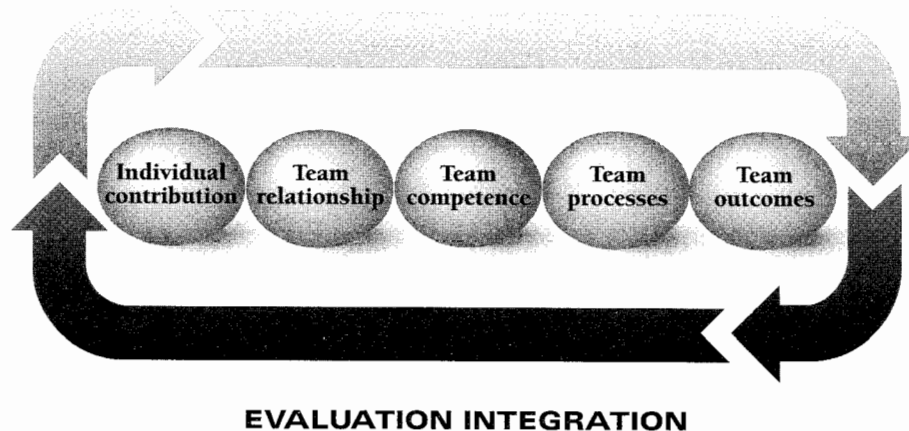
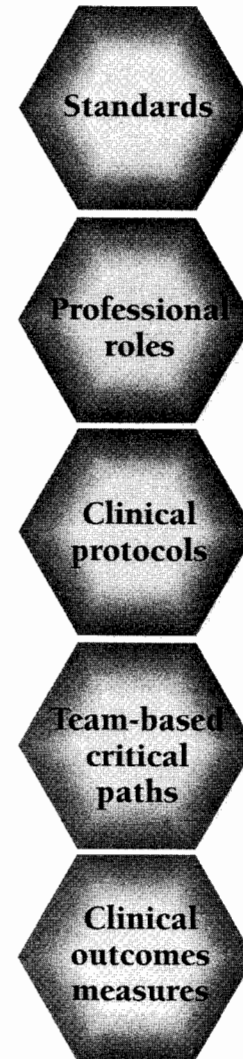


approach to providing the activities associated with its individual critical paths, clinical processes, or best practice framework. These functional pathways provide the framework within which the clinical team identifies the relationship of each member to the processes for which he or she is individually responsible and ties each of these discipline-specific processes together to the patient or service outcomes to which all team members are committed.

Because of the amount of development that has occurred on constructing clinical processes, clinical paths, and best practices, there are a number of tools available to teams that focus on the relationship between the clinical process and specific clinical and performance outcomes. Most health care institutions have made considerable progress in developing critical paths, care maps, best practice processes, and protocols. Each of these can be used specifically as a part of the team-based performance evaluation process in light of the outcomes anticipated in each patient pathway within which clinical processes have been developed.



CLINICAL EVALUATION ELEMENTS



BOX 11-4

Timing Affecting Performance Review

Team-based performance review is not driven by annual events. It is a continuous process that is tied specifically to the achievement of clinical outcomes. Three factors affect timing of reviews:

1. Sufficient aggregation of patient cases within a clinical path providing adequate data for review
2. Any issue or event not in context with the standard or performance expectation for the clinical process
3. Changes in team expectation, behavior, or processes requiring team evaluation

Evaluations are not disciplinary processes. They are reviews of status and circumstance. They require a moment of analysis and synthesis and decisions that will affect the outcomes of relationship and work. Evaluations assess "fit" between structure, process, and outcome. That is the context within which they should be viewed.

Measurement Requisites

Although there are processes and mechanisms available for performance measurement against clinical processes and outcomes, there is no specific formula as to when measurement should occur. The criteria of measurement should include the time frame for that measurement as it relates to how data is generated, how it is communicated, how it is reviewed, and how well it is designed in a way that is useful to the team (Box 11-4).

Teams need to measure in a continuous and incremental way. While they can establish quarterly, twice yearly, and annual measurement times depending on the issues, the need for corrective action, the adjustment in the clinical process, and the functional focus of the team there may be a number of different measurement processes that are aligned at different times and for different reasons during any given year. More frequent evaluations of criteria adjustment, skill development, performance deficits, and incremental outcome problems may be required in between the more established, recognized formal evaluation times.

The following guidelines should be used in making decisions about when to evaluate the team's performance:

- Measurement should always take precedence over the need for corrective action as close to the corrective action as possible.
- Small units of measurement should be undertaken regularly to define smaller successes on which the team can build. The team needs to measure its successes along the way just as it needs to enumerate the successes over the long term.
- The incremental measures of success, corrective action, or performance improvement need to interface with the regularly scheduled matrix of evaluation and performance criteria.
- Included in the team's evaluation should be its review of its evaluation processes.
- Although outcomes and performance are critical, reviewing the mechanisms, methodologies, and techniques of such processes is also an important part of effective performance measurement.

- Careful attention should be paid to the way data is constructed and collected so that it can be done easily, simply, and with value. Highly complex, statistically difficult, and detailed evaluation processes often yield little value to the clinical practitioner in a way that can be readily responded to with understanding and commitment.

The matrix for performance evaluation in the areas related to patient or service outcomes should also indicate the time lines expected for various components of the evaluation so that the formal, quarterly, half-year, or annual processes are enumerated as a framework for the subprocesses that might take place daily, weekly, monthly, or bimonthly. A matrix that measures the component of measure, who conducts the measure, the sources or tools of measurement, the frequency of measurement, and the outcomes of that measurement can become a simple, easy-to-use tool that helps the team stay focused and gives the team a template within which it can unfold its measurement process.

Teams should also be able to access existing data that is continuously generated within the system in a number of different settings (Team Tip 11-3). Some of this data can be very valuable and assist the team in focusing its own activities and review processes without having to develop additional performance tools to do so. Examples of quantitative data that is collected in systems that may be of value to teams include the following:

- Quality assurance data records
- Service records
- Tracking inventories
- Order-entry records
- Past budgetary historic data
- Vendor and equipment service records
- Departmental-based quality measurement data
- Patient or customer satisfaction surveys
- Organizational and department audits
- Project evaluations
- Employee opinion surveys



WORDS of WISDOM

Improvement is the outcome of all evaluation!



All team reviews should have an identified time line. Time provides the discipline that requires results be measured or obtained. No evaluation process should be undertaken without clear and specific dates when the process is reviewed or concluded.



TEAM TIP

11.3

Data Availability

In team-based approaches all data necessary to obtaining or sustaining outcomes should be available to the team. In team-based approaches the role of leadership is to see that the team has all the information it needs to thrive and advance the work of patient care.

- Employee satisfaction surveys
- Retention turnover figures
- Length of stay and other patient-based data
- Meeting minutes and other logs of quality process
- Calendars of events and agendas
- Incident reports and workers' compensation reports

Although this list is not exhaustive, it does give the individual some idea that there are a host of already present data tools that, when combined with individual team-based or pathway-based evaluation criteria, can provide a composite of information that is useful in undertaking team-based performance evaluation.

Creating Process Formality

A framework for continuous team-based performance review must include the focus on a process or methodology template that makes it possible to



Good Methods for Team Evaluation

Teams must use all the tools that are commonly available for evaluating their work and its outcomes. Following are some of the common tools used for team evaluation of its work:

Focus group process

Surveys

Report cards

Check sheets

Logs

Histograms

Pareto charts

Trend, run, and control charts

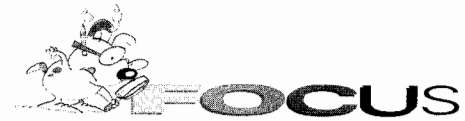
facilitate good evaluation. Every team can design methodology that fits its specific characteristics and the focus of that which it is evaluating. However, the methodology selected should be consistently applied as a vehicle for development of the team members in the skills around continuous outcome evaluation.

The quality movement has provided us with many tools that help formalize the process of outcome-driven measurement. Using processes that relate more specifically to the quality improvement dynamic of the organization helps not only integrate the two components—team-based process and outcome evaluation—but provides a stronger framework for continuous evaluation.

The connection between process improvement and team-based performance evaluation provides a construct within which performance evaluation can be more clearly articulated. The greatest payoffs that result from a focus on process improvement are evidenced in its commitment to the creation of effectiveness, which is doing the right thing; efficiency, which is doing things correctly in the appropriate time with a minimum use of resources; and adaptability, which is responding in a timely and appropriate fashion to the changes and adjustments necessary in the system.

Bibliography

- Beckham D: Building the high performance accountable health plan, *Healthcare Forum Journal* 37(4):60-67, 1994.
- Bell C: *Managers as mentors: building partnerships for learning*, San Francisco, Berrett-Koehler, 1996.
- Blanchard K, Carlos J, Randolph A: *Empowerment takes more than a minute*, San Francisco, Berrett-Koehler, 1996.
- Center HI: *The medical outcomes and guidelines sourcebook*, New York, Faulker and Grey, 1994.



Three of the Best Toolbooks Around

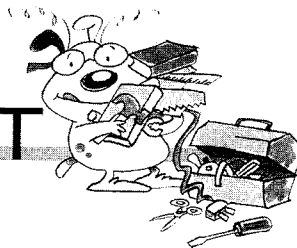
The Health Care Manager's Guide to Continuous Quality Improvement, by W. Leebov and C. Ersoz (American Hospital Publishing, Chicago, 1991)

The TEAM Handbook, by P. Scholtes et al. (Joiner Associates, Madison, Wisc, 1992)

Continuous Improvement Tools, volumes 1 and 2, by R. Chang and M. Niedzwiecki (Richard Chang Associates, Irvine, Calif, 1993).

- Crystal B: The 360 degree assessment, *Healthcare Executive* 9(6):14-17, 1994.
- del Bueno D: Evaluation: myths, mystiques, and obsessions, *Journal of Nursing Administration* 20(11):4-7, 1990.
- Dunham N, Kindig D, Schultz R: The value of the physician executive role to organizational effectiveness and performance, *Health Care Management Quarterly* 19(4):56-62, 1995.

- Flynn AM, Kilgallen ME: Case management: a multidisciplinary approach to the evaluation of cost and quality standards, *Journal of Nursing Care Quality* 8(1):58-66, 1993.
- Kotter J, Heskett J: *Corporate culture and performance*, New York, Free Press, 1992.
- LaPenta C, Jacobs G: Application of group process model to performance appraisal development in a CQI environment, *Health Care Management Review* 21(4):45-60, 1996.
- Lawler E, Mohrman S, Ledford G: *Creating high performance organizations*, San Francisco, Jossey-Bass, 1995.
- Lombardi D: *Thriving in an age of change*, Chicago, Health Administration Press, 1996.
- Longo D: The impact of outcomes measurement on the hospital-physician relationship, *Topics In Health Care Financing* 20(4):63-74, 1994.
- Ludemann, R, Lyons W, Bolck L: A longitudinal look at shared governance: six years of evaluation of staff perceptions. In Kelly K, Maas M (eds): *Health care work redesign: series on nursing administration*, vol 7, New York, Sage, 1995.
- Luthans F, Hodgetts R, Lee S: New paradigm organizations, *Organizational Dynamics* 22(3):5-19, 1994.
- Martin P: Evaluation of shared governance, *Journal of Shared Governance* 1(3):11-16, 1995.
- Meyer C: How the right measures help teams excel, *Harvard Business Review* 72(3):95-103, 1994.
- Omachonu V: Quality of care and the patient: new criteria for evaluation, 15(4):43-50, 1990.
- Poirier C, Reiter S: *Supply chain optimization*, San Francisco, Berrett-Koehler, 1996.
- Risher H, Fay C: *The performance imperative*, San Francisco, Jossey-Bass, 1995.
- Schuster J, Zingheim P: *The new pay*, San Francisco, Jossey-Bass, 1996.
- Simon H: *Hidden champions: lessons for 500 of the world's best unknown companies*, Boston, Harvard Business School Press, 1996.
- Swanson R: *Analysis for improving performance*, San Francisco, Berrett-Koehler, 1994.
- Wilson T: *Innovative reward systems for the changing workplace*, New York, McGraw-Hill, 1995.



TOOLA: Problem Team Member Leader Assessment Sheet

Planned Response or Action

All team leaders have team members who have difficulties adjusting, accommodating, or acting in a mature way within a group process. This is usually a part of the developmental cycle for group members. It is sometimes, hopefully rarely, a part of permanent individual problems with members of a group.

These kinds of problems demand specific response on the part of the leader to make sure that the leader is aware what kinds of activities need to be undertaken. A number of different instruments and tools are available that the leader can use to develop his or her ability and maturity in responding to problem members. This instrument serves

as a simple tool to help organize and formulate the thoughts of the leader regarding response to specific kinds of problem behaviors.

Instructions: The format of this exercise is to provide a discipline for the leader to identify specific responses he or she might make to individual sets of circumstances. The purpose is to provide a critical framework for thinking productively about the kinds of reactions and responses the leader might make. The leader is advised to take these responses to a mentor or other leadership individual and explore the responses to test, validate, reinforce, or role play them before using them in the application of the leader's role.

*Problem Team Member Leader Assessment Sheet***Team Member Problem:**

1. Member talks all of the time, drawing most of the attention to him or herself.
2. This individual is always involved in sidebar whispering or non-related conversations.
3. This person is action oriented and looks for decisions immediately before appropriate discussion has been held by the group.
4. This individual always makes a comment that is either unrelated or so far afield from the discussion it stops dialogue in its tracks.
5. This person consistently arrives late at every meeting.
6. This person consistently leaves early at every meeting.
7. This person have very infrequent or periodic attendance at meetings where he or she is expected to be present.
8. This person is consistently the group's funny person, always cracking jokes about the team's work or business.
9. This individual is consistently silent—has nothing to offer the group even though he or she is present.
10. This person has extreme difficulty in being concise, brief and to the point. Comments are usually always extended.
11. This person is either angry or consistently upset with the group and sees little value in its deliberations.
12. This individual complains constantly and can find nothing positive or productive to say in group meeting.

Planned Responses:

The above issues are representative of the number of kinds of problems persons might have as team members. The format of this exercise is to provide a discipline for the leader to identify specific responses he or she might make to individual sets of circumstances. The purpose is to provide a critical framework for thinking productively about the

kinds of reactions and responses the leader might make. It is advised that the leader take these responses to a mentor or other leadership individual and explore them with them in order to test, validate, reinforce or role play them prior to utilizing them in the application of the leader's role.

TOOLB: Team Leader Observer Guidelines

The team leader must be aware of the behaviors unfolding in the team early in team development process. Looking critically and carefully at team members as they work together becomes a way of providing information to the team leader about the effectiveness of the team's processing. Looking at behavior is a critical part of ensuring team success. Five basic behaviors within group process must be observed: competitive, collaborative, task-oriented, planning, and action behavior. Each of these has an impact on the success of the group and the maturity necessary to meet the team's goals. The questions included in this instrument help raise issues regarding particular behavioral characteristics that should be identified within the context of the team.

Instructions:

Competitive behavior

- Is competition evident in the team?
- Can you as team leader identify the individuals who exemplify specific competitive behavior?
- How does the competition appear to be expressed by members?
- Is the competition due to competence issues or personality concerns?
- Does the competition impede the progress of the group in making its decisions?
- Can the competitive behavior be addressed individually?
- Is the level of intensity of the competition destructive to the group's integrity?

Collaboration

- Does the group appear to work well together?
- Are there individuals who have more clearly defined collaborative behaviors in the group than other individuals?
- Does the group reach consensus easily?
- Are there specific issues that affect collaboration and effective group communication?
- Is the group's skill level and maturity with regard to collaboration clear, or does it need further development?

Task-oriented behavior

- Is the group able to focus specifically on the tasks before it?
- Are the functional expectations of each member of the group clear to members?
- Are members performing consistent with their expectation and agreement?
- Are the outcomes expected of the group being achieved consistently over time?
- Does the group focus too much on activity and not enough on purpose and planning?
- Are the accountabilities of the team, as well as individuals, clear enough to enumerate performance?
- Has the team been successful in achieving specified goals?

Planning behavior

- Does the team have a specific plan identifying its direction and work?

- Does the team operate consistent with its planning activities?
- Is the plan consistent with the goals and objectives of the system of which the team is a part?
- Do team members clearly understand their role in relationship to the direction and plan of the team?
- Does the plan form the framework for the functional activities of the work of the team?
- Do team members reflect the plan in the achievement of their own achievement and professional goals?
- Is the plan updated and adjusted as information and circumstances demand change?

Action or work behaviors

- Does the team maintain a high level of commitment to its work activities?
- Is there clear evidence of energy and investment on the part of team members in their work and relationship?

- Do team members identify problems and issues of concern easily and readily with an attitude toward addressing them and responding to them?
- Are the activities of team members congruent with the expectations the team has for their individual performance?
- Do the activities of team members appear to be congruent with each other, fulfilling the collective goals of the team?
- Does a tightness-of-fit exist between the activities of the individual team member and the expectations of the team as a whole?

The above behaviors are representative of those necessary for effective team functioning. Leadership must remain aware of the impact of behaviors on the functional ability of the team. When those behaviors are not congruent or appropriate, leaders must address them immediately so that adjustments, refinements, shifts, and changes can be made to create a more effective team.

TOOL C: Team Coordination And Leadership Functions

Every team must be coordinated and led in a way that supports the work of the team and facilitates the direction of the team's activities. The role of the coordinator and facilitator of the team is critical to its success. Certain behavioral expectations are fundamental to the appropriate function and activities of a team coordinator or leader.

1. The leader always has the team deal with its own problems using a problem-solving process to seek solutions.
2. The facilitator anticipates conflict, identifies it early, and uses processes to resolve it.
3. The coordinator or team leader assists people in validating what went well in identifying the strengths and positive elements of the team.
4. The leader is honest and truthful in the presentation of all data, facts, and feedback.
5. The leader encourages the team members to be open, honest, and frank in their dialogue.
6. The coordinator or team leader is solution oriented and develops mechanisms and methods with the team that focus on solution, not simply on process.
7. Performance goals are used to evaluate the progress of the team at all times in its deliberation and its work.
8. The coordinator or leader is a generator of information, ensuring that the team has the resources necessary to make effective decisions.
9. The team leader uses the agenda and planning process as a means of anticipating and structuring the work and issues of the team over time.

10. Evaluation mechanisms are incorporated into the team's activities, and the team leader or coordinator uses these to measure the progress and effectiveness of the team's work.
11. The coordinator or facilitator accesses all resources and acts as a resource for the team at all times in the team's work.
12. The team leader provides for an appropriate feedback information mechanism to ensure that a cybernetic process continues with the team in all of its activities.
13. The team leader is aware of all changes or adjustments in information or data in advance of team deliberation to ensure that the team has the most current information available to it as it deliberates.
14. The team leader questions, raises issues, and casts out any process of decision-making effort or undertaking that appears incomplete or not consonant with the work of the group.

Leadership and coordination of the team requires being prepared to facilitate the work of the team, support the team, and provide opportunities for the team to be successful in fulfilling its purpose and doing its work. The above elements provide an opportunity for team leaders to be clear about specific expectations of coordination and leadership.

TOOL D: Becoming a Results-Oriented Person

Organizations are moving quickly from process orientation to results orientation. This shift requires a significant adjustment on the part of each individual in the organization. Because historically most of the values in an organization were related to process alone without a strong, clearly delineated relationship to the outcomes they produce, this shift creates “noise” in the organization.

Most of the personal noise in this shift relates specifically to personal adjustment to focusing on outcomes rather than activity. Everyone’s activity should relate specifically to some meaningful outcome. The focus of this instrument is to assist the individual in challenging thinking between process orientation and development of an outcome mindset.

1. *Do I think of numerical goals or measures for the activities I am currently involved in?* An approach to using numerical objectives, measures, and standards indicators provides a framework for thinking about the value of one’s work and processes. As one looks at data he or she is able to review clearly and critically the relationship between the activities and the results those activities achieve.
2. *Do I use short-term or long-term thinking strategies?* Short-term thinking is generally about specific functional activities. Long-term thinking focuses on the relationship between processes and the outcomes that are achieved. Most of us think in short-term measures. What have I just done, what procedure did I just complete, what work can I check off? Rarely do we spend time thinking of the long-term outcome to which

each of these activities relates. Outcome orientation requires this type of thinking.

3. *What kind of focus do I have in relationship to my work and its results?* Being focused on the day’s work creates a mindset that impedes the ability to think comprehensively. The role of the professional is to tie processes together until they make sense when viewed as a whole. The role of focus is to help the individual understand the relationship between each incremental step and the comprehensive outcome to which those steps are directed.
4. *Do I have an accurate view of my contribution to the outcomes of work?* Often we see our work independent of the work of others. Rarely do we tie the activities of our performance with those of others upon which the outcome depends. In order to be able to work more effectively we will need to more clearly tie our own individual activities specifically to the activities of other team members so that we begin to see the results of the whole work in relationship to the outcomes of service.
5. *Do I really want to know my outcomes?* The fear of whether our work has value or not often prevents us from thinking about it in comprehensive terms. When we can check off our successes incrementally we can begin to feel that we are accomplishing something. However, when we have to look at all of our work collectively and begin to ask what difference it made in terms of outcome we may have less confidence and less assuredness that we have accomplished anything.

These five questions should assist the individual in undergoing a self-assessment around the readiness for results-oriented work and for the activities related to team process. Developing those become

very critical to the individual's ability to focus appropriately on the results of work and to relate more specifically to the activities of the team.