11 Team-Based Performance Evaluation

Those who sail the sea do not carry the wind in their hands.

Publilius Syrus

Everyone has experienced at some level components of performance evaluation. When people are employed one of the first expectations they have is that they will be evaluated at some point in their work experience.

Performance evaluation has historically focused on the activities and functions of the individual. Job descriptions and work standards have been defined against which individual performance is measured. Most performance evaluation reflects functional, activity-based, process-oriented criteria that indicate the relationship of individuals to the activities expected of them. These more functional action-based performance evaluation processes look at tasks, skills, activities, and specific relationships to determine the effectiveness of the individual in association with the expectations of the system. As a result, the focus of the individual's attention, as well as that of the organization, has been on the individual's functionality, skill exercise, and ability to fit within the group framework.

Performance evaluation has few supporters. Everyone associated with it knows that it measures little that is meaningful and produces few improvements in people or processes.

THE PROBLEM WITH INDIVIDUAL EVALUATION

Although there certainly has been much precedent for individual evaluation, there has been little evidence of its value. Most individual evaluation does discuss individual skills, abilities, talents, functional proficiency, man-

TEAM**TIP**   11.1

Changing from Process to Outcome

The format for evaluation changes with the focus on outcome. Some tips on changing mindset from process to outcome include the following:

- Remove job descriptions as the basis for defining performance.
- Raise questions about the results of work rather than the process of work.
- Build the foundations of team-based performance measurement.
- Look for value in action instead of task-based functions.
- Challenge staff members to question everything about what is being done to see if it has value.

In the new workplace the focus on value means reorienting to the content and character of work. The value equation drives all work:

Quality/Cost × Time = Value

ual dexterity, and some elements of the individual's relationship to the group. What is not measured is performance within the context of value. Because value is an outcome-oriented notion and focuses on the effects of work, results are used as a means of evaluating performance. Results reflect the outcomes of the activities of performance and give evidence of the value of activity regardless of any other measure. The challenge with results-oriented or outcome-oriented performance evaluation is that little of individual evaluation translates well to outcome evaluation (Team Tip 11-1).

Although the organization can certainly look at the individual's relationship to performance outcomes, sustainable outcomes are the result of the integration of the activities of a number of individuals. Sustainable and comprehensive outcomes depend on the relatedness, the interface, and the relative contiguousness of a whole series of actions undertaken by a number of individuals. Outcomes are to drive the evaluation of performance. Value should be the foundation of the evaluation process. Evaluation mechanisms themselves must look not only at the individual but at the relationship of the individual's work to the work of others. When aggregated, they give evidence of comprehensive and sustainable outcomes. This understanding, however, changes the whole focus and meaning for performance evaluation.

No longer can performance evaluation simply be looked at in light of the efficiencies of process and the functional skills of individuals. Performance evaluation now must focus on the relationship between individuals, their activities, and the aggregation of those activities and their impact on sustainable outcomes in the delivery of service. This is especially true for health care.

Increasingly in the health care environment, payers, providers, and consumers are looking at what they get for their health care dollar. Several outcomes are reflected in this desire. First is the need to control cost and be clear that what is paid for service is reflected in the value one gets for that service. Second, payers, providers, and consumers look at the content of the service itself to ensure that the activities, functions, and

processes associated with the activities result in the best level of service and the highest level of return. Third, there is a growing interest in the impact of health service on sustainable and continuous social health. Therefore a broad frame of reference is present as everyone looks at health as a community enterprise rather than simply a series of individual activities addressing the unique needs identified one person at a time. The composite and comprehensive health of the community (also known as the subscriber population) means a broader focus on the activity of health and a comprehensive source of measurement of the impact of those activities on the community as a whole. Each of these changes the focus of evaluation and enumerates a different set of expectations with regard to the evaluation of health care activities.

Team-Based Performance

As teams become the basis of work in the health care sector, the methods of performance evaluation shift. Teams become the basic unit of work and therefore the foundation for measurement of work and its outcomes. In team-based approaches the organization is not interested in the activities, effectiveness, or function of the individual but rather the outcomes of the team. Indeed, the team is obligated to be concerned with the work of the individual and the performance relationship that person has with the rest of the team members. As a result, two levels of evaluation exist: the team's internal evaluation of the relationship of each member to the others, as well as the individual's contribution to the work of the team. The second focus relates to the team's performance against the outcomes expected of it by the health care organization responsible for meeting the needs of its subscribers in the community it serves. Each focus is necessary to ensure that positive and meaningful outcomes are obtained and that team effectiveness is ensured within the context of doing its work.

The team's interest in performance evaluation is indicated in its relationship to each team member. The reverse is also true. Each individual has an obligation to evaluate the relationship she or he has to the team as a whole.

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Value means getting the most for your dollar and obtaining the highest level of service from the provider. Value for the consumer is:
- *A short, minimally intensive experience*
- *Healthful outcome*
- *Quality service*
- *Caring and responsive clinical staff members*
- *Good hotel services*

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Three forces affect the future of health care:
1. *Subscriber-based health services (managed care)*
2. *Advanced pricing of services*
3. *Building the continuum of services*

That evaluation clearly emphasizes issues around relationship, conflict resolution, contribution, solution seeking, levels of investment in the work of the team, the fit between individual action and team process, the degree of consistent and continuous contribution of the individual to the team's effectiveness, and work processes. Each of these, and all of them together, reflect the relationship of the individual to the team. They should be a part of the continuous performance evaluation process that the team has within its parameters as it assesses its own functional proficiency, as well as its relationship to the outcomes to that it is directed. Criteria that reflect each of these elements or at least indicate the relationship of these elements to outcome will be a critical part of the performance evaluation process.

Here again, emphasis is not on the individual but the individual's relationship to the team. All measure of individual performance is a reflection of the individual as member of the team. What these elements of performance evaluation do, however, is recognize the individual contribution, the need of the individual to be recognized, and ties that recognition back into the individual's relationship to other members of the team who also need that same level of recognition.

Recognizing the Needs of the Individual

Simply because team-based approaches have been developed does not indicate that the unique characteristics and needs of every individual who makes up the team get lost in some amorphous team dynamic (Team Tip 11-2). Teams are groups of individuals gathered together for a common purpose, rendering their skills in a unique way to the benefit of the work outcomes that depend on the connected skill of all members of the team.

Performance evaluation is always a controversial dynamic in organizations. Exactly what should be evaluated, how evaluation processes should be constructed and conducted, and the role of the individual in the organization and in the team are the topics of much discussion. Each of these issues clearly affects an organization's approach to performance evaluation.

TEAM-BASED EVALUATION

Individual performance

Integration of work

Relationship of members

Common outcomes

TEAM**TIP**   11.2

Individual Recognition

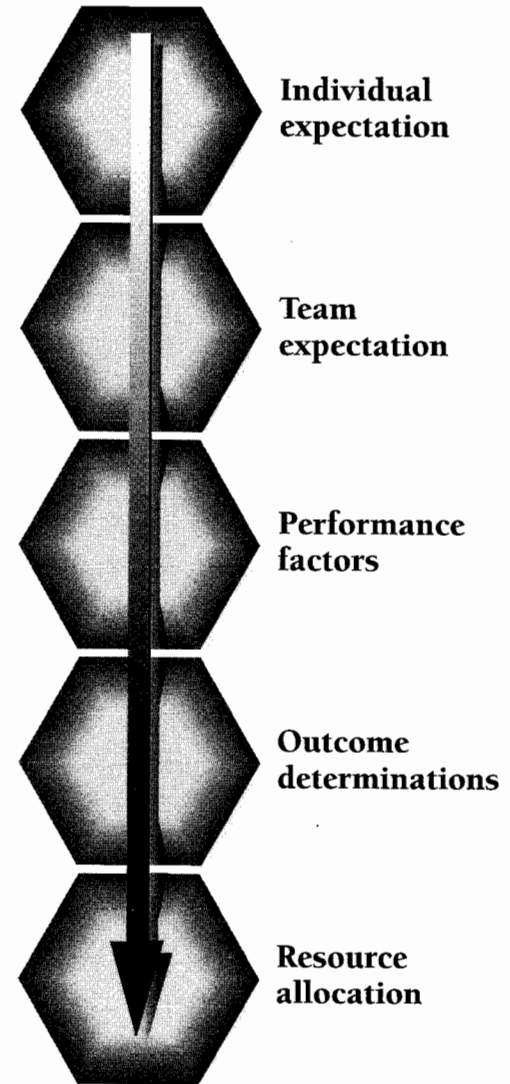Individual recognition is the foundation for building team-based relationships:

- Team members acknowledge the value of each member of the team.
- Each member has a specific role to play within the team.
- Every member has a particular function with regard to other team members.
- Each member's contribution is enumerated in relationship to its value to sustainable outcome.

The organization's culture supporting team-based approaches must also address the needs of the individual as a member of the system, just as it addresses the needs of the team and its contribution to the outcomes of the work of the system.

Every individual is intrinsically motivated by some composite of values and purposes that bring meaning to all of his or her endeavors. Extrinsically, the primary purpose of work at the individual level is to ensure that one can earn a satisfactory living and establish a satisfying quality of life. However, this extrinsic desire, while sufficient enough to keep people working, is not sufficient to keep them motivated. Therefore personal motivation demands more than simply meeting the extrinsic demands that bring people to the workplace (Box 11-1).

Therefore focusing only on the extrinsic factors does not adequately address the fundamental issues the individual brings to work, on which the advancement of work, improvement of quality, and sustaining involvement in that work require. Intrinsically, individuals at some level of function

CULTURAL AND EVALUATION

Individual expectation

Team expectation

Performance factors

Outcome determinations

Resource allocation

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BOX **11-1**

Individual Motivation

The ability to keep people involved and invested in their work depends on the organization's ability to allow the worker to fully participate in decisions about his or her work. As well the worker expects:
- Clarity about the expectations of the work
- Freedom to make decisions related to the work
- Involvement in policy decisions affecting the work
- Generation of information affecting the work
- Honesty regarding the goals of the organization
- Sufficient support to do the work

BOX **11-2**

Ensuring Autonomy

Each professional needs a level of autonomy to be fully invested in his or her work and to contribute to the goals of the system. There are central obligations on the part of the system necessary to ensuring autonomy in decision making:
1. Each worker knows the parameters of individual decision making.
2. The worker is expected to make independent decisions.
3. Each decision reflects the relationship it has to obtaining team outcomes.
4. Each decision maker has the skills necessary to make good decisions.
5. Every decision maker knows the "fit" of his or her decisions with those of other team members.

have a natural inclination to advance their interest, use their creativity, develop their skills, and apply their talents in a way that optimizes what they have to offer. Research has indicated that the primary rewards such individuals are looking for is their impact on outcomes (their effectiveness) and the autonomous sense that their work has impact and makes a difference.

This need for autonomy is perhaps one of the most difficult issues to address in team-based work systems. Becoming a member of a team does not in itself create an amorphousness, lack of identity, or merger of individual identity into a broader-based team character. Individuals remain individuals. Their need for self-satisfaction, self-determination, and ability to make a difference remains intact regardless of their relationship or the interactions they may have with others. A part of the obligation of work is the assurance that these unique individual characteristics do not get lost in team performance but are incorporated in the expectations for team-based evaluation. This need for an internal locus of control and individual sense of value must in some way be supported by the organization and its processes (Box 11-2). Each profession and its professional members identify themselves within the context of their discipline. Creating an interdisciplinary

multifocal work group does not force individuals to lose their identification and association with the professional group through which they entered into the health care arena. Membership with their profession empowers them to exercise the work of that profession and gives them a specific identity, as well as a collective affiliation.

Professionals identify themselves with their profession. At work that identity does not disappear. The individual expects the identity to be honored, not diminished.

One of the serious flaws in most organizational renewals in health care is the diminishing value placed on professional identity in the interest of building teams and creating a new work relationship. This relationship cannot be obtained at the expense of professionals and their individual identity in relationship to their work. Professionals are faithful to their work, not to the workplace.

In discussion about shared governance and empowerment processes, the autonomy of both the professional and the profession has been indicated as a critical measurement of motivation and satisfaction. This level of shared decision making, leadership, and indeed autonomy as a part of the professional's milieu has in the past decade increasingly been a part of the consideration of building organizational structure. Structures that support the autonomy of the professional, the unique contribution each professional makes, and the obligation of each professional to participate fully in decisions that affect her or his practice are fundamental constructs of the shared governance structure and its subsequent shared leadership and shared decision-making elements. Maintaining control over one's practice and influencing one's environment are considered central values of the professional's role. Those elements must also be incorporated into the process of measuring performance and ensuring effectiveness of the organizational system in support of the individual practitioner.

Competence is the life blood of any organization. It is exemplified by a clarity and tightness-of-fit between the work skills of the worker and the service needs of the patient. True competence requires that the outcomes

BOX **11-3**

Techniques for Focusing on Outcomes

The focus on outcomes is a requisite for every role in the system. The following techniques make that happen:

1. Have staff members identify the results of their work rather than the activities they do.
2. Base performance measures on what happened, changed, advanced, or improved as a result of staff work.
3. Identify the team activities to which each individual contributes rather than simply an individual's actions.
4. Do regular quality reviews related to clinical pathways or protocols to determine best practices.
5. Have the team focus on the outcomes and "back into" problems with related processes.

of service be consistently achieved over time with the foundations laid for raising the standard of service.

Competence Value

Although the individual's needs must be addressed as a member of a profession, organization, and team, it is important to reflect on the limits of that as a foundation for performance evaluation. The satisfaction of the individual, level of sense of autonomy, and participation in shared governance are critical and affect the motivation of the individual. The ultimate value for the organization and the system is the impact it has on the consumer it serves. The true value of the system is the difference it makes in relationship to the service it provides in the community that it supports. Its fundamental value is evidenced in the outcomes it achieves (Box 11-3). These outcomes are most directly influenced by the competence of the organization in meeting its mission, achieving its goals, and making a difference in the community it serves.

In this frame of reference competence becomes critical. The individual has a serious commitment to his or her own skill, practice competencies, and ability to contribute to the outcomes of the work. This view is fundamentally individual and unique to the talents and skills the person brings to the activities of the discipline. The organization, however, is concerned with how those activities and skills, when combined with the requisite activities and skills of all those who have an impact on service, make the necessary changes that advance the work and the mission of the organization. Competency, therefore, has two components: that which relates to the individual's skills, abilities, and level of application, and that which evidences the system's ability to meet the needs to which it is directed. Because individuals are members of a system and have a broader commitment to the communities they serve, the priority for evaluation and for sustainability is in the outcomes that are represented in the aggregation of the work of all who make up the system.

In team-based approaches teams have specific activities, relationships, and values in light of the outcomes that they influence with those they serve. The patient populations that are served by specific teams should evidence specific outcomes in relationship to their needs, their request of the system, and their demand for health. Therefore team-based value is reflected in the tightness-of-fit between the activities and functions of the team (the competencies they bring) and the sustainable and continuous outcomes that are produced in relationship to those they serve.

Competency reflects the quality of work expended, the level of performance of individuals, the consistency of performance of individuals and of the team, and the interface of all activities around the team's obligation for service. In this frame of reference competency reflects both the individual's set of skills, commitment, and contribution, as well as the collective integration of all of those efforts within the team to meet the needs of those the team serves across the continuum of care.

Performance evaluation in this set of circumstances serves essentially two functions: the team is interested, first, in undertaking a reality check with regard to the performance of individuals and their relationship to each other; and second, in an evaluation of the outcomes of the work of the

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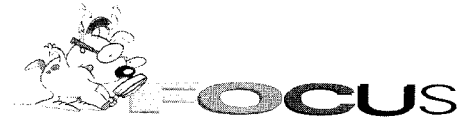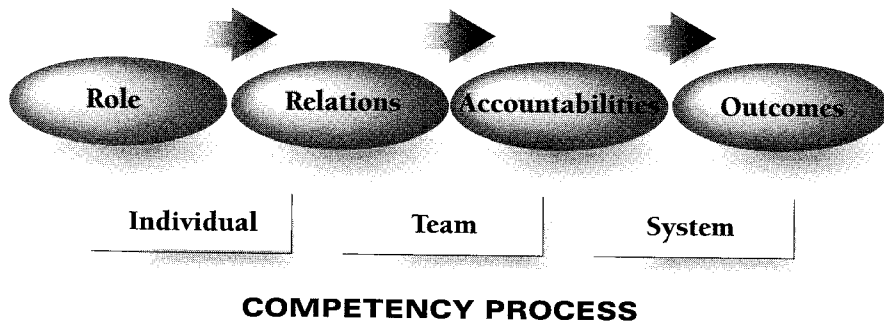
Getting teams together requires some specific activities at the outset of their formation. There is usually a series of activities that every beginning team should address:
- *Rules of engagement*
- *Mission*
- *Meetings*
- *Processes*
- *Expectations*
- *Roles of members*
- *Accountability of the team*
- *Authority (power)*
- *Autonomy (decisions)*
- *Control (enforcement)*
- *Performance expectations*

COMPETENCY PROCESS

Determination of competence is essential to the ability of the system to evaluate the outcomes to which work is directed.

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The system evaluates:
- *The team's work effectiveness*
- *The consonenance between the team and the expectations of the system*
- *The value of the team's outcomes*
- *The contribution of the team to systems value.*

The team evaluates:
- *Its functional proficiency*
- *The members' ability to work together*
- *The collective outcome of the team's work*
- *The ability of each team member to contribute to the team's work.*

WORDS*of*WISDOM

Building teams is a process that changes the expectations for behavior. People cannot operate the same way in the team that they can individually. A new skill set is required to ensure that new behaviors can be expressed and be successful.

team when the work of individual team members is aggregated around purposes and activities of the team. The reality check relates specifically to incremental, action-oriented, present-time issues of relationship, conflict, functional competency, tightness-of-fit between team members and their activities, deficiency, corrective action, and the need for improved present-time performance. This reality check focuses on the continuing contiguousness and consistency of the team's function and operation as an ongoing part of its relationship. Therefore the team is obligated to look critically at individual relationships within the team as a whole and develop the effectiveness and efficiency of those relationships around the team's purpose and its functional activities. This kind of evaluation is continuous, incremental, event based, and often situational. These reality checks continually address the effectiveness of the team in working together as a group.

Team-based performance is continually unfolding. There is no evidence to date that teams ever arrive at a place of natural, normative, noncognitive resonance where all members of the team become actualized at a high level of interaction such that they represent a fluid and almost unconscious, naturally seamless group. While may occur in the future, most activities of the present are continuous and developmental and require frequent attention. Such reality checks become important, integral activities that facilitate the team's ability to identify its issues and concerns and to get at processes associated with naming problems, focusing on relationships, and addressing the psychological, personal, role-based barriers that exist between individual consciousness and the consciousness of the team. The psychosocial dynamics of building team-based processes require the team to confront, to address, to enumerate, to focus on individual as well as collective processes, and to be able, in a continuous way, to name the issues that impede the ability of individuals and teams to work within a collective framework. As has been outlined in previous chapters, much work is involved in building team-based relationships and consciousness, and techniques must be continuously applied through the reality check process to ensure
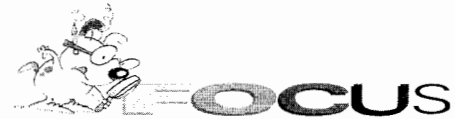
the effectiveness of the team. Continually addressed in the reality check process will be issues around the ability to confront one's own behavior, conflict between personalities, skill differentiation, deficiencies versus differences, autonomy versus integration, discipline-specific requisites versus team-based activities, relational differences, and conflicts between and among various members of the team. All of these, while not encompassing all of the issues that will be confronted, clearly are continuous processes of a dynamic of team building. The reality check evaluation process requires team members to spend time in addressing these issues.

The second component of performance evaluation, the team's assessment of its activities against expectations or outcomes for those activities, is much broader and requires a more formalized, structured process of evaluation. It is here where the quality improvement processes and evaluation mechanisms have an important significance to the system. The mission and purposes of the organization are exemplified in the outcomes of the activities of the team. Therefore the team-based approach to evaluating

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New behaviors inculcated into the team are:
- *Dialogue*
- *Managing differences*
- *Diversity sensitivity*
- *Outcome orientation*
- *Conflict processes*
- *Group processes*
- *Use of quality improvement tools*
- *Personal and group awareness processes*
- *Work and relationship evaluation*

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Evaluation skills are essential to the effectiveness of teams. Evaluation is driven by outcomes and forms the format for measurement. Members must be able to:
1. *Suspend personal judgment*
2. *Listen carefully to critical process*
3. *Focus on the results of a task, not the process alone*
4. *Focus on teamwork, not individual activities*
5. *Tie each person's actions into the expectation of the team*
6. *See every element or action as a part of a whole from the perspective of the whole*
7. *Problem solve together using formal methodology*

For the team to agree on what it intends to accomplish, it must use good process. The discipline of method is required for good processes. No longer should team meetings be conversations and discussions. Rather, they should reflect good dialogue around a disciplined process that leads to an applicable outcome.

its functions and activities against its standards, critical paths, best practice measures, quality measures, and outcomes measures becomes the critical work of team-based performance evaluation. These processes are imbedded in the activities of developing a team-based approach to reviewing team performance and evaluating its effectiveness.

BEGINNING TEAM-BASED MEASUREMENT PROCESSES

At the team level the foundations for performance measurement must be clearly apparent to each team member and to the team as a whole. The team-based measurements must be a consistent part of the expectations of performance for all members of the team. Performance expectations relate predominantly to the team's ability to fulfill the obligation to which it is committed. Furthermore, the team is obliged to ensure that its activities contribute in an ongoing way to the work of the organization and the outcomes to which it is directed.

Each team member must understand just what will be measured and what the foundations for measurement are. Therefore the team should consider the following issues as it begins to establish a basis for ongoing measurement and performance review:

- The team members agree on what it is they intend to measure.
- The team is clear about the necessary frequency of measurement.
- The team is clear on the criteria used for measuring performance.
- The team develops and agrees to the processes, methods, and tools used for evaluation.
- The team is clear about the fundamental questions that are being addressed in measuring its clinical performance and its service expectations.
- The team has sorted out who will be involved in the measurement process.
- The mechanics of outcome evaluation have been clarified by the team.

- The kind, character, and frequency of data review are identified by the team.
- The processes and mechanisms associated with corrective action are identified in advance by the team.

The above activities form the foundation on which performance measurement will be built. Unlike individualistic performance evaluation of the past, performance of the team is tied directly into the expectations and outcomes of the activities that the team members are involved in. The team's obligation is to make a difference with regard to those it serves in relationship to the expectations the organization has for the team. Therefore all team-based evaluation is tied specifically into performance measures, outcome measures, activity assessments, and the generation of data and corrective action that addresses the team's response to what it is evaluating. Team-based evaluation will be frequent, continuous, ongoing, and developmental. In team-based performance evaluation there is very little end-of-year or annual evaluation emphasis because to do so would wait too long to be able to make the incremental adjustments and changes necessary to make sure that the team is effective. Therefore team-based performance evaluation is a much more frequent activity that is integrated into the functions and roles of the team as it undertakes its work over time.

Measurements of progress against clinical objectives and performance expectations should occur at the same time as evaluating the team's effectiveness. The internal and external relationships help establish the team's focus on building relationships around the expectations and outcomes to which the team is directed. This takes the team's attention away from simply focusing on personal or individual issues and looking at individual performance and functions in light of the expectations the team has for outcomes.

Clinical Measures

The predominant framework for measuring a health care team's behavior will be clinical measures. Critical paths, clinical criteria, standards of prac-
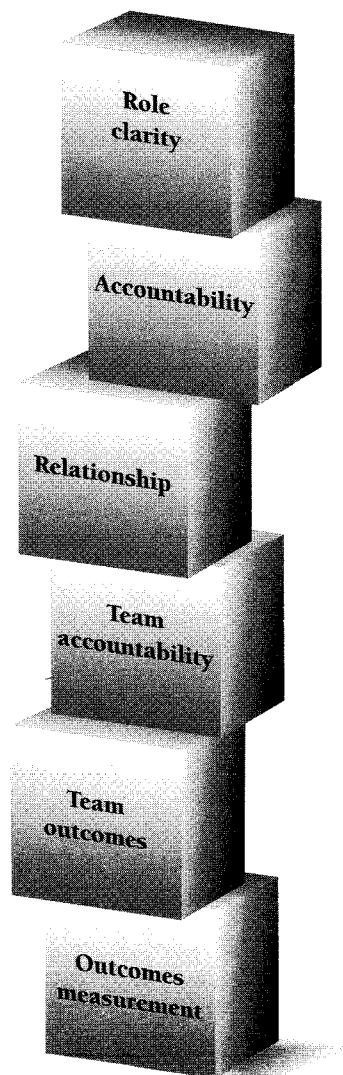

WORDS*of*WISDOM

Performance evaluation has an impact on future performance and improvement.

Team focus helps members see the whole, not just the parts that are theirs.

BUILDING BLOCKS FOR TEAM EVALUATION

Role clarity

Accountability

Relationship

Team accountability

Team outcomes

Outcomes measurement

tice, best practice criteria, clinical outcome measures, and performance outcome measures all serve as tools or vehicles of measuring the team's performance. The organizational objectives, pathway objectives, and priorities, as well as the team's own service objectives, are also part of the performance measurement process. Each of these must be integrated in a way that facilitates and affects the clinical practice of the team and the clinical expectations it has for service. All of these need to be integrated into an evaluation matrix that displays in a systematic and organized way each of the components of the evaluation process that must be addressed continuously and incrementally by the team. These elements of performance are part of the measurement devices that the team will focus on in the course of measuring its performance over time.

The quality improvement process when tied to performance evaluation (as it should be) also facilitates the generation of data that gives information to the team with regard to its performance against specified clinical outcomes that are identified as a part of the team's clinical process. This criterion for quality improvement unfolds out of the team's

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Differences in Performance Factors

Individual Performance
- Functional proficiency
- Technical competence
- Process activity
- Individual work activities
- Individual performance review
- Individual reward determination

Team Performance
- Member contribution
- Role fit
- Team outcomes
- Team critical process
- Team performance review
- Team rewards