

# 12 Evaluating the Team

*Sustainable outcomes can never be obtained by individuals alone. It is the aggregation of the efforts of all upon whom the outcome depends that creates sustainability.*

**Tim Porter-O'Grady**



## TEAM TIP

12.1

### **Getting Members to Think Outcomes**

*Creating a tightness-of-fit between process and outcomes is the work of team members and the major activity of leadership.*

*Some tips that help:*

- *In deliberations, always identify the anticipated or expected outcome first.*
- *When describing work, help staff members focus on the results of their efforts rather than the process.*
- *Help staff members tie issues or concerns to their impact on outcomes rather than be independent of them.*

Evaluating the team is a new process for most organizations. This process has a number of different characteristics from traditional individual performance review processes. The focus on team-based performance evaluation is specifically related to the team's ability to achieve outcomes. The activities of the team find their meaning and value in the relationship between them and the outcomes to which they are directed. A system is not well served by a performance evaluation system that does not tie action to outcome. This outcome-driven orientation distinguishes team-based improvement (Team Tip 12-1).

## **THE PLAN, DO, CHECK, ACT PROCESS**

A number of approaches deal with team-based evaluation and tying performance to outcomes. Perhaps both the most effective and best understood format is the plan, do, check, act (PDCA) process. First identified by Demming earlier in this century, the PDCA process has become increasingly valuable as a context or framework for evaluation and processing improvement. It interfaces well with team-based performance measurement because what most of what teams are measuring are the outcomes of their work. Implementing the discipline of the PDCA model is a useful context within which performance evaluation can unfold.

## Planning

The focus of planning is on a specific evaluative element or outcome and identifies all of those things that affect it, including patient expectations, clinical practice processes, problems, causes, inputs, outputs, solutions—almost anything that has an impact on identifying clearly what the issues are around which evaluation will unfold.

Imbedded in the planning process are questions that relate specifically to the level of understanding of the process that the team has in relationship to its clinical protocol or critical practice path (Team Tip 12-2). Questions that relate to the process itself serve as the focus for the planning activities.

- What are we doing?
- Where is the component of our activity?
- What are the process stages?
- For whom is it being done?
- What is the expectation of the providers? Of the consumers?

*Planning does not mean that team members must know the endpoints of their work. Good planning means seeing the signposts of the organization's circumstances and its journey through them. Planning demands that the stakeholders be cognizant of the insights each has that, when joined together, create a complete picture of the work of the team.*



### TEAM TIP

## 12.2

### **Planning**

*The key to good planning is the ability to see the whole rather than just parts or pieces of any chosen strategy. The major initial activity is attempting to get the team members to see their efforts from the perspective of the whole rather than incrementally. Some techniques:*

- *Tie all process to mission and purpose so staff members see their work in the context of a larger agenda than simply doing the work.*
- *Name the outcome expectation first and place it on a flip chart so that it serves as the framework for deliberations.*
- *Grid the team responses around the purpose or mission so team members can make the connection between process and outcome.*



## FOCUS

*Planning means knowing your present status or condition as much as it means knowing your outcome. Some activities to define present circumstances are:*

1. Name anticipated outcomes and "back into" the reasons they are desirable.
2. Identify present issues or elements that make the outcome desirable.
3. Enumerate the role changes or behaviors that must be adjusted to make applying the outcomes appropriate.
4. Outline the activities of the team in relationship to the journey toward the outcome and the contribution of each member.
5. Determine the evaluation process, both incremental and outcome, to determine any adjustment.

- What are the inputs necessary to make sure that the process unfolds?
- What tools and resources are needed?
- What are the relationships between each element of the process?
- What are the functional activities of each member of the team?
- How do the team activities interface?
- What does the approach look like?

In the process of planning you must be able to discern the difference between what your current processes are and what your best practices or ideal processes will or should be. Each clinical practice serves as a vehicle for improvement. The team looks at each of its clinical protocols as a vehicle for the improvement process and for making change in the team's activities. Therefore team members must understand collectively how their current processes work and what outcomes to which they are directed. All of the issues around the value of the process, how accurate it is, and what



## FOCUS

*Planning means getting the team members to agree on a common set of expectations and a clear understanding of the contribution of each member:*

- Each team member is fully aware of the specific contribution he or she makes to the outcome.
- All team members are aware of the interaction their work has with the work of all members.
- There is tacit agreement on the part of each team member that any conflict will be worked out directly and immediately between the team members.
- Each member of the team recognizes that collaboration is critical to the team's ability to thrive.

influences its effectiveness become an integral part of clarifying that current process. The critical path itself serves as a flow chart for enumerating the process clearly. In looking at the protocol, critical path, best practice, care map, or other tool the team uses for identifying its clinical process, the elements or the flow of services can be laid out clearly. This flow becomes the template for evaluating the effectiveness of various components of the process or the flow as a whole.

Clearly, once the flow is delineated, the individual obligations and activities of team members, the aggregated obligation of the team as a whole, is evidenced in examination and measurement of the flow chart and its components. Here also, the measurement and activity of a flow chart, the expectations that those activities lead as measured against the outcomes achieved, serves as a basis for measurement and analysis. The flow of processes uses a systematic and contiguous approach that provides data around the relationship between each step and the whole process. This blueprint serves as an architectural framework or road map against which each element and each component of the process can be evaluated in terms of its contribution to or its variance from the expectations of the process.

Based on the blueprint or map the team members can begin to identify areas of focus, variance from expectation, differences between the model and performance, and any other specific issues around performance against the map and its outcomes. In this way particular components of the process are identified on which the focus for improvement can occur. The process improvement ties into performance evaluation by enumerating the variance from expectation either in individuals' roles or the team function in a way that impedes the attainment of either the goals or the outcomes of a particular clinical process. Focusing on each of these elements of variance, change, or noncompliance in the process begins to configure team members around the interface of their activities in a way that affects the consistency and the continuity of all of the activities within the critical clinical care process.

*Team members must always keep in mind that sustainable outcomes are dependent on the character and content of the relationship between the efforts of each team member. "Hero" and unilateral actions that fail to make the connection with the efforts of other team members are always an impediment to the team's ability to achieve sustainable outcomes.*



## FOCUS

*Variance from the standard or the protocol becomes an issue of serious concern to the team for two reasons that demand immediate evaluation and response:*

- 1. The framework or baseline on which the team establishes its work depends on the consistency and constancy in the application of the activity that reflects them. Inconsistency always affects sound measurability.*
- 2. The ability to replicate the activities of the team over time is an important part of validating the team's efforts. Good practice demands that the processes of the team be capable of being repeated and enhanced over time.*

Out of this particular stage of analysis, looking at improvement, problem statements, and problem definition should be a major tool of identifying the variance or change that is required. Being specific, unilateral, and focused in defining the problem is critical. The problem should be defined in outcome terms. One should not simply identify the process. The provider will always want to link process to the outcomes to which it relates. Therefore any variance, problem issue, or concern within the pathway should be identified consistent with the outcome so that the focus of the team's work is on the fit between the process and the clinical outcome to which it is directed.

Once the process has been defined, the causal factors that relate to it become a critical part of the corrective action piece. The purpose of performance evaluation and team-based measurement is to undertake corrective action and bring consonance between the activities or actions of any one part of the team and the outcomes of the whole team. Therefore focusing on the fundamental and real-time causes of a particular issue or concern is a critical part of the problem-solving strategy. Once the roots of a particular problem have been defined it can create a way in which subsequent actions can reflect those activities that lead to facilitating the outcome. Facilitating the causal roots to problems is the inclusion of the patient's perceptions with regard to the impact of the process on patient satisfaction. Focusing on the patient or the consumer of the service helps focus the team on the issues of concern from the perspective of those who are recipients of the service.

Each problem identification, intervention, quality issue, and performance measurement element must ultimately lead to some solution that facilitates the outcomes of the particular clinical process. Solutions, while clearly identified with specific outcomes, should also be sustainable with regard to the outcomes.

Sustainable solutions are achieved when they facilitate the outcomes, advance practice, or raise the standard of performance to the expectations or beyond the expectations established for them. A number of solutions

may fit any particular process, and it is appropriate for the team to identify the range of solutions that better fit and appropriately advance the outcomes anticipated.

The tools that can often be used for the planning process relate to the various components or stages of the planning process identified in the preceding paragraphs. The group process tools that are used are ones that best fit the definition of issues, the identification of problems, and the enumeration of processes associated with seeking solutions (Box 12-1). The following tools are helpful in this process:

- Brainstorming, focus group, individual interviews
- Care maps, critical processes, clinical process, protocol, flow charts, group process
- Histograms, surveys, log processes, check sheets, trend analysis
- Pareto charts, multivoting, decision matrixes, critical identification
- Cause analysis, affinity charts, cause and affect, tree diagrams, focus groups, force field analysis, nominal groups, relational diagrams
- Solution trees, decision matrix, brainstorming, priority setting, solution listing, cross-referencing

#### BOX 12-1

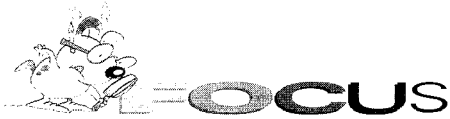
##### *Team Process*

Learning the techniques of team process is as important as any activity of the team. In the learning organization, the development of the staff members becomes critical to their ability to perform well. Some critical learning areas:

- Conflict processes
- Building relationships
- Continuous quality techniques
- Outcomes measurement
- Team member evaluation
- Skill set change

*Every performance measure for the individual is a subset of measuring the performance of the team. No measure should be applied independent of the team. Outcomes are effective based on the team's performance. Any suggestion that individual performance acts independent of the team impedes team effectiveness over time.*

*The action phase occurs only after the processes associated with action are clear to the members of the team. The team also recognizes the unique work framework it has and reflects that in the context of doing its work and achieving its outcomes. No action phase unfolds independently of relatedness to the results toward which it is directed.*



*The purpose of the action or doing phase is not simply to undertake planned action but to test and validate whether the planned and perceived processes represent the elements foreseen and whether the desirable outcomes are achieved:*

- *Is there a tightness-of-fit between actual actions and those planned?*
- *Do the actions undertaken lead to the outcomes anticipated for them?*
- *Do the characteristics of the patients fit the activities undertaken with them and for them, and are they satisfied with them?*

## Doing

This is the action phase of the performance evaluation process. In the doing phase attention must be paid to the activities that address the deficits identified in the evaluation or planning phase. The evaluation simply has identified the activities and functions necessary to address the changes that are sought as the process unfolds. The action phase (doing) is where subsequent and substantive activity as outlined is undertaken by the team members to address the issues that they have planned to respond to. In this phase the variety of solutions identified in the first phase can be tested and experimented with to determine their appropriateness in application.

In the doing phase solutions are applied in a way that makes some measurable impact on the problem, issue, or deficit as identified in the planning phase. It is here essentially where experimentation is unfolding. There is still not enough clarity with regard to the appropriateness of response and not enough data generated at this stage to determine the tightness-of-fit between the response and the desirable corrective action. Sustainability is always the measure of effectiveness. If the change is outlined or the solution as applied has a sustainable impact on facilitating the outcome or improving the process, there is clear evidence that the solution chosen is appropriate. If it does not work, through incremental, regular, or periodic checks, process is then changed.

The doing phase of the performance/process evaluation dynamic means that every player has some obligation for the creation of a viable solution or outcome. All players' roles should be clear in terms of their contribution to the outcome and to the specific solution attempted to address it. In so doing, the specific and focused identification of those actions that do or do not contribute to advancing the outcome or improving the performance can be undertaken in an organized and consistent manner.

At this stage it is necessary to ensure that the action undertaken is consistent with the action planned. Often with performance evaluation, specific actions are identified as nonviable, not affecting outcome or playing a minimal role in advancing specific outcomes, and are therefore



Each individual team member has an obligation to address his or her work with an eye on the fit between the team member's actions and those of the team and the impact on the patient. Sustainability depends on the high-level interface between the individual provider, the team, and the patient. The individual is always asking:

- How does what I am doing fit with my agreed-on activities?
- How are my activities reflected in the work of the team, and how do my actions fit?
- What do I see of my activities affecting the outcomes of the team?
- Are the clinical outcomes being achieved? How is the patient responding to the team's work?

dropped. The truth, however, is that often the application of action is inappropriate or not consistent with what was planned. The performance of the action may be subject to question. Careful consideration and analysis of the consistency of the action with the planned activity is a critical part of the doing phase on which good corrective action is based. Here again, the tightness-of-fit between the action and its impact on the outcome should be the best mechanism for measuring the effectiveness of the corrective action. The looser the fit between the outcome or expectation and the corrective action, the less likely that corrective action will have an impact on creating a sustainable or improved outcome. It can therefore be dropped, changed, or adjusted in a relatively brief period of time. However, the tighter the fit, the more sustainable the impact on the outcome and the more viable the activity. The doing phase produces the data on which these judgments can be made.

*Inconsistent or noncompliant action or missed outcomes become an immediate point of performance evaluation for the team. If outcomes are not achieved or the processes are simply not fitting for a variety of reasons, a critical evaluation event is created to refocus the team on its efforts and their results. This performance evaluation does not wait for a particular time to unfold, rather it reflects a specific circumstance to which the team must respond.*



*The check phase gives the team members the opportunity to measure where they are in relationship to what they have planned and whether the perceived activities and outcomes have a good tightness-of-fit. At this time adjustment and change are worked out and action is initiated in light of the team's work adjustments.*

The tools that can be used for activities related to the doing phase indicate an action plan. Activities and implementation processes include brainstorming, course correction, iterative adjustments, flow charting, force field analysis, logs, check sheets, and histograms. Team members should be familiar with the tools they need to use to make the process of evaluation more efficient and effective. These tools serve as an ongoing device for enumerating both the actions and their impact at the time they are being implemented and applied. In this way minor adjustments and corrections can be adapted in the action phase without having to repeat the cycle or become involved in broader assessment activities.

## Checking

Checking in the PDCA cycle is tightly related to the process of performance monitoring and measurement. In the check phase the team evaluates the results of its activities, its solution seeking, and its processes against the outcomes achieved and the expectations identified for them. This check phase evaluates the critical efficacy and effectiveness of the corrective action as actually applied in relationship to performance.

The check phase should resolve many of the questions that were raised in the plan stage. Indicated in the check stage are responses to the questions that are specific and narrowly focused on the issues identified. The check phase should show the strong relationship between the causative factors and the solutions that were applied. In this way a sustainable foundation is established for corrective action and a tighter fit between the action and the outcome of the clinical process is established. In the check phase the following questions should obtain specific answers:

- Were the changes effective?
- Did they work?
- Is there a direct relationship between the improvement and the changes implemented?
- Is there a cost-benefit relationship between the two changes and their results?

- Has the continual and ongoing process been altered by the implemented changes?
- Does further refinement need to occur to create a better fit between the change and the expected outcomes?
- What further planning is indicated as a result of the implementation of the corrective action processes?

The tools used for the check section are reflective of the tools used in the previous plan and do sections. Those tools provide the information, documentation, and data that the check section depends on (Team Tip 12-3). In the check section additional tools that can be used are those that correlate the data, record and document the data in an organized and systematic way, and can be used efficiently to compare data and compare action responses. Therefore check sheets, logs, survey results, histograms, focus groups, trend analyses, force field analyses and Pareto charts are all tools that can be used in the process of assessment, drawing conclusions, and preparing to establish standardized responses to those actions that worked and related specifically to creating sustainable and appropriate performance.

## Acting

The planning, doing, and checking phases are the initial and preliminary steps to the action phase. Action phase is where the positive, appropriate, and meaningful changes are implemented and incorporated into the ongoing activities of the organization. Actions establish the new baseline and new template for further evaluation, adjustments, and subsequent improvements in activity.

In the action phase the standardization or creation of new standards of approach is generated. In this way the improvements or enhancements are incorporated into the ongoing and usual work processes of the organization. Therefore the changes in the flow of activities or the critical path of activities are simply reincorporated into that flow and become a part of the baseline of observing, measuring, and monitoring that flow. Also, any standard of practice in other work flows where the particular change may also



## TEAM TIP

12.3

### *Tools for the Check Phase*

*The tools used for this phase that are helpful to the team members in checking the viability of their efforts and work include the following:*

- *Check sheets*
- *Experience logs*
- *Survey results*
- *Histograms*
- *Focus groups*
- *Delphi process*
- *Trend analysis*
- *Force field analysis*
- *Pareto charts*



*The action phase applies all that has been learned in the previous phases. The action phase should represent the clarity obtained from the other phases of the process. The action phase should:*

- *Represent the elements of the critical process that affect each team member's role*
- *Fulfill the changes and adjustments worked out through the checking phase*
- *Establish a replicable process that represents the standard of performance established by the team through the process*

be beneficial can be incorporated into changing that standard as well. Generalizing those common activities to other pathways, critical paths, and best practices where it is appropriate helps diminish the amount of evaluation time and expand the applicability of certain analysis and corrective action processes.

During the action phase the new approaches and the new standardization must be communicated to all players on whom they have an impact. If a significant change alters the relationship within a team, between teams, in a pathway, or between pathways, it should be communicated through the normal communication pathways that are established for corrective action. Performance evaluation should always result in the advancement of performance, or the improvement of outcomes. Where that has an impact on others the benefit should be communicated effectively to them.

Many of these assessments require a change in practice, behavior, role, or relationship. Therefore the developmental or learning plan should in-



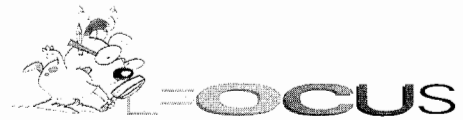
*Individual performance should be evaluated within the context of the congruence between the individual activities and the processes agreed to for that individual with the team. The team members focus on evaluating the following:*

1. *The tightness-of-fit between the activities of the individual and the expectations of the team*
2. *The individual's understanding of the interface between his or her activities and those of the team*
3. *The clarity of individual contribution to outcome by each team member*
4. *Issues of concern with the process and relationship of the team member with others on the team*

corporate these adjustments as a part of the ongoing development of the staff members responsible for implementing them. Where teams or pathway changes require a learned change behavior, learning processes and learning priorities should reflect the adjustments necessary to consistently achieve the outcomes identified by the improved practices. One of the most difficult elements of creating sustainable change is imprinting behaviors on the practices of the staff members in a consistent manner. Often the lack of consistency in behavior and expectations creates most of the problems associated with implementing change. A good developmental and learning process that has in it its own implementation and evaluation elements helps address some of these issues.

Documentation and incorporation of the changes into the flow process, critical path, best practice, care map, and other documented approach to the regular flow of activities are important to ensure the standardization and incorporation of these into the ongoing baseline for any subsequent action. In the performance improvement framework, the new standard of performance, usually a higher level of expectation, should now become the baseline of expectation for measuring the performance of the team in relationship to its outcomes. In this way, the level of performance, the performance improvement process, and the quality improvement process all interface and link in a way that supports the growth, development, and overall improvement in the delivery of service and the satisfaction of the consumer.

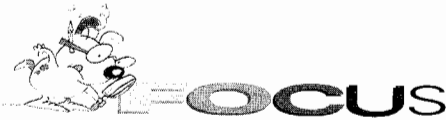
At this stage performance evaluation and performance improvement must establish a new baseline for performance and begin the cycle all over again. The new standard of expectation now becomes the baseline for further performance refinement and enhancement. In this way looking at both performance and improvement becomes an integrated, correlated activity that not only advances the performance of individuals in the team but advances the outcomes and purposes of the team, the pathway, and the system. Incorporating the learning plan, strategic and tactical activities, and



*Standards now serve as the basis for enumerating and evaluating the action of the team and the activities of the individual. Several standard components serve as evaluative elements for the team:*

- *The critical path established for specific clinical processes*
- *The accountability elements for each member in his or her contribution to the critical path*
- *The performance expectations defined for each team member in his or her contribution to the work of the team*
- *The outcome expectations enumerated for each critical path or protocol for which the team is accountable*

*Documentation for evaluation purposes should be no different from and require no more paperwork than that used to document the work of the team and its clinical processes. The evaluation of teams and their members is imbedded inside every part of the work activities around the agreed-on processes and protocols developed together by the team members.*



*Performance improvement processes are the outflow of the team's efforts around its clinical process and relationship with members. It establishes a framework to move the team from the baseline it establishes to a higher level of performance over time by:*

- *Establishing the foundations of acceptable clinical processes for the team*
- *Undergirding the improvement activities with a clear set of performance expectations*
- *Incorporating a mechanism for raising the standard of performance through the evaluation mechanism*

the individual and team-based performance grid serves now as the systematic mechanism for incorporating and developing team-based performance improvement as an ongoing part of the work in the organizational system. Developing the matrix that shows the relationship between each of these components and using it as a framework for identifying corrective action, evaluating performance improvement, and monitoring the rate of change and the compliance of activities with planned and expected outcomes provides the framework for the entire team-based performance evaluation mechanism.

Creating monitoring devices that begin to measure the new levels of behavior ensures a focus on just how much of the new behaviors become entrenched and incorporated as the new functional expectation for staff members and for the team.

The tools for the action phase that become a fundamental part of this piece of the PDCA cycle are monitoring tools, control charts, histograms, check sheets, skill checklists, trend surveys, satisfaction surveys, diagrams, and force field analysis. Each of these, when interfaced with the tools already present, provides a basis for ensuring that monitoring of behavioral changes, assessing the consistent application of these changes, and entrenching the change as the new baseline for performance occurs consistently at the team level.

The PDCA model for performance evaluation and improvement provides a framework, a cycle, a wheel, within which all of the activities of performance evaluation and improvement can be undertaken and located. It also provides a template or a framework within which the ongoing, continuous performance evaluation and improvement processes can be undertaken. While it is not the only mechanism for performance evaluation and improvement, it does provide a consistent and broad-based context that facilitates the formalization and ongoing incorporation of performance evaluation with service effectiveness, consumer satisfaction, care delivery, and outcome delineation.