

## Leadership Saves Lives Evidence Brief: Essential Tasks of Guiding Coalitions

**The Problem:** Quality collaboratives are widely endorsed as a potentially effective method for translating and spreading hospital best practices. Yet not all hospitals that participate in collaboratives experience substantial gains, and some continue to lag. Multidisciplinary teams (or “Guiding Coalitions”) are frequently created to lead collaborative efforts within hospitals; however, their success is uneven and little is known about how to establish and sustain effective guiding coalitions.

**The Response:** In a 2-year, longitudinal, mixed methods intervention study of 10 hospitals to improve outcomes for patients with acute myocardial infarction (the Leadership Saves Lives collaborative), 6 hospitals experienced substantial organizational culture change and greater reductions in risk-standardized mortality rates (RSMR), while 4 did not. Guiding Coalitions in the more successful hospitals: 1) included staff from different disciplines and levels in the organizational hierarchy, 2) fostered authentic participation in the work of the guiding coalition, and 3) employed tactics for managing conflict, fatigue and motivation over time. These features build resilience in the face of common organizational improvement challenges.

LSL Guiding Coalitions at each hospital included approximately 15 key staff involved in care of patients with AMI. Members included staff from multiple departments (i.e., cardiology, emergency medicine, pharmacy, quality improvement, cardiac rehabilitation), professions (i.e., physicians, nurses, technologists, administrators), and levels of hierarchy (i.e., from senior executives to front-line staff). Neither size of the coalition nor rates of turnover among membership differentiated the more and less successful coalitions. Coalitions in the hospitals that generated shifts in organizational culture and greater rates of improvement in RSMR had three distinguishing characteristics:

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A Guiding Coalition is a group of individuals within an organization that are the social leaders of a change initiative. Members bring diverse expertise, energy, and perspectives to the work of the group.

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**Essential Task #1: Include staff from different disciplines and levels of organizational hierarchy.** Effective coalitions achieved diverse membership across departmental lines and they also reached beyond hospital walls to engage representatives from other organizations as needed. As they undertook efforts to implement

evidence-based practices, the coalitions recognized gaps in their membership and addressed them. In cases where members became disengaged, coalitions allowed for turnover with replacement to address evolving needs. In general, staff in these hospitals understood that diverse and somewhat fluid membership was critical for both discovering the root causes of problems and fostering team ownership of potential solutions.

*That was the “ah-ha” moment, where we knew, if we’re going to do this root cause analysis, we need to have the right people in the room. So we had a meeting with all the right stakeholders and people being able to walk out of here owning what they can do. (Nurse).*



## **Essential Task #2: Foster authentic participation in the work of the guiding coalition.**

Effective coalitions supported discovery, learning, and teaching among and between members, and across staff who operated at different levels in the hospital hierarchy. High levels of participation did not occur instantly. In some coalitions, real engagement emerged over time as members began to offer their unique skills and perspectives to the shared task.

*Every time I come to a meeting, I learn something and they ask me for my input. I am not just a fly on the wall here. I appreciate that. (Paramedic).*

## **Essential Task #3: Manage conflict, fatigue, and motivation over time.**

Effective coalitions used of an array of tactics for managing conflict and sustaining genuine engagement. Staff described being cognizant of not wasting people's time, having clear roles, and defining work to be delivered between meetings. Some groups broke into subgroups for specific tasks but continued to link to the full coalition. Staff reported that revisiting of the larger goal of improving AMI care helped align and re-invigorate staff when they became distracted or overburdened.

**In this toolkit:** The toolkit includes four editable PowerPoint decks that facilitators can use to promote the three essential tasks of effective coalitions within your workgroups. We encourage you to incorporate these materials into your meetings, reproducing and adapting them freely to fit your local context.

**Reference:** Bradley EH, Brewster AB, McNatt Z, Linnander EL, Cherlin E, Fosburgh H, Ting HH, Curry LA. How guiding coalitions promote positive culture change in hospitals: A longitudinal mixed methods interventional study. *BMJ Qual Saf.* 2017. doi:10.1136/bmjqs-2017-006574

