



HRSA Ryan White HIV/AIDS Program

**CENTER FOR QUALITY
IMPROVEMENT & INNOVATION**

Using Teams in Quality Improvement



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Learning Objectives

By the end of this webinar, you will have a better understanding of:

- The difference between the quality management committee and the quality management team
- The importance of teams
- How to define a team
- Why teams usually out perform individuals
- Managing with limited resources

Why Teams?

“No one of us is as good as all of us”

- Ray Crock, founder McDonalds

“But all of us can be as stupid as one of us”

- Astronaut Capt. Mark Kelly (ret)

The Importance of Teams

- Team typically out perform individuals
 - Activity suggestion: try the “Survive on the Moon” activity; [find it here](#)
- Teams need a high degree of freedom in which to operate
 - Micromanagement is a sure way to end team engagement and motivation
 - Highly vulnerable to human error
- Each individual brings experience and expertise

Let's Define Some Terms

The Clinical Quality Management (CQM) Committee v. Quality Improvement Project (QIP) Team

- The CQM Committee has a management role and the QIP team has more of a project based role
- The CQM is required under PCN 15-02, a QIP Team is not
- Think of the CQM committee as the conductor and the QIP team as the pieces in the orchestra
 - The CQM committee sets the direction of the QM Program
 - The QI team executes quality improvement projects
- The CQM Committee develops the clinical quality management plan for your Ryan White HIV/AIDS Program
 - The plan provides direction and strategically guides the organization's quality program
 - It specifies roles and responsibilities, performance measures and how to evaluate the quality program

Clinical Quality Committee Roles

- Leads the clinical quality management program
- Operationalizes the CQM Plan
- Communicates overall direction and improvement priorities
- Coordinates implementation of improvement priorities depending on
 - Size of the quality program
 - Resources for the quality program
- Provides analysis of data and determines priorities
- Reviews data at least quarterly*

* HIV/AIDS Bureau Policy Clarification Notice (PCN) 15-02

QIP Team Roles

- Remember that QIP Teams are not required by PCN15-02
- A QIP Team should have assigned tasks with a clear, goal and measurable outcomes
 - Are project focused
 - Should be agile and have the ability to respond to what their data tells them
 - Should guide their efforts with a structured quality improvement methodology
 - Have time to meet
- QIP is assigned tasks with a clear goal and measurable outcomes
- Should have a defined leader

Structuring QM Committees and QIP Teams

Building the CQM Committee or QIP Team

- Remember, the clinical quality committee is required in PCN 15-02, a QIP team is not
- Think carefully about who should be on the team
 - Use a tool like the [*Team Member Selection Characteristics*](#)* matrix
 - Include strategic thinkers and problem solvers
 - Did you include consumers? Peer staff members often serve on teams
- Whenever possible, a team should be interdisciplinary
- Provide ongoing education and training in:
 - Performance measurement; data collection, and analysis; and reporting
 - Application of selected QI methodology such as the Model for Improvement or Lean

* Lenderman, H., Reffett, H., Moran, J., Beaudry, M. Selecting Quality Improvement Team Members. Public Health Foundation. May 19, 2014

Further Considerations in Assigning Committee and Team Roles

There are many ideas on assigning roles to members. Here are but a few:

- Honey¹ categorized people into doers and thinkers and the leaders who understand how to utilize these attributes
- Merrill² identifies team roles by how the person fits into the innovation process

1 Honey, P. (2001). "Teams and Teamwork". Peter Honey Press

2 Merrill, P. (2014). "Team Sports" Quality Progress, ASQ, Milwaukee, WI

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Merrill's Consideration of Team Roles

- Creators – operate best under limited constraints
- Connectors – the thinkers that analyze problems and provide solutions
- Developers – turn abstract ideas into solutions
- Doers – they want to get things done; less emphasis on how people are performing

Merrill, P. (2014). "Team Sports" Quality Progress, ASQ, Milwaukee, WI

Institute for Healthcare Improvement Considerations on Team Roles

The Institute for Healthcare Improvement (IHI)³
recommends at least these roles on a team:

- Clinical leadership (if applicable)
- Technical expertise and a deep knowledge of the issue to be examined
- Day-to-day leadership to lead the QI team
- Project sponsorship by an executive that liaises with senior management and the team

³ <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx>

Tips for Managing the CQM Committee:

- Have clearly defined structures including committed leadership
- Set improvement priorities
- Meet regularly – remember recipients should be looking at their performance data at least quarterly
- Document its work such as data analysis and reports
- Involve management – think of who that is in your organization
- Develop a culture of quality agency-wide
- Be mindful of the guidelines of their funders and fidelity to the team's mission

Tips for QIP Team Meetings:

- Focus the agenda on meeting the team's objectives
- Keep the conversation focused and moving along
- Report progress and data to CQM Committee
- Disseminate each step of your QI project work
- Help develop a culture of quality in their agency

QI Team Advanced Level

Historical Perspective of Team Formation

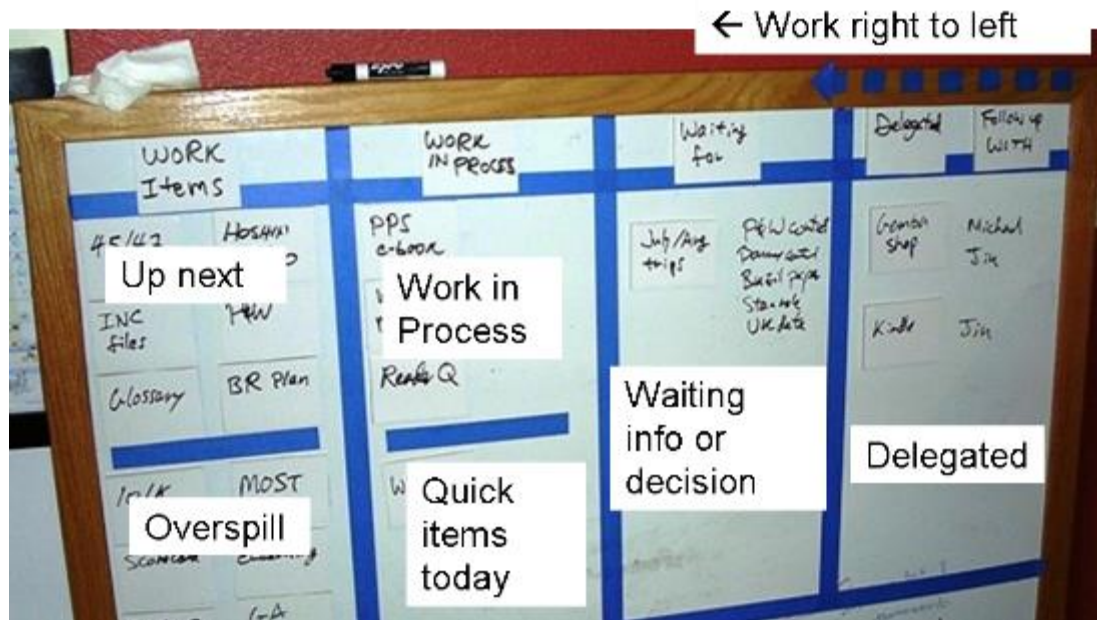
- Tuckman's work on a meta analysis of 50 articles concerning the development of team's has been distilled to:
 - Forming – team agrees on goals and challenges
 - Storming – the team starts to jell; conflict may be evident
 - Norming – disagreements resolve, team members share a common goal
 - Performing – members focus on achieving common goals
- Consider that this meta-analysis was done in the 1950s and looked at four type of groups

Tuckman, Bruce W (1965). "Developmental sequence in small groups". *Psychological Bulletin*. **63** (6): 384–399.

Use of QIP Team Huddles

- Encourages cooperation of staff
- They mimic clinical huddles (daily patient visits)
 - Should be short; up to 15 minutes
 - Focused on tasks
- Are held frequently
- Uses both verbal and visual cues to examine project progress
- Consider the Lean Kanban Board as a useful tool (for more information on Kanban Boards, [click here](#))
- Be clear on facilitator role

The Kanban Board



Huddle – Team Progression

Week	Recording Data	Huddle Conversation
0 to 1	Data entry is sporadic or not done	Few Team members share
1 to 2	Most members enter data but it may not be accurate	Most members talk but conversations are limited
2 to 3	Data accurate; planning accuracy improves	Most team members share
3 to 4	Data entry becomes routine and entered before huddle starts	Deeper team bonding happens; trust is built between members
4 to 5	Data openly displayed; each member's tasks are visible	Improvement ideas shared, additional, useful information is share with the team
5 to 6	Team values the huddle board (Kanban)	Conversation boundaries fall, huddle conversations become routine
6 to 7	Practice completely integrated into Normal work	Joy of practicing a new and useful skill is visible

This is extracted from a model that looks at the progression of Huddle teams in a short period. Times can vary depending on task and team composition. Keep in mind this is based on the observations of the author and your individual experiences may vary. However, this gives you an idea of how the huddle progresses over time and what you may expect from your huddles.

The complete table is in the reference section.

Rajaraman, A. K., Let's Huddle, Quality Progress, Jan. 2019

[Continue](#)

Complete QIP Huddle Team Progression

Week	Recording data	Huddle conversation
0 to 1	<ul style="list-style-type: none"> ++ Few team members enter data or huddle time is spent only on entering data. 	<ul style="list-style-type: none"> ++ Few team members open up and share. Silence is normal.
1 to 2	<ul style="list-style-type: none"> ++ Most team members enter data but planning is less accurate (meaning far from actual). ++ Updating data is completed in 5-10 minutes. 	<ul style="list-style-type: none"> ++ Most team members participate. ++ Conversation is only a few lines and lasts a few minutes. ++ Team members want to finish their huddle as early as possible.
2 to 3	<ul style="list-style-type: none"> ++ All team members enter data accurately (close to actual). ++ Updating data is completed in 5-10 minutes. ++ Planning accuracy improves. 	<ul style="list-style-type: none"> ++ Most team members speak up and are comfortable sharing. ++ Discussion is still only a few lines.
3 to 4	<ul style="list-style-type: none"> ++ All team members enter data accurately (very close to actual). ++ Updating data happens throughout the day and is completed before start of huddle. ++ It becomes an ongoing activity and takes only a few minutes. 	<ul style="list-style-type: none"> ++ Invisible silos are broken, deeper team bonding happens. ++ Conversation is mostly pleasant. ++ Team members trust each other and are open to asking for or giving help. ++ A general sense of relief and happiness is visible. ++ 15-minute limit is easily breached because team members hold each other accountable for delivery.
4 to 5	<ul style="list-style-type: none"> ++ Team performance is visible with data on the board. ++ Challenges are visible and adjustments are made. ++ Prioritization happens. ++ Each person can see what the other team member is doing. ++ What-if discussion is normal. 	<ul style="list-style-type: none"> ++ Team members come prepared to share their opinions. ++ Arguments, discussions and conversation happen systematically. ++ Additional information useful for the team is shared in addition to their work. ++ Improvement ideas are shared and discussed.
5 to 6	<ul style="list-style-type: none"> ++ Recording data is part of the daily routine. ++ Team believes in the value of the huddle board and is standard behavior. ++ Conversation boundary among team members is minimal to nonexistent. 	<ul style="list-style-type: none"> ++ Huddle conversations are part of their daily routine. ++ Team believes in the value of huddle conversations and is standard behavior. ++ Team members highlight persistent issues to team leaders. ++ Huddle conversation acts as a listening post for team leaders, managers and leadership team. ++ Innovative ideas are shared and discussed. ++ Conversation boundary among team members is minimal to nonexistent.
6 to 7	<ul style="list-style-type: none"> ++ Mindset and behavior has changed. ++ Practice is completely integrated into their normal work. 	<ul style="list-style-type: none"> ++ Mindset has changed. ++ Joy of practicing a new and useful skill is visible. ++ Jokes and laughter close the discussion.

A model that looks at the progression of Huddle teams in a short period. Times can vary depending on task and team composition. Keep in mind this is based on the observations of the author and your individual experiences may vary. However, this gives you an idea of how the huddle progresses over time and what you may expect from your huddles.

Rajaraman, A. K., Let's Huddle, Quality Progress, Jan. 2019

Team Synergy and Interpersonal Skills

- Listening and Clarifying – members listen, and be responsive to, a team speaker
- Supporting – encourage people to speak up; no judgement; positive climate
- Differing v. Confronting – present conflicting ideas in a non-threatening way
- Quality – a personal commitment to excellence
- Feedback – open and honest communication; record the interactions of the team

Mears, P. (1994). "Healthcare Teams; Building Continuous Quality Improvement". St. Lucie Press, Boca Raton, FL.

What Motivates Team Members

- **Curiosity.** Curiosity pushes us to explore and learn for the sole pleasure of learning and mastering.
- **Challenge.** Being challenged helps us work at a continuously optimal level and work toward meaningful goals.
- **Control.** This comes from our basic desire to control what happens and make decisions that affect the outcome.
- **Recognition.** We have an innate need to be appreciated and gain satisfaction when our efforts are recognized and appreciated by others.
- **Cooperation.** Cooperating with others satisfies our need for belonging. We also feel personal satisfaction when we help others and work together to achieve a shared goal.
- **Competition.** Competition poses a challenge and increases the importance we place on doing well.
- **Fantasy.** Fantasy involves using mental or virtual images to stimulate your behavior. An example is a virtual game that requires you to answer a question or solve a problem to move to the next level. Some [motivation apps](#) use a similar approach.

[Continue](#)

Source: <https://www.healthline.com/health/intrinsic-motivation>

Managing with Few Resources

The Team of One

In many organizations, there is only one person responsible for quality management. This can lead to:

- Turnover becoming a very big issue
- Competing priorities
- Data not available in a timely fashion
- Loss of focus on continuous quality improvement
- Increased importance on documentation

Keep in mind that ad hoc teams help fulfil the HAB requirement for clinical quality management program and is required at the recipient and subrecipient level*

* HAB Policy Clarification Notice 15-02 (amended 11/18)

Ad Hoc Teams

- A Latin phrase meaning *to this*
- They are formed to deal with a specific problem
- Constrained with limited resources, it's a way to have a multidisciplinary approach to quality improvement

Forming Ad Hoc Teams

- Form ad hoc committees to work on specific projects
- Engage stakeholders from the organization
- Bring consumers to your quality improvement “table”
- Think creatively about keeping members engaged - the Kanban
 - Use short “huddles” to determine progress in a project
 - Use Visuals - display a board that has the milestones in the project, whose responsible, and the status
- Set QI project goals with your ad hoc team
- You need to focus your effort, and maximize stakeholders time

Forming Ad Hoc Teams (Continued)

- The size of your ad hoc team should be proportional to the scope of the improvement effort
- Think about using the [*Team Member Selection Characteristics*](#) guide as you select members

Committee and Team Summary

- Think of committees as the overseer and the team as the folks that carry out the direction of the overseers
- Teams and committees are usually more effective than individuals
- There are differing ideas about the roles within teams or committees; choose what's right for you
- There are tools and methods to track progress that have been derived from other industries and lend themselves well to healthcare

To listen to the webinar and follow along, please
access the Webex link:

<https://meetny.webex.com/meetny/ldr.php?RCID=3993c1cd603b4017a77d8afdd510debf>