

## APPENDIX

# INDIVIDUAL PERFORMANCE AND THE QUALITY IMPROVEMENT PROCESS

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The process described in this manual emphasizes a team approach to delivering and improving quality of service. At the same time, every team member has an individual responsibility to look at his or her own role in providing EmOC services and to strive to improve performance as much as possible. **Every** team member, whether medical, support, or administrative, needs to see that individual excellence is essential to a team approach to deliver quality service. Staff also need to see that you, as team leader, and the QI process itself will support them in their efforts to provide the best EmOC possible at the facility.

No one strategy will suffice to motivate and engage individual staff in improving services: Systems improvements and training need to be accompanied by individual recognition, supportive team leaders, staff development, and coaching from leaders to achieve lasting improvements in the quality of EmOC services staff deliver. Yet the more the principles of individual recognition, accountability, and motivation are incorporated into the QI process itself, the more individual staff will take ownership for the quality of their work.

The ultimate goal is to foster *individual commitment and motivation*. Every staff person should look at his or her own performance and ask: “How did I do today? What can I do differently tomorrow?” By making a commitment to individual excellence, staff will strive for their best, whether their efforts are recognized, penalized, or ignored. As team leader, you will see that the best way to instill this spirit of individual commitment is to demonstrate it in your own performance.

This chapter takes you through the steps in the QI process from the point of view of individual staff performance and explores how to link it to improvements in overall quality of care.

### INFORMATION GATHERING AND ANALYSIS

When doing the team-led QI assessments, such as the EmOC assessment or client flow analysis, staff may recognize a need to clarify individual scopes of work (tasks and responsibilities for emergency readiness or response). The first step is to assess individual responsibilities in order to compare the actual with the ideal. How to approach individual assessment varies widely: There may be written job descriptions at your facility, and performance review may already be part of supervision. On the other hand, staff may be working with an unwritten yet mutual understanding of who does what. Regardless of what exists at your facility, the team should decide how they want to do this component of QI, and you should emphasize that individuals will be involved in the review of their role in EmOC services.

Self-assessment can be done one-on-one with a supervisor or with you as team leader; it can be done as an activity in a QI workshop; or it can be done privately, with individuals looking at their own strengths and weaknesses. No matter which of these approaches is used, individual assessment should complement the ongoing QI process by:

- Clarifying the individual’s role in EmOC and how it fits into the larger team’s vision
- Identifying needs for more training or other staff development
- Uncovering skill areas of strength that staff may be underutilizing and can begin applying
- Identifying areas for performance improvement

As team leader, you can ensure that these activities fit into and complement the ongoing QI process. Given the diversity of staff involved in EmOC (from different departments or services at the facility) and the various ways assessments are done, you may not be directly involved in each individual assessment. You can help to plan the activity, however, by including individual assessment in the overall action plan and making follow-up a routine part of your leadership role.

It is helpful to design individual assessments so that whether staff are doing them privately, or in conjunction with supervisors, or you as team leader they follow these steps:

- *Self-assess or have someone observe current performance* (Figure 23).
- *Review the standard or guidelines for the task.* If they do not exist, look at a job description or scope of work or work with others to outline steps or elements of an activity or procedure that is not covered.
- *With other staff as appropriate, determine the difference between ideal and actual performance.*
- *Identify skills or performance gaps.* When actual performance is not meeting standards, the individual should ask: “Do I know how to perform correctly? Do I know the relevant information and/or protocols?” When the answer to these questions is “no,” these are called *skills gaps*. On the other hand, when an individual has the skills and information but still performs partially, not on time, or frequently enough; uses an inappropriate procedure; or does not perform at all, these are called *performance gaps*. Skills and performance gaps respond to different solutions.
- *Identify root causes for skills and performance gaps.* (Use the “multiple whys” technique described in Chapter 3.) Sometimes, despite adequate skills and information, an individual does not perform responsibilities correctly. Or sometimes, when an individual does something correctly and reacts appropriately in an emergency, it seems not to make any difference in outcome, no one notices, or he or she might even be penalized directly or subtly for making an extraordinary effort. Similarly, no one may notice when an individual performs poorly or neglects regular duties. If these issues form some of the root causes of a problem, no amount of training or information will improve the quality of service. When a person feels invisible, unappreciated, and unsupported, performance gaps proliferate.
- *Identify strengths.* Assessment is also the time to look at what an individual does well. By clarifying his or her strengths, a person knows better what to continue doing, might be able to transfer skills to others, or might find ways to use these skills more fully in his or her work.

## DEVELOPING AN ACTION PLAN

It may be helpful for staff members to fill out and review periodically their own, personal action plan. They can begin this process as the team develops the action plan for overall QI at the facility. Even when someone is not specifically mentioned on the overall action plan to implement an activity, his or her job could be affected by the proposed change. For example, Head Sister Kouame was made responsible for posting a protocol in client-care areas, but *all nurses* are to carry it out.

**Figure 23: Analysis of Individual Staff Performance**

<p><b><i>Skills and Information Gap</i></b></p> <ul style="list-style-type: none"> <li>• The individual does not know how to do the job.</li> <li>• The individual does not have correct information.</li> <li>• The individual is unclear on his or her role/responsibility.</li> </ul>	<p><b><i>Performance Gap</i></b></p> <ul style="list-style-type: none"> <li>• The individual knows how to do the job, but             <ul style="list-style-type: none"> <li>– Does it partially or incorrectly</li> <li>– Does not do it frequently enough</li> <li>– Uses an inappropriate procedure</li> <li>– Does not do anything</li> </ul> </li> </ul>
<p><b>Root Causes</b></p> <ul style="list-style-type: none"> <li>• Lack of training</li> <li>• Inadequate information sources</li> <li>• Lack of job aides</li> <li>• Lack of job description</li> </ul>	<p><b>Root Causes</b></p> <ul style="list-style-type: none"> <li>• Lack of feedback on performance</li> <li>• Obstacles in work environment</li> <li>• (lack of equipment, supplies, water, electricity, etc.)</li> <li>• Inadequate support systems</li> <li>• Penalized or ignored for correct performance</li> <li>• Benefit from incorrect/inadequate performance</li> </ul>
<p><b>Strengths</b></p>	
<ul style="list-style-type: none"> <li>• <b><i>What aspects of the job do they do well?</i></b> <ul style="list-style-type: none"> <li>– Technical skills (medical, logistical, administrative, etc.)</li> <li>– Communication skills</li> <li>– Teamwork skills</li> </ul> </li> <li>• <b><i>Are there strengths/skills that are underutilized?</i></b></li> </ul>	

So each nurse could include “carry out steps in postop protocol for every client and notify head sister if client’s condition changes” on his or her personal action plan.

In addition, the individual assessment process outlined in the previous section will help an individual see more clearly what is required in his or her routine job for emergency readiness and response. In thinking about their own role in EmOC, team members can identify what they should change in their performance and what they need to make the changes. This might be bringing up an issue with a supervisor, working out a solution with another staff member, or making an individual commitment to excellence.

If making a personal action plan is something you would like team members to do, you, as the team leader, should model making and following one for yourself.

As discussed in Chapter 3, an important step in developing an action plan is finding solutions to address the root causes of a problem. Often, training is put forward as the way to improve performance, yet training is designed to transfer skills and knowledge and cannot address other root causes. It is important, then, that people seek a solution that is capable of responding to the root causes stated.

## Solutions to Skills and Information Gaps

If one of the root causes of a problem is that certain staff lack skills or knowledge to perform correctly, then some kind of training will be necessary. You and the team should consider various training options and select ones that cover the type of skill/information needed and are accessible to the staff. You also need to determine your facility's capability to cover services while staff are in training. There are several training options:

- *Formal, off-site program* for groups of staff or individuals. Here, you will need to identify what training programs are available, if the curriculum is appropriate to the skills and information gaps identified, if coverage can be arranged while staff are in training, and if financial resources are available to cover training costs.
- *Formal, on-site training* is especially good when emphasizing the team approach to service delivery. You will need to assess if someone on-site has the technical and training skills necessary to conduct the sessions or if an external expert is needed. Facility-specific procedures are also best covered in on-site training sessions, such as reviewing and practicing emergency procedures at night or on holidays.
- *Informal mentoring and coaching*. Training does not have to be limited to a formal, group process. You can transmit information yourself and enable staff to practice skills in a supportive environment when you act as a coach. When you take a coaching approach to skills transfer, training becomes an ongoing process as you turn encounters with staff into teaching and practice opportunities.

## Solutions to Performance Gaps

When staff with adequate skills and knowledge are still not providing quality service, training will not help improve their performance. Alternately, you may discover that training is only the first step in solving a problem, and that once training is completed, other steps are needed to help staff use their skills appropriately. In general, solutions to performance gaps need to focus on ensuring that the *outcome* of appropriate and correct staff behavior *supports* (rather than ignores or penalizes) their action. This way, they are encouraged to act in a similar way again, improving their performance steadily over time. Examples of ways to address performance gaps are listed below.

- *The QI process itself*. This process can be used to reinforce how individual performance (good and/or bad) affects quality of service. Case reviews, information gathering, tracking, and implementing part of the action plan are specific instances where individual performance is acknowledged.
- *Facilitative supervision*. This is another opportunity to show team members that their efforts are supported. When contact and two-way communication exist between team leaders and staff, many performance gaps can be resolved individually.
- *Systems changes*. When you develop an action plan, you often target support systems for improvement. Staff cannot respond to an emergency when equipment is broken or drugs are expired. Tackling systems weaknesses, such as maintenance, supervision, or procurement, will not only make good performance possible but will increase staff morale as they see management trying to meet their needs.

## IMPLEMENTING SOLUTIONS

Once root causes and possible solutions have been identified, you and the team must now put words and plans into action. As much as you can, focus on individual performance as staff carry

out responsibilities listed in the action plan, make improvements in their performance, try new procedures, or try harder to do a better job. All staff will benefit from your attention during this time. The method described below will help you to combine teaching and practicing skills on-site with reinforcement and encouragement to staff implementing changes.

### **Mentoring through Coaching**

Coaching is a one-on-one approach that uses observation, modeling, practice, constructive feedback, and motivation to transfer and improve skills. As such, it provides individual support by reinforcing staff efforts to change their own performance.

Coaching differs from formal training in that it is done “on the spot.” You seize the opportunity to train whenever possible; and, rather than telling someone what to do, you emphasize actually doing the behaviors. It is likely that you do not have supervisory responsibilities for everyone involved in the QI process or that you do not have the technical expertise for all procedures needed to respond to obstetric emergencies. Nevertheless, as team leader, you will have many opportunities to transfer EmOC-related skills through coaching. Below are coaching steps:

- *Observation.* Observe actual performance first before suggesting changes. Build upon the staff member’s strengths.
- *Modeling.* This is when you demonstrate competently and explain clearly the new behavior. Give the staff member a chance to ask questions. Ask open-ended questions to probe for understanding (for example: “What are the three steps you will use?” rather than “Do you understand what to do?”)
- *Practice.* Listening to or reading about what to do are not as effective as actually practicing a procedure. Have the staff member demonstrate his or her ability to perform while you are there to observe.
- *Constructive feedback.* Follow practice with your evaluation of performance, emphasizing what he or she did well, along with what he or she can do differently the next time. Continue offering practice and feedback until the staff member is comfortable with the procedure. Constructive feedback relies on a concrete, respectful, two-way interchange of ideas and reactions (more details on constructive feedback are in Chapter 4).
- *Skills transfer.* Using coaching as a training technique assumes that many skills are learned gradually and that adequate performance will take practice and feedback over time. You may need to break complex tasks down into subskills and gradually increase the number you demonstrate. A staff member may also need a number of trials to achieve a satisfactory level of performance. Eventually, the staff member will be able to carry out the new behavior without supervision, and you can gradually withdraw the amount of modeling, practice, and feedback you use—but remember to include recognition of improved performance in some aspect of the QI process.

### **EVALUATING PROGRESS AND FOLLOWING UP**

When a QI goal is reached (e.g., decreasing the time needed to assemble the surgical team at night), it is important for staff to see how their efforts contributed to the overall achievement. In this instance, not only should the surgeon, anesthesiologist, and operating room nurse be congratulated, but the ambulance driver and the night nurse on the ward should be as well. If people are uncomfortable with individual public praise, you can find other ways to recognize their contribu-

tion: Describe in general how people followed the new call process with good results, display tracking data of time elapsed between the call and when the team was ready to operate, or mention in a case review how the shortened time contributed to a positive outcome.

If staff are using a structured form for individual assessment and goal setting, they can decide the frequency of a formal review of progress toward individual performance goals.

As staff take more ownership for the quality of care offered at the facility, they will ask themselves: “How did I do today?” “What can I do differently tomorrow?” and “How can I make more of a difference in the quality of care we provide?” This kind of self-evaluation shows that staff clearly see how the quality of their individual performance is critical to the team’s ability to save lives in obstetric emergencies.