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## CONFERENCE ABSTRACT

### Implementing health coaching in South Eastern Sydney Local Health District

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**Introduction:** Implementation and spread of health coaching is a priority of the South Eastern Sydney Local Health District (SESLHD) Integrated Care Strategy. Health coaching is supported by literature showing improvements to lifestyle behaviours, physical and mental health.

SESLHD initially implemented health coaching throughout the District by providing externally delivered training programs for healthcare professionals. Program evaluation showed 44% of training recipients were unable to implement or provide regular coaching, resulting in lost opportunity to improve patient care.

**Practice change implemented:** Surveys, interviews, workshops and focus groups were conducted with healthcare providers and consumers. This identified issues and root causes, allowing for generation of the following solutions:

1. Develop and spread a standardised definition of health coaching
2. Enhance training and support models
3. Provide access to online resources
4. Develop and implement an ongoing evaluation framework

**Aim and theory of change:** A project team was established to improve the translation of health coaching training into every-day clinical practice. Improvement methodology was used to develop and implement sustainable change processes.

**Targeted population and stakeholders:** The health coaching program is available to all care providers within SESLHD and local Primary Care.

**Timeline:** The project commenced in April 2017, with solutions implemented in February 2018. Evaluation will be completed in 2019. Results will be used to refine solutions and enhance the program through to June 2022.

**Highlights:** The health coaching program has been redesigned in response to identified issues and participant needs. The redesigned program is delivered by SESLHD subject matter experts over a four month period, with a significant increase in practice opportunities. This enables all participants to embed skills whilst receiving support, significantly increasing implementation of health coaching into clinical practice.

**Sustainability:** The sustainability of the previously commissioned model is equal to the redesigned model which provides significantly improved outcomes. Phase 2 of the project is due to commence in July 2019 which will focus on sustainability.

**Transferability:** With local adaptations, solutions developed throughout this project are likely to be highly transferable.

**Conclusions:** A generic training program is insufficient to achieve wide-spread implementation of health coaching into clinical practice. Reasons for this need to be understood within the local context and requires solutions to be co-designed with participants.

**Discussions:** The majority of healthcare providers recognise the benefits of health coaching and support its use. Coaching recipients value the effect of coaching, stating it needs to occur throughout the continuum of care. In order to implement health coaching into practice, many organisations commission the delivery of externally provided training programs. This project has shown that such training is not always effective in allowing the successful translation of training into practice.

**Lessons learned:** Implementation and sustainable delivery of health coaching is complex. It is influenced by many factors which are not adequately addressed by the mere provision of health coaching training. Significant investment should be made in planning and supporting the translation of health coaching training into practice.