reinforce commitment with progress reports
• Provide ongoing local education/training, and seek and listen to feedback from participants
• Promote a positive and collaborative attitude toward change
• Resilience of collaborative to endure despite "Hurricane Sandy."

Sustainability
• Define how Gold STAMP integrates with other organizational priorities
• Identification and nurturing of member(s) with strong coaching potential
• Integrate collaborative with existing group with like-minded goals/interests
• Expand membership /add new blood
  – “Buddy Program” - new providers, new reps. from existing membership
  – Recruiting events – “Skin Fair”, quality improvement Open Houses, press events/notices
• MRT Waiting list
Next Steps

More Gold STAMP!