NSW GOVERNMENT

SESLHD
HEALTH COACHING

Translating Health Coaching Training into Practice

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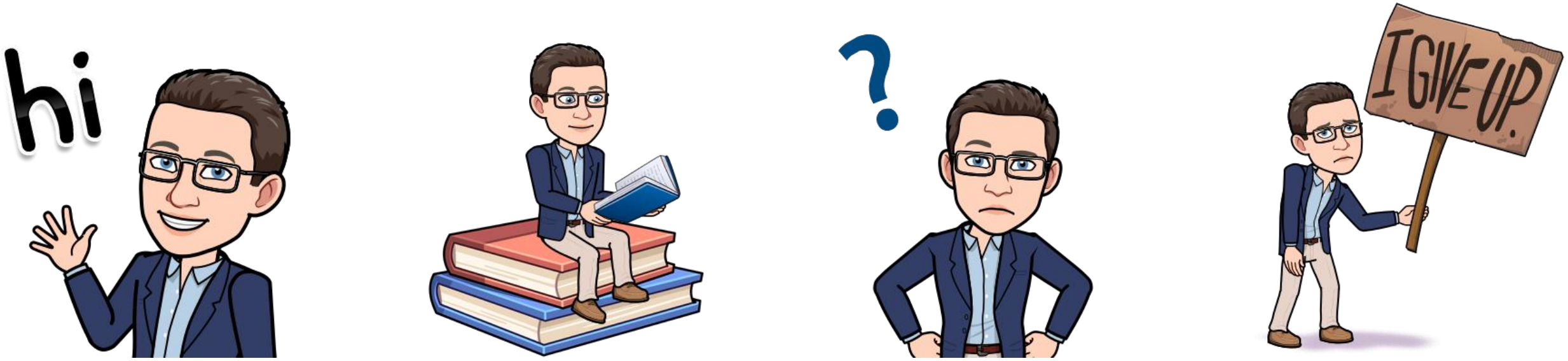
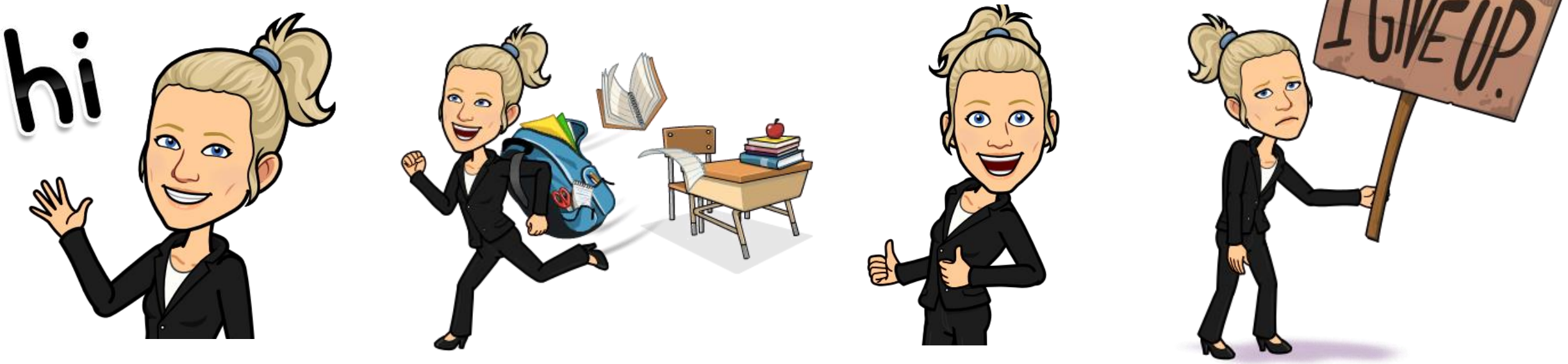
Brendon's experience



Anna's experience

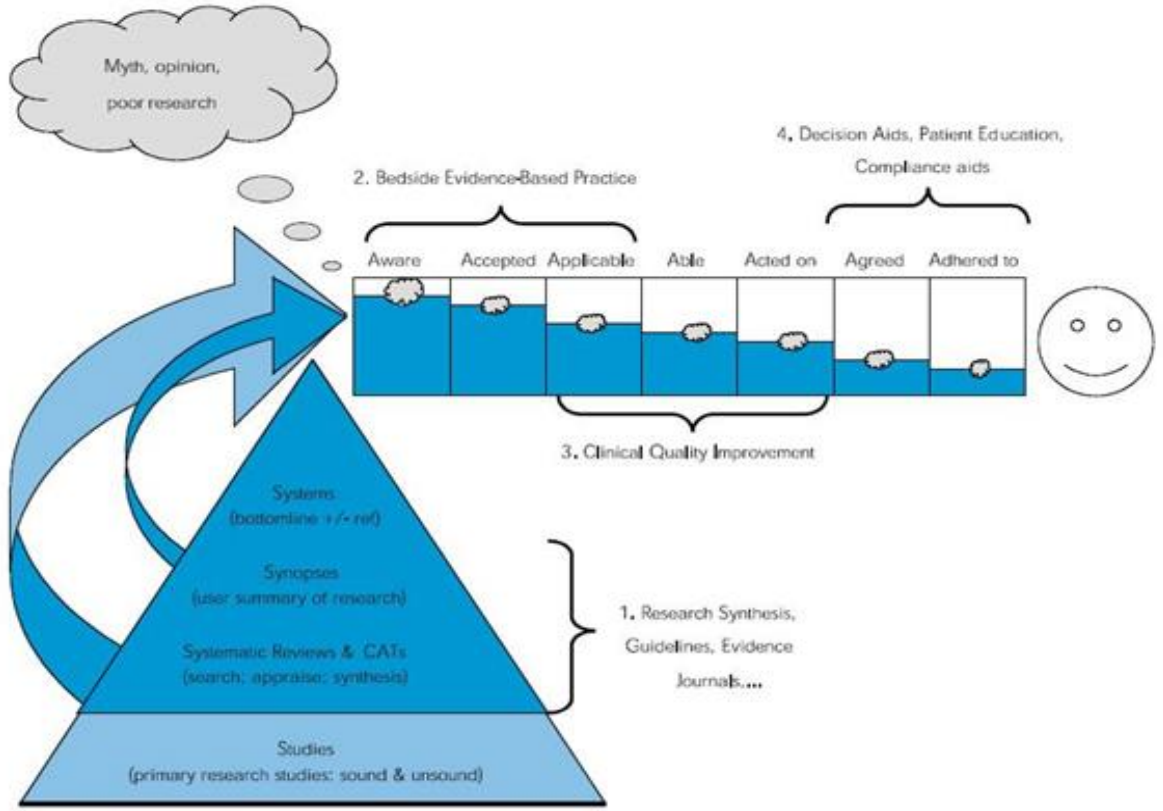


Health Coaching into clinical practice

- We were not alone - anecdotal evidence that many care providers were having trouble translating health coaching training into practice
- 750+ local health district and primary care staff trained in health coaching
- 56% of survey respondents had implemented health coaching

Translation research

- Transfer of research and training into practice is unpredictable and slow
- Up to 20 years for scientific research to be implemented into practice
- Only 5% of work showing therapeutic promise reaches clinical practice



The research-to-practice pipeline. New research, of varying soundness, is added to the expanding pool and enters practice both directly or is reviewed, summarised, and systematised (delay) before entering practice, with leakage occurring at each of several stages between awareness and patient outcome. Different knowledge translation disciplines focus on different parts of the pipeline (1–4).

Glasziou & Haynes, 2005

What's your experience?

- ***Discuss with someone around you:*** *Describe a time where you have attended training or a conference, had all intentions of coming back and implementing change in your work environment, yet that change never happened.*

- Only describe what the change was and what you tried to do to implement it, not why it didn't work

- 1 minute each to discuss

What is Health Coaching

- A person-centred approach to goal-setting, active learning and self-management that guides, empowers and helps the individual connect to their own motivation to change their behaviour (SESLHD 2018)

- Health coaching is a process that changes the way health professionals communicate with patients and clients

- Health coaching places the patient/client at the centre of their care and encourages collaboration and communication

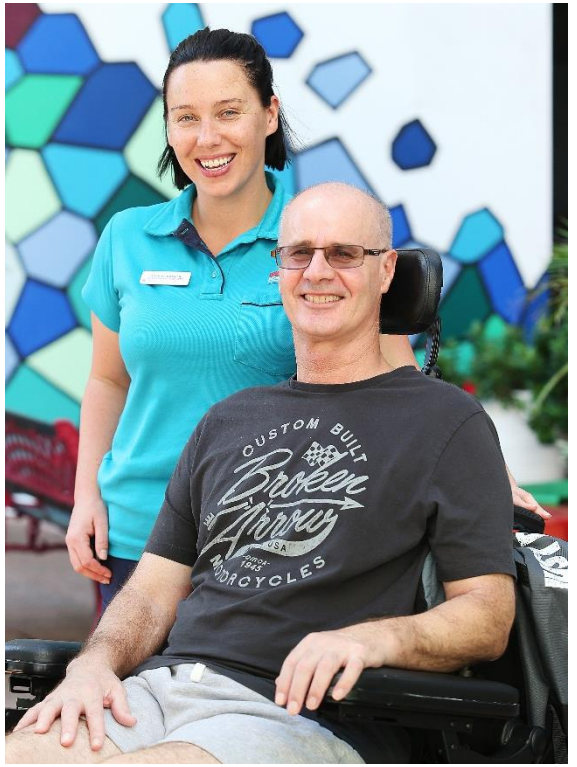
Benefits of Health Coaching

- Education has significant, but not sufficient, role in self-management; need behaviour-change focused coaching (Lindner et al. 2003)
- Coaching improves self-efficacy and self-empowerment (Ammentorp et al. 2013)
- Positive effects on patients' physiological, behavioural and psychological conditions and on their social life (Kivela et al 2014)
- Better weight management, increased physical activity, and improved physical and mental health status
  (Kivela et al 2014)

Benefits of Health Coaching

- 75% of RCTs & 92% other studies found positive impact on motivation to change health behaviours and self-confidence to do so (NHS 2014)

- 59% of RCTS & 89% other studies found positive effect on behaviours (alcohol intake, tobacco use, fruits & vegetables, exercising
(NHS 2014)



Consumers on Health Coaching

"I don't think I would still be working if I didn't come here"

100% of patients report needing more support post diagnosis

"I think it would be good to involve my family and carer in coaching sessions"

"I needed this 48 years ago"

100% of patients say follow up of health coaching goals and plans is very important, however only 52% of providers follow-up

Care Providers on Health Coaching

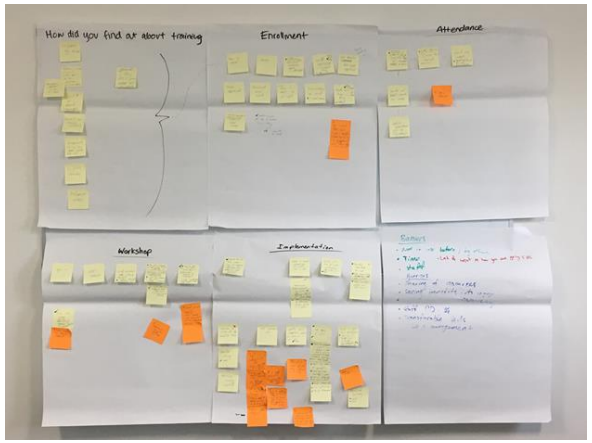
- 79% value the effect of health coaching
- 93% support the use of health coaching
- 93% see the purpose and benefits of health coaching
- 85% believe health coaching is a part of their role

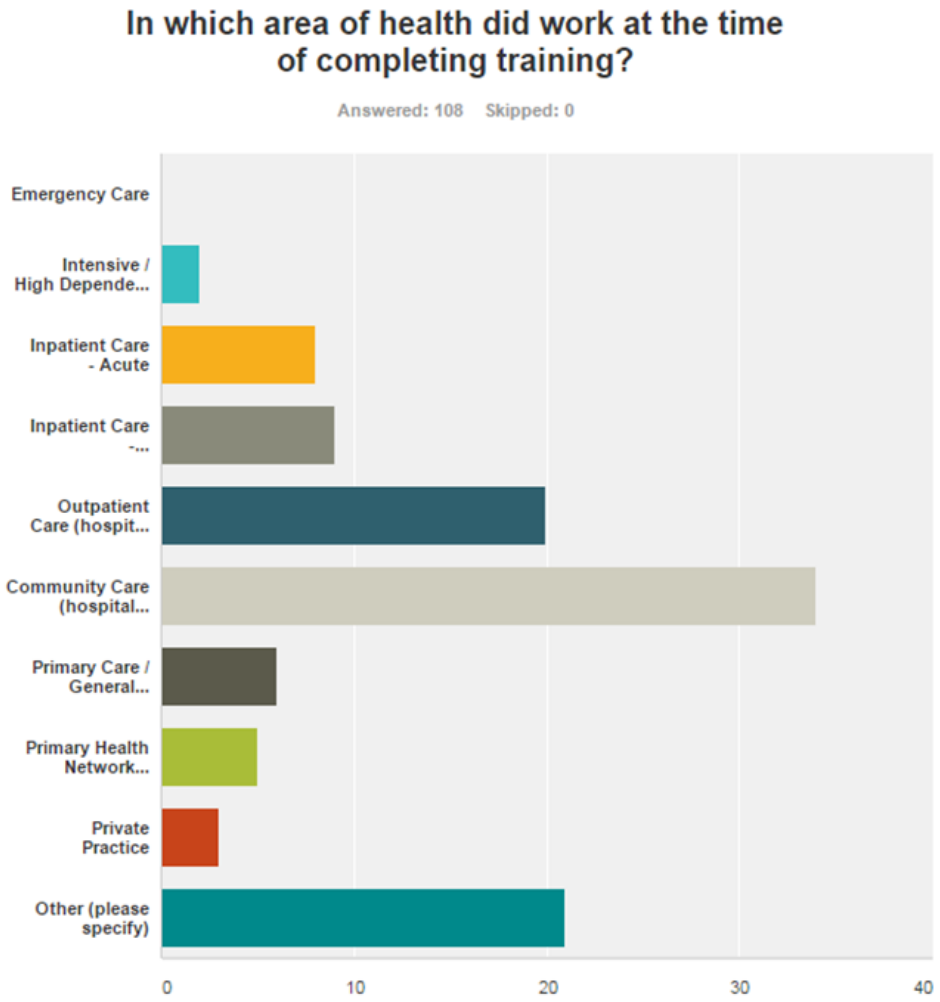
Uncovering the true story

- ***Discuss with the same person:*** *Why do you think you were unable to translate and implement the example discussed earlier*
- What were the issues affecting the translation of health coaching training into clinical practice?
- Assumptions v Fact
- All valid experiences but not necessarily what will solve the problem

Uncovering the true story

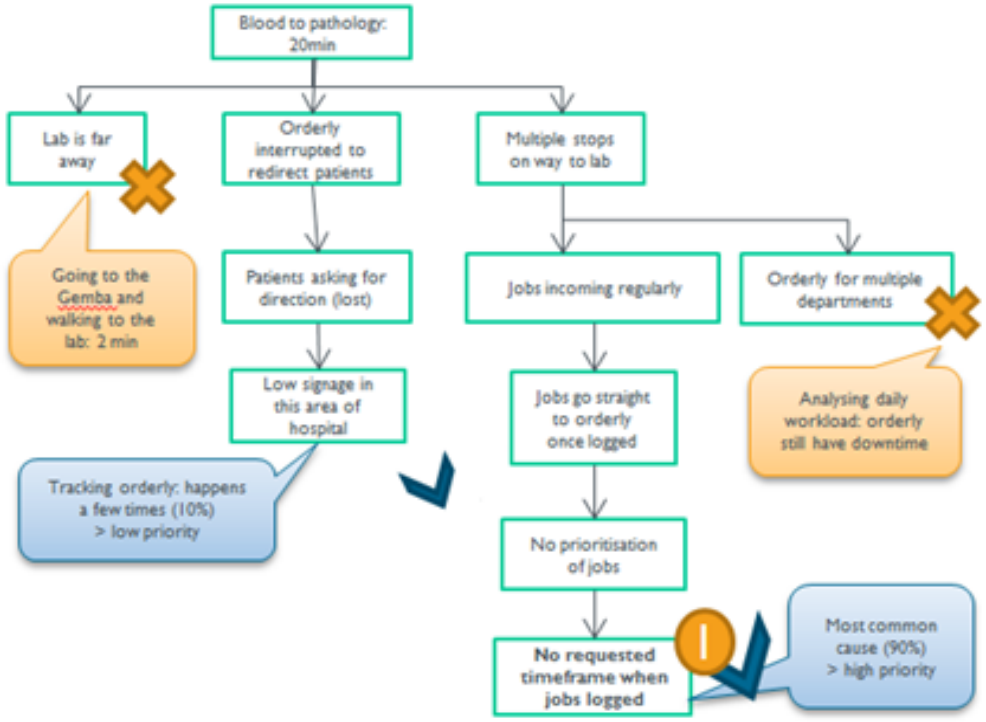
- Importance of diagnostics
- Understanding of current state from multiple viewpoints
  - Challenging assumptions
  - Obtaining factual information from all key stakeholders





Uncovering the true story

- Exercise



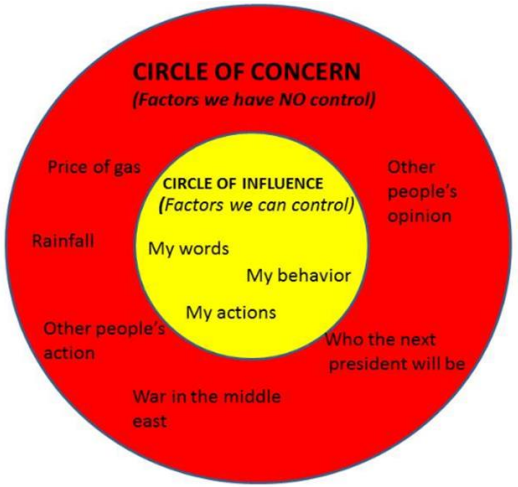
❶ Insufficient training on health coaching	1	Health coaching training is not tailored to the healthcare providers context (such as their clinical area and patient type)
	2	There is limited promotion and knowledge of further education and learning opportunities
	3	Training does not adequately cover how to implement health coaching into practice
❷ Insufficient post-training support and resources	4	No SESLHD staff, external contact or expert group dedicated to supporting providers of health coaching
	5	Healthcare providers have not been asked what support and resources they require
	6	Health coaching is generally viewed as an "add-on" to clinical care so does not become supported standard practice
❸ Lack of understanding and knowledge of health coaching	7	There is no standard definition of health coaching used by SESLHD, Primary Care and education providers
	8	The purpose and benefits of health coaching are not well promoted
	9	The complex methodologies used by the current training provider lead to a misunderstanding of health coaching

Creating Solutions

- Solution generation techniques
- Example: Power of three
  - Usual way (business as usual)
  - Different way (freshen up)
  - Radical way (a little crazy!)
- ***Discuss with the same person:*** *Come up with a usual, different and radical idea for how you could implement what you have been discussing with them*

Creating Solutions

- Worked with local interested clinicians
- Consultation with experts



Power of three brainstorming on key issues in person and via WebEx
Blitz on key issue #1
Power of three on all key issues
Solution prioritisation via survey
Refinement of solutions (EAST)
Expert consultation

1. Develop and spread a definition of health coaching, including what health coaching is and how it can be used
2. Provide internal support to staff already trained in health coaching through Organisational Development & Learning (OD&L) unit
3. Provide online support for staff who have completed health coaching training
4. Regularly review training and support needs via follow-up with staff who have completed health coaching training
5. Investigate other health coaching courses that cover implementation

Implementation

- Other activities & stresses
- Create and use champions
- Sponsorship

https://www.ted.com/talks/derek_sivers_how_to_start_a_movement?language=en

Table 2: SESLHD Integrated Care, SESLHD, change and project heat map

Change Agents: *Brendon McDougall & Anna McGlynn* — ***Unit:*** *Integrated Care, SESLHD*

Project/task name	Status	Estimated Start	Est. Completion	How time & resource intensive in each month								
				Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-17	Mar-17	Apr-17	May-17
eReferral Tender Evaluation	Existing	Already Started	Q4 2017	High	Medium	Medium	Low					
Multilevel Innovators Project	Existing	Already Started	Q4 2018	Low	Low	Low	Low	Low	Low	Low	Low	Low
Unit Reorganisation	Existing	Already Started	Q1 2018	Low	Low	Low	Low	Low				
PAM Study	Existing	Already Started		Low	Low	Low	Low	Low	Low	Low	Low	Low
Integrated Care Leadership Program	Existing	Already Started		Low	Low	Low	Low	Low	Low	Low	Low	Low
Access & Intake Reorganisation	Planned	Q4 2017	Q2 2018		Medium	Low	Low	Low	Low	Low	Low	Low
IT Implementations (TRIM, Health Roster, Internet Content Management, etc.)	Planned	Q4 2017	Q1 2018	Low	High	Medium	Low					

Table 2: Integrated Care Unit, SESLHD, change and project heat map

Change Agents: *Amy Young* — ***Unit:*** *Primary Care Development and Quality Improvement, CESPHN*

Project/task name	Status	Estimated Start	Est. Completion	How time & resource intensive in each month								
				Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-17	Mar-17	Apr-17	May-17
Workforce Support program	Existing	Already Started	Q2 2018	Medium	Medium	Medium	Low	Low	High	Medium	Medium	Medium
Australian Immunisation Register (AIR) project	Existing	Already Started	Q4 2017	Medium	Medium	Low	Low					
Black Dog Institute Stepped Care Project	Existing	Already Started	Q4 2017	Low	Low	Low	Low					
CESPHN region wide needs assessment	Existing	Already Started	Q4 2017	High	High	High	Medium					
Patient Centred Medical Neighbourhood Projec	Existing	Already Started	Q2 2018	High	High	High	High	High	High	High	High	High
HeLP GP research project	Planned	Q4 2017	Q4 2018	Low	Medium	Medium	Low	Low	Medium	Medium	Medium	Medium
Digital Health Needs Assessment	Planned	Q4 2017	Q1 2018	High	High	High	High	High				

Table 3: Primary Care Development and Quality Improvement, CESPHN, change and project heat map

Change Agents: *Susan Sims & Shona Cassell* — ***Unit:*** *Organisational Development and Learning, SESLHD*

Project/task name	Status	Estimated Start	Est. Completion	How time & resource intensive in each month								
				Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-17	Mar-17	Apr-17	May-17
capability development program	Existing	Already Started		Medium	Medium	Medium	Medium	Low	Medium	Medium	Medium	Medium
professional accountability improvement program	Existing	Already Started		Medium	Medium	Medium	High	Medium	High	High	Medium	Medium
evaluation program	Existing	Already Started		Medium	Low	Low	Low	Low	Low	Low	Low	Low
centre for leadership	Existing	Already Started		Medium	Medium	High	High	Low	High	Medium	Medium	Medium
mindfulness and wellbeing	Existing	Already Started		Low	Low	Low	Low	Medium	Medium	Medium	Medium	Medium
Everyone matters	Existing	Already Started		High	High	High	High	Low	Medium	Medium	Medium	High
Improvement Academy	Existing	Already Started		Low	Low	Low	Low	Low	Low	Low	Low	Low

Table 4: Organisational Development & Learning, SESLHD, change and project heat map

Implementation

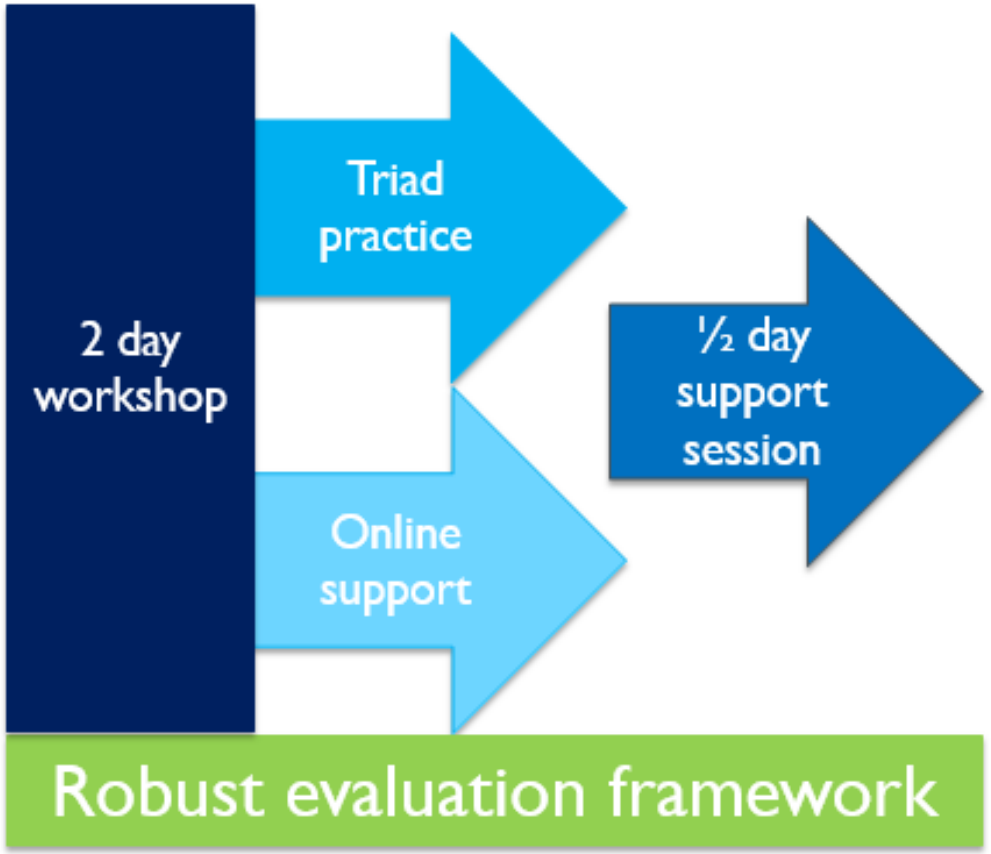
Significant barriers to successful implementation, and strategies that have been developed to address / remove these barriers

BARRIER	STRATEGY TO ADDRESS / REMOVE	RESOURCES REQUIRED	PERSON RESPONSIBLE
Implementation reinforcement is historically poor	A reinforcement strategy has been developed in section 8 of this plan, as well as sponsorship reinforcement in section 4. This strategy will need to be monitored and evaluated as implementation progresses.	Sponsor involvement and commitment to reinforcement. Project team time to monitor reinforcement strategy. (1hr/week) Rewards may be required, depending on the reinforcement approach as customized to each individual.	Brendon McDougall & Amy Young

New approach to the program

- Delivered internally with major focus on increasing practical aspects
- Small amount of pre-reading
- 2 x full day workshops (2 weeks apart)
- 3 x 1 hour practice sessions (triads) monthly post workshop (Grant & Cavanagh, 2008)
- Short Reflective Writing submission
- Ongoing support is provided via the SESHD Centre for Coaching
- Completion of the full program contributes 20 study hours of continuing professional development
- Dedicated project officer
- Community of practice

Evaluation


2 day workshop
Triad practice
Online support
½ day support session
Robust evaluation framework

Results then vs now

Objectives of the program	2012-17 (n=149)	2018-19 (n=14)
Staff who agree there is sufficient training to implement health coaching	28%	**88%**
Staff who agree there is sufficient support and resources to implement and provide health coaching	22%	**100%**
Staff who agree they are using the knowledge and skills gained and have translated into practice	56%	**100%**

Lessons learnt

- Evaluate from the start
- One off training is not enough to implement
- Importance of definitions
- Importance of regular meetings
- Importance of active sponsors
- Significant variation between staff
- Many staff lacked the confidence to apply health coaching
- Staff in many different healthcare settings should be trained in health coaching
- There is wide variation on when patients want to start health coaching

SESLHD

HEALTH COACHING