



# PERFORMANCE MANAGEMENT AND PROCESS IMPROVEMENT

## Chapter 4-5

**Mohamed Eldeeb**

**CPHQ, CPHRM, LSSBB, TQM, SCRUM Master ,TOT , Team STEPPS master  
training**



## TEAMS & MEETING

### TEAM:

- **Multidisciplinary groups** in the same room, maybe **focused on the same process**, but each member focuses on the contributions his or her discipline can make, and not necessarily on the entire process.
- **group of people who perform interdependent tasks to work toward a common mission.**

#### Limited life:

team **designed for developing a new product**, or a process improvement team **organized to solve a particular problem.**

#### Ongoing:

**department team** that **meets regularly** to review goals, activities and performance.







## Teamwork and Group Process:

### ➤ Group:

is a **collection of individuals** who affect the character of the group and who are in turn affected by the group.

### ➤ Group dynamics:

are **determined** by the **various combinations of individual interests, abilities, and personalities.**

### ➤ group success is inevitably tied to :

1. The organization's **culture.**
2. Leadership's **commitment.**
3. The degree of **empowerment.**
4. **Resources** given to the group.

➤ There **should be 6 to 8 members** of the team, but **no more than 10**, whose membership is based on close work with the organizational function, processes, or topic ((( process owner , department supervisor , leaders )))





## Elements determine group dynamic:

Individual **background** of each group member

Status and **position** of each group **member**

Leader-group **relationship** concerning the subject and outcome .

Relative amount of leader and group **participation**

Interrelationships of the group members

**Status and position** of the **leader** in relation to the group members.

Emotional **involvement** of each member with the subject.

Relative amount and type of **participation** of each group member.

Effect of **leadership methods** and tools

Effect of physical **surroundings** on the discussion



## The Role of Teams in Quality Management:

- The improvement of quality in healthcare organizations is **dependent on teamwork**, partly because providing care and **service is complex**, with **many handoffs between practitioners/workers**, and partly because healthcare workers like working with other people.

## Quality Improvement (QI) Teams :

- Must be **comprised of appropriate clinical and non-clinical staff at various levels in the organization.**
- Teams may be **temporary** as in a **task-associated team**, or **permanent** such as a team dealing with a **specific topic such as medication management.**
- **Utilize scientific methods and tools**
- **Teamwork** involves the team members working collaboratively, **through generation of ideas, discussions, utilizing** understanding that the team members bring **different ideas** and **experiences to the team**, and that only by working together will the team be successful.
- Teams play a **large role** when successful implementation of the problem solution or process design/ redesign **depends on buy-in from persons across the organization.**







## ❖ Stages throughout the performance of the work:

Forming stage	Storming stage	Norming phase	Performing stage
Member are getting <b>to know each other</b>	Member start to <b>push against boundaries</b> (as a <b>conflict</b> between working style)	Start to <b>come together</b> . <b>Resolve the conflict</b> Appreciate each other <b>Respect leader authority</b>	1-work toward the <b>completion of the goal</b> . 2-the team is working well together.
Establish <b>ground role</b>	Begin to <b>realise their task</b> (more than their expectation)	moving to <b>cooperation</b> instead of competitiveness.	The leader at this time <b>is able to delegate work</b> to the members and feel assured that it will get completed.
<b>Little progress</b> toward meeting goals	<b>Resistance</b> toward taking the tasks	1- more likely to <b>ask</b> other team members for <b>help</b> . 2- others for <b>feedback</b> or their opinion.	
<b>Training and education</b> for member about their <b>roles</b>	<b>Challenge</b> toward leaders authority	become <b>committed</b> to the team's <b>goal</b> .	
It will take <b>a little bit long time</b>		start to <b>progress</b> in that direction.	

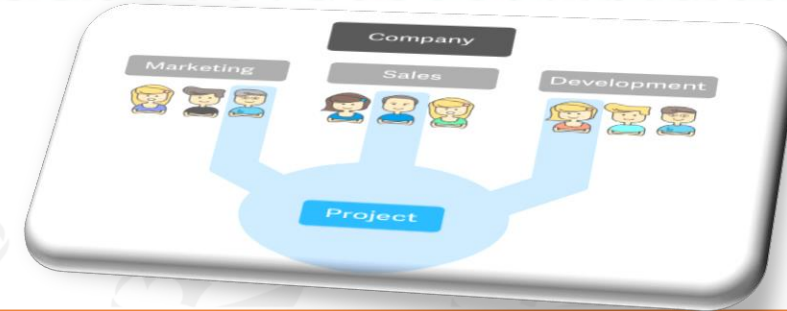
Does not move straight from Forming to Performing, and then remain there. If there is any **change** in the team **or new task** definitely team will go back to the forming stage.

If any replacement in the team **the new member** will be in the forming stage and pulling all the team to this direction.



## Types of QI Teams:

- In quality/performance improvement, teams are frequently utilized to determine how to make improvements to processes that have been identified by the organization. The team is brought together to make the improvements and then disbanded once the improvements have been made.



### Functional teams:

- 1- **Permanent.**
- 2- Always include members of the same department with different responsibilities.
- 3- A **manager** is responsible for everything.
- 4- Every **one reported to the manager** (Up and Down information flow)
- 5- Organized to improve processes in a given important function, e.g.,  
patient care / medication management,  
infection control / environment of care,  
safety / information management.
- 6- **Resources is Owned.**

### Cross-functional teams:

- 1- **Temporary**
- 2- made up of members from various departments.
- 3- Leader rarely has formal authority
- 4- Information flow in all direction (Circular structure of the flow)
- 5- tackle specific tasks that require different inputs and expertise.
- 6- Resources is borrowed (staff and funds)

## Clinical teams:

- 1- Organized around a clinical condition (diagnosis-Procedure).
- 2- To improve all associated processes of care and service.
- 3- Clinical path development is a common task performed by this team.

## Operation teams:

- 1- Organized to improve management and support (nonclinical) services.

## Ongoing teams:

- 1- Can be functional, clinical, or operational.
- 2- Mostly cross-functional and multidisciplinary in composition.
- 3- May replace committees, are permanent.
- 4- Self managed e.g. (Counsel)

## Ad-hoc teams:

- 1- formed to address one important issue or task.(RCA,FMEA) (specific goal)
- 2- are comprised of those with the most knowledge of, and information about the issue under study.
- 3- once the project is complete and the process change or new design has been implemented and been proven to work, the team disbands.

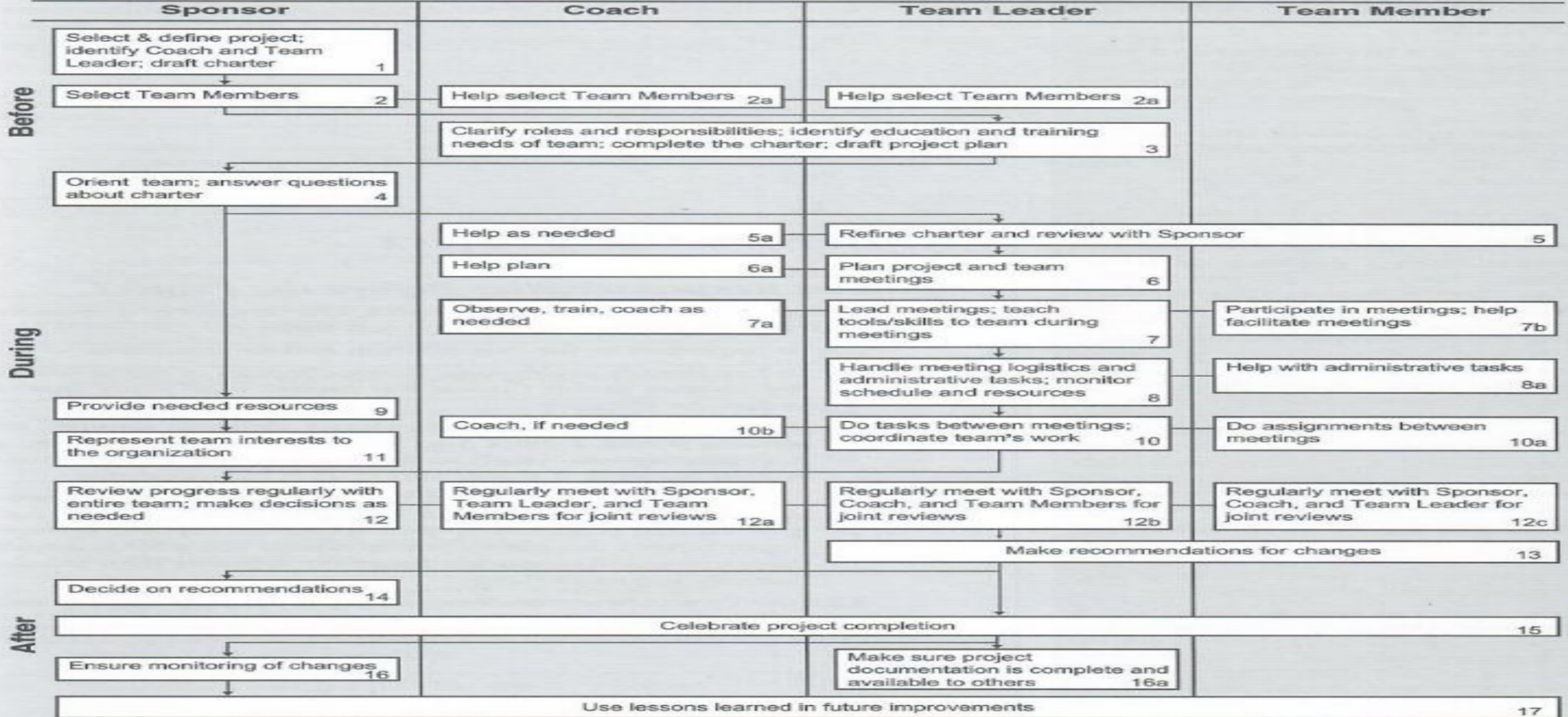
## Self directed teams

- 1- teams **have more autonomy with the organization** and thus **have more responsibility**.
- 2- Given broad decision-making authority with access to all information needed.
- 3- Do their **own planning**, setting of priorities, organizing and managing the **budget**.
- 4- Measuring their performance, solving problems, taking corrective action, evaluating their effectiveness.
- 5- are **trained cross functionally**, share many management responsibilities





## Roles and Responsibilities for Improvement Projects





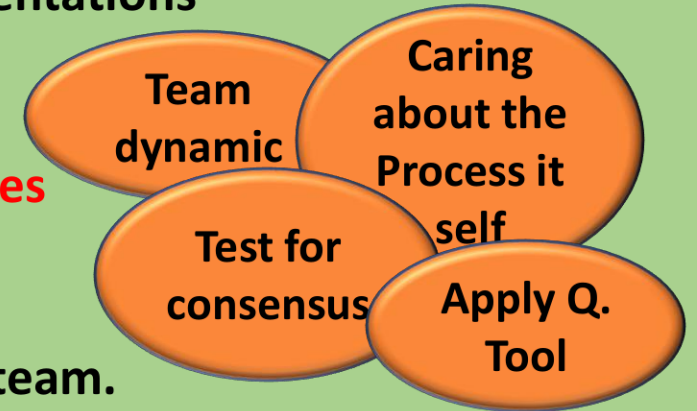
## Team Roles and Basic Tasks

Role	Basic Tasks
<p>➤ <b>Sponsor</b></p>	<ul style="list-style-type: none"> <li>• Senior leader <u>advisor, Guide, direct to the team</u></li> <li>• Is a key leader or clinician who <b>is passionate</b> about the <b>need for improvement</b></li> <li>• Maintains the <u>overall responsibility</u>, authority, and <u>accountability</u> for the team effort.</li> <li>• Continually <b>monitors the decisions</b> and planned changes of the team and assures that they are in <u>alignment with strategic goals</u></li> <li>• Implements <b>changes the team <u>is not authorized</u></b> to make.</li> </ul>



## ➤ Facilitator

- Keep team on task
- **Guides activities** such as brainstorming, cause mapping, risk analysis
- Manage team dynamics
- **Teach and support**
- **Help** the team leader with assignments, needs between meetings, plan changes, team tool techniques, prep for presentations
- **Seek opinions of all team members**
- Coordinate ideas and **test for consensus**
- Assist team in **applying QI tools and techniques**
- **Summarize key points**
- Provide feedback to the team
- serves as internal consultant or coach to the team.
- does not care about the outcome of the team, but rather about the team **process itself.**







## ➤ Leader

- **Prepare** for meetings
  - **Conduct** meetings
  - **Assign activities** to team **members** and participate in carrying out assignments between meetings
  - Provide **direction**
  - Assess **progress**
  - **Interface** with other teams and **support resources**
  - **Represent the team** to management
  - **Follow up** with team members as necessary.
  - **Communicate** with team, facilitator , sponsor/champion, and the organization.
  - the person who "**owns**" the **process examined** and has the **responsibility and authority to lead the improvement project**.
  - an **active member** of the team and is interested in the outcome of the team efforts.
  - establishes the **content for the meeting**, **runs** the team meeting, and **summarizes at the end** of the meeting.
  - **If the team leader has never held that position**, a **strong facilitator should be appointed to the team**. The facilitator **will run the first several meetings as the leader** learns the leadership role, and **then the leader can gradually take on the role** with the support of the facilitator.
- A team leader should have the following **ten skills**: communication, organization, confidence, respectful, fair, integrity, influential, delegation, facilitator, and negotiation



<p>➤ <b>Champion</b></p>	<ul style="list-style-type: none"> <li>• Participates as a member and sometimes <b>subject matter expert</b></li> <li>• Encourages and <b>supports team</b>, particularly to the organization and leadership</li> </ul>
<p>➤ <b>Time keeper</b></p>	<ul style="list-style-type: none"> <li>• Keep the <b>team within designated meeting time</b> constraints for discussions, brainstorming and other team tool sessions, and ending times</li> </ul>
<p>➤ <b>Team member</b></p>	<ul style="list-style-type: none"> <li>• Attend <b>regular meetings</b></li> <li>• Participate <b>willingly</b></li> <li>• Is <b>engaged in working</b> to reach the goals of the charter</li> <li>• Treats others the way he/she would want to be treated</li> <li>• Realize that the <b>work of the team is accomplished outside of the meetings</b></li> <li>• Assist the team leader with <b>documentation and meeting management</b></li> <li>• Help critique <b>and improve the meeting process</b></li> <li>• <b>Share experience and knowledge</b></li> <li>• <b>Listen</b> to others and <b>remain open to all views and ideas</b></li> <li>• Complete assignments between meetings</li> <li>• <b>Communicate effectively</b> with colleagues regarding team's work/progress and seek input/buy-in</li> <li>• <b>Participate in team QI/PI process</b></li> <li>• <b>Understand role in implementation</b> and monitoring</li> </ul>



➤ Recorder

- Responsible for working with the team leader to **identify the opportunity for improvement, identify the issues, process flows, and root causes of the problem.**
- They are responsible to **collect and analyze the data** and then to recommend **corrective action /changes.**
- **Once approved by the team sponsor,** the team members are responsible **to implement the action plan** and to assure that the **monitoring** is done and that a **successful outcome** can be achieved.
- Team members need the **skills of listening , sacrificing , sharing , respecting others views, questioning , working hard, and persuading**
- Keep minutes and other records to meet documentation requirements and **facilitate team recall**





# Performance Improvement Team Establishment

## Problem Statement/Charter:

- Once it has been identified that there is a need for a performance improvement team, a problem or opportunity statement should be developed.
- The problem statement should indicate what the problem is, who has the problem, when the problem occurs, how often it occurs, what causes it and its overall impact.
- The problem statement should be concise, specific, and measurable and specify what is impacted
- The statement should not mention either causes or remedies.
- Obstacles (resources)

*Put your improvement project name here*

**1. General Project Information**

<b>Project Title:</b>			
Methodology: <input type="checkbox"/> 6 Sigma <input type="checkbox"/> PDCA <input type="checkbox"/> FOCUS PDCA <input type="checkbox"/> Lean <input type="checkbox"/> 5/6 S <input type="checkbox"/> Scrum <input type="checkbox"/> Other _____			
<b>Executive Sponsors:</b>		<b>Improvement Initiative/ Idea:</b>	
Start Point:		End Point:	

**2. Project Team:**

Name	Role (Sponsor, Facilitator, Leader or member)	Department	Contact Info. (E-mail and Phone Number)

**3. Stakeholders (e.g., those with a significant interest in or who will be significantly affected by this project)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Project Statement**

**Project Purpose / Business Justification:** (Describe briefly the problem this project addresses, how are you going to handle it and the anticipated results)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Project Expected Obstacles:** (Ex. Budget Constraints, Unavailable resources, \_\_\_\_\_ etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Project SMART Objectives:** (Specific, Measurable, Achievable, Realistic and Time bound)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Version: 01  
Issue Date: 15/10/2023  
Revised Date: 14/10/2023

*Put your improvement project name here*

**7. Project Mile Stones (Phases):** (Project Phases and Corresponding Time Interval)

Phase	Start Date	End Date

**8. Notes (If Any)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Signatures:**

Role	Name	Signature	Date (DD/MM/YY)
Executive Sponsor:			
Department Sponsor:			
Quality Manager:			
Project Manager (Leader)			

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## Ground Rules:


- ❑ Are the **code of conduct** for the team.
- ❑ It is important to set and review the ground rules at the **beginning of the first team meeting** and then briefly at **each subsequent meeting**.

### ➤ The ground rules may include:

1. Turn off **cell phones** or put on vibrate
2. No **side bar conversations**
3. Everyone's **input is equally important**
4. Start **on time**; end on time (or sooner)
5. Answer **calls/pages outside of the meeting room**
6. All **members should participate**
7. **Respect everyone's** ideas and opinions



### 12 Ground Rules for Better Strategic Meetings

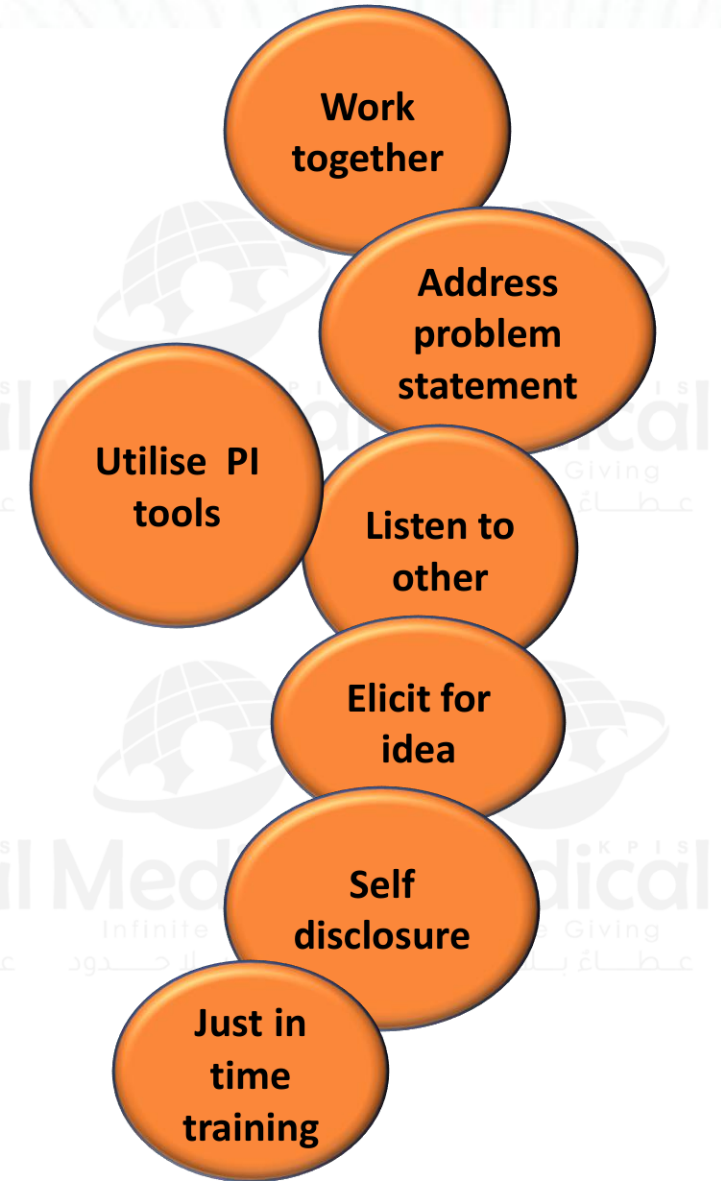
 Mental Presence is Required	 Everyone Has a Voice	 There are no Bad Questions or Stupid Ideas	 Avoid "But"; Try "Yes, and..."
 Attack Problems, Not People	 Active Listening is Required	 Mutual Respect Will Promote Creative Thinking	 It's Okay to Disagree
 It's Not Okay to Not Speak Up	 Off-Topic Comments Will be "Parked"	 The Weeds Should be Avoided	 At the End of the Day, Unity is Critical





## Orient/Educate the Team:

- The team **needs** to be able to **work together** successfully in order to **address the problem statement**.
- The team members must **be willing to listen to others** and **elicit their ideas**.
- **Trust** and **self-disclosure** are critical for the team.
- Every team member is **willing to self-disclose** and **be honest and respectful** with other members.
- Group members must be **willing to support one another as they work toward an action plan**.
- The team members **will require Just-In-Time training** regarding the **performance improvement tools** that they will be utilizing within the team process.
- There should **be an ongoing analysis of the effectiveness of this training** with additional training provided as needed.





## Team Process:

- Utilizing improvement process **methodology** (PDCA & SSBB.....).
- Develop project **time line** & **SMART goals** & **responsibility** of each member (**Gantt chart**).
- Time line should be **reviewed** every meeting to check the **progression**.
- Make sure that **data collected** (**base line**) to know the **real situation**.
- Once the data analyzed , the team can identify the needs to be done for improvement.
- Choosing the **proper approach** to fix the situation and address the specific barrier.
- Concerned group will receive the **identified intervention** which should be tailored for that group
- **Multidisciplinary** team will be helpful to set an action suitable for the multi disciplinary service.
- Getting team to come to **consensus**.





- It is possible that the entire group **may not be in full agreement on every single aspect** of the issue at hand, but **at least they are willing to be flexible enough to allow forward momentum and progress with the initiative. (consensus): moving toward at least some level of agreement)**
- team **leader** should be **communicating** with the team Sponsor to assure that the team is processing in a manner acceptable to the organization.
- Once **the action plan is formulated and approved** for implementation, **the team members must determine how to implement it. Sometimes it is best to implement it on a pilot basis** and then make improvements before it is rolled out to the entire organization.
- If the **desired outcome has not been achieved**, the team **must repeat the process and implement the revised action plan**, then measure again. Once the **desired results have been obtained**, the teams work is not over. They must determine **a way to sustain the results**

### Levels of Consensus

1. I like it, am on board and can easily accept this decision.
2. I accept this decision but may have some questions/points to clarify at a later time.
3. I can live with this decision even though it may not be my preferred option.
4. I don't agree but I will not block this decision.

### Pilot Study

How and from where should I start my research?



Conduct a Pilot Study. You will get all the answers.

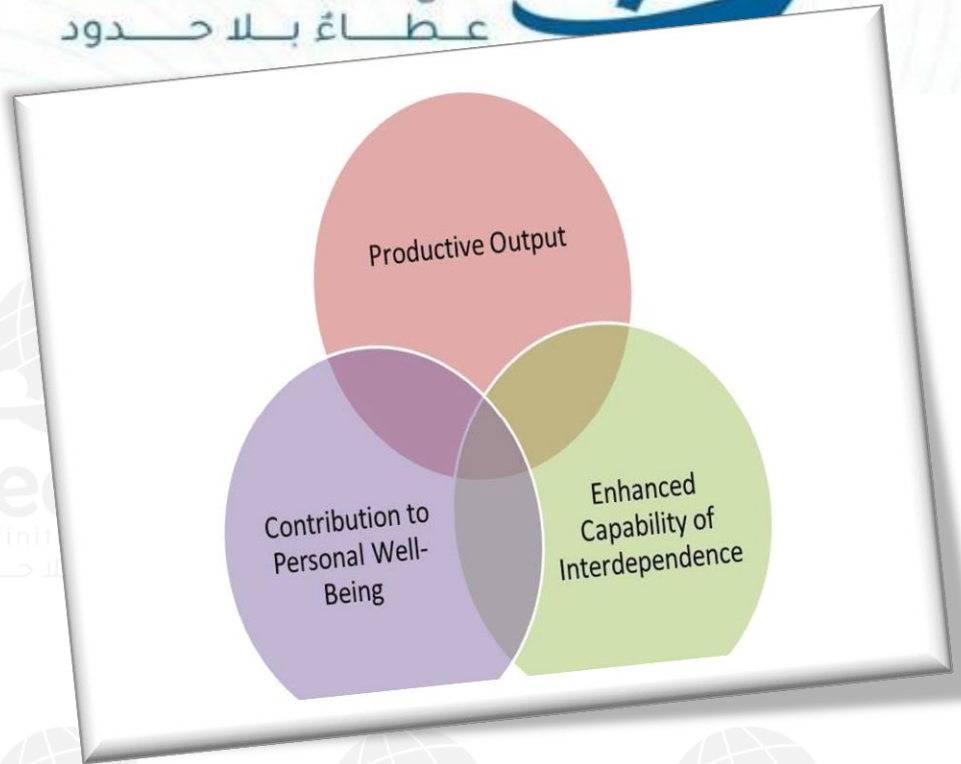
- an order to sustain the measures, monitors must be put in place to measure if the process/outcomes are performing as desired. It has to be determined who will conduct the ongoing monitoring and analysis.



# Evaluation of Team Performance:

➤ The simplest way to determine if the performance improvement team was effective is to ask these three basic questions:

1. Did the team reach the goal(s) that were stated in the charter? (**Task completion**)
2. Did the team working together and follow the performance improvement model? (**Team dynamic**)
3. Were individuals responsible in completing their assigned tasks? (**Individual performance**)



**Productivity** the extent to which goal achieved.

**Satisfaction** Ability to work together.

**Individual growth** Member develop professionally by serving the team



### Tips for Building a Successful Team

Tips	Comments
Clear Expectations	<p>Leadership communicates its expectations;</p> <p>Team members <u>understand why the team</u> was created;</p> <p>Team members have adequate time, resources of people, money;</p>
Context	<p>Team members <u>understand why they are on this team</u>;</p> <p>Team members understand why teams are utilized to make these improvements;</p> <p>Team members understand how what they are doing on the team affects the organization's <u>goals, principles, vision</u> and values;</p>
Commitment	<p>Team members want to participate on this team;</p> <p>Team members feel the <u>team's efforts are important</u>;</p> <p>Team members commit to <u>accomplishing the team's mission</u>;</p>
Competence	<p>Team members feel they have the appropriate members on the team;</p> <p>Team members feel the members <u>have the knowledge, skill, and capability to</u></p>
Charter	<p>Team has developed their own <u>mission, vision and strategies to accomplish the mission</u>;</p> <p>Team has defined and communicated its goals, anticipates outcomes and contributions, timeliness, and how it will measure the outcomes of the team's efforts;</p>
Control	<p>Team members have the <u>empowerment and freedom to feel ownership to accomplish the mission</u>;</p> <p>Team members <u>understand their boundaries</u>;</p> <p>Limitations (monetary &amp; time resources) are defined at the beginning of the project;</p> <p>Team members hold each other accountable for project timelines, commitments, and results;</p>
Collaboration	<p>Team understands team and group process;</p> <p>Team members understand the stages of group development;</p> <p>Team can approach goal setting, problem solving, and process improvement together;</p>
Communication	<p>Team members <u>understand the priority of tasks</u>;</p>



	<p>Team members communicate clearly and honestly with others; Diverse ideas are brought into discussions;</p>
Creative Innovation	<p>Organization values <u>creative innovation with creative thinking, unique solutions, and new ideas</u>;</p> <p>Organization rewards people who take reasonable risks to make improvements;</p> <p>Organization provides training, education, and other such items to stimulate new thinking;</p>
Consequences	<p>Team members feel <u>responsible</u> and <u>accountable</u> for the team's <u>achievements</u>;</p> <p>Rewards and recognition to both the team and individuals are given when teams are successful;</p>
Coordination	<p>Teams are <u>coordinated</u> by a <u>central leadership team</u> (ie: Quality Council) that assists groups with needed resources;</p> <p>Cross-functional and multi-department teams are common and working together effectively;</p> <p>Organization is moving toward a <u>customer-focused</u> <u>process-focused</u> orientation;</p>
Culture Change	<p>Team-based, collaborative, <u>empowering</u>, and <u>enabling culture change</u>;</p> <p>Organization plans to use failures for learning and support of reasonable risks;</p>



1-Who is responsible for creating and monitoring the implementation of improvement project work plan and time line

- a. Sponsor
- b. Team leader
- c. Team facilitator
- d. Quality council

2-A hospital process improvement team aims to reduce the severity and numbers of adverse drug events. Who in the team should be considered subject matter expert/experts

- a. Team leader
- b. Team facilitator
- c. sponsor
- d. Team members

3-Overall responsibility for the improvement project lies with the

- a. Facilitator
- b. Sponsor
- c. Team leader
- d. Team members

4-One of the team members that keep members on track & focus on the process is:

- A- Leader
- B- Facilitator
- C- Time keeper

5-Which of the following team members is responsible for keeping meetings focused?

- A. time keeper
- B. facilitator
- C. recorder
- D. leader

6-the team member that keep team on track & clarify issues :

- A- Leader
- B- Facilitator
- C- Time keeper
- D- Recorder





7-Team members are divided about the next course of action in an important project. It appears that the conflict is severe enough to warrant intervention. Who is responsible for managing the conflict?

- A. Sponsor or Team Leader
- B. Team Leader or Coach
- C. Coach or Sponsor
- D. Team Leader only

8-The CPHQ evaluates the Performance Improvement team to ensure it is effective and efficient. Three areas to evaluate are completion of assigned tasks, the ability of the team to cooperate and reach a consensus, and the

- A. effectiveness of the team as a whole.
- B. effectiveness of the individual team members.
- C. efficiency of the team's leader.
- D. efficiency of the team's facilitator

9-A facilitator's best start with a team is to:

- A. Agree on meetings golden rules.
- B. Forming homogeneous team members
- C. Support team leader decisions.
- D. Set meeting agenda and priorities

10-By forming a team After 1 month team attendance is declined , which stage of team development:

- A. Storming
- B. Norming
- C. Performing
- D. Forming

11-What is the main purpose of the team charter?

- A. Help team members understand the purpose and function of the team.
- B. Help others in the organization to understand the purpose and function of the team.
- C. Facilitate accountability among team members.
- D. Inform leaders about the resources required.



12-Team charted in mental & psychiatry health to improve level of care,the facilitator should be knowledgeable about

- A. Mental& psychiatry health
- B. Level of care
- C. Moderate group teamwork
- D. Assign tasks to team members

13-At one of its meetings, the team has digressed from its original discussion. Who is responsible for bringing the conversation back to the meeting agenda?

- A. Team sponsor
- B. Team leader
- C. Team facilitator
- D. Team members

14-During patient focus group, the facilitator should do first:

- A. Choose homogenous group.
- B. Make ground rules.
- C. Make rapport to the group.
- D. Instruct orders.

15-Which of the following action should a facilitator make the highest priority during the customer focus group

- A. Select homogenous group
- B. Establish rapport with the group
- C. Provide written ground rules
- D generalizing the findings to the population

16-Which of the following make a successful focus group?

- 1- small group
- 2- include patient
- 3- short duration
- 4- good moderator



## Meeting Management:

### ➤ Meeting:

"a coming **together of two or more people**, by chance or arrangement"

Meetings that are **productive** and **well organized** are **well accepted by staff**, where as meetings that are disorganized and not productive are determined unnecessary.

### ➤ There are only **three reasons** to hold a meeting.

1. Provide **information that cannot be easily or effectively conferred by other means**
2. Create an **opportunity for decisions** to be made.
3. Allow **feedback and discussion**, such as a focus group, or as a post implementation meeting to determine what worked and what did not





- It can be helpful to classify meetings or agenda items in a meeting by the type of communications involved. This allows participants to have realistic expectations of their role and to be prepared.

**Meeting and Agenda Items by Type**

Type of Meeting / Agenda Item	Examples
Information	<ul style="list-style-type: none"> <li>• Briefings</li> <li>• Explain/present policy</li> <li>• Nonnegotiable issues</li> <li>• Some types of training</li> </ul>
Discussion	<ul style="list-style-type: none"> <li>• Brainstorming</li> <li>• Eliciting decision suggestions/input</li> <li>• Planning</li> <li>• Negotiating</li> </ul>
Action	<ul style="list-style-type: none"> <li>• Planning for results</li> <li>• Group decision making</li> <li>• Problem solving</li> </ul>



## Effective Meetings:

- ❑ Meetings are more than just showing up at a certain time and sitting in a room until it is completed.
- ❑ The leader's job is to be certain of the need for the meeting, conveying the need to the participants and conducting the meeting in an organized and productive manner.
- ❑ No matter how well the meeting planning is done, if the members in the meeting are not willing to participate, the meeting will not be successful. Therefore, the meeting leader must have a set of skills that can be effective in keeping participants engaged and also keeps the meeting moving through the agenda in a timely manner.



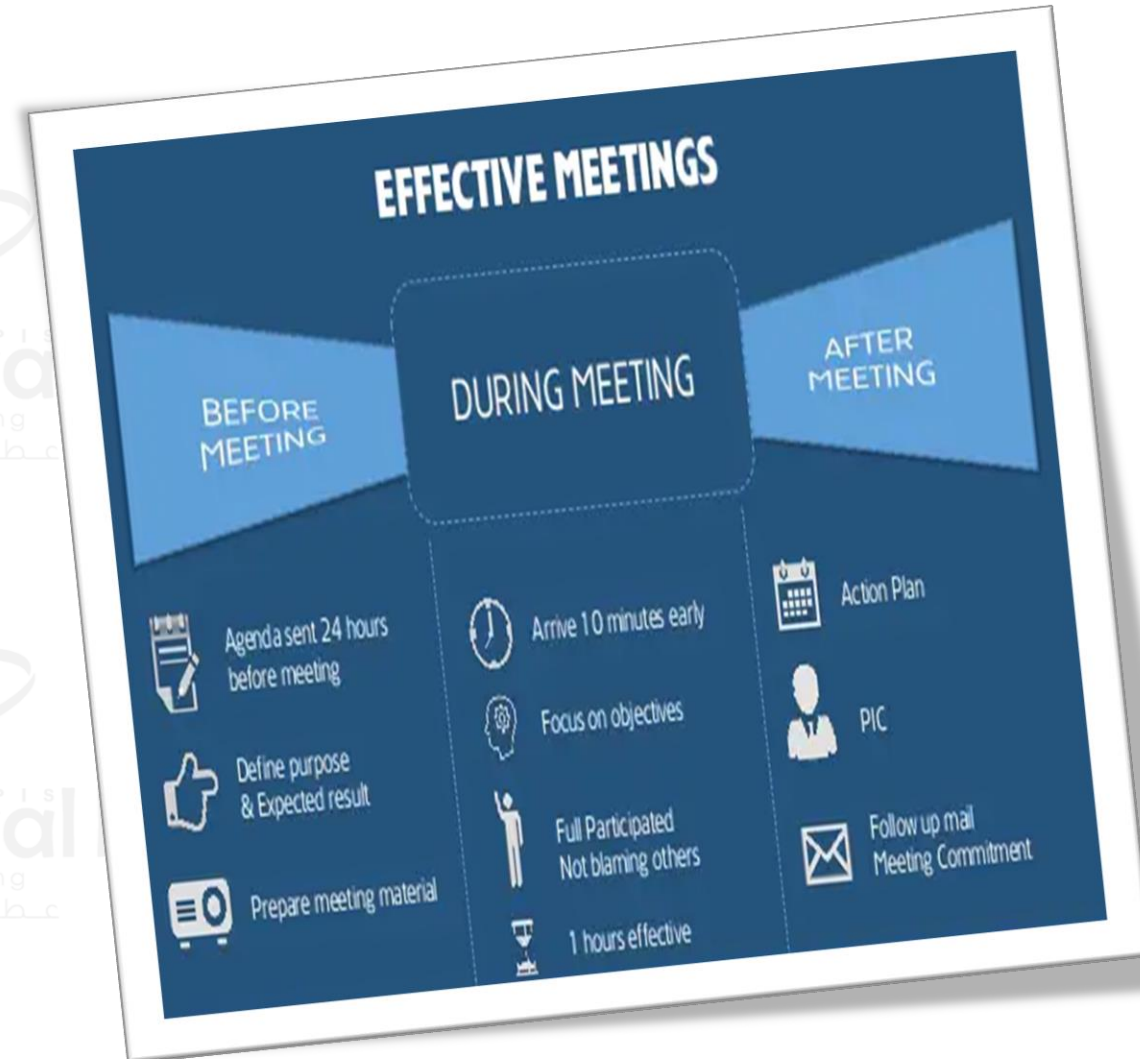




## ➤ seven steps to an effective meeting:

1. Clear **objective** for the meeting.
2. Consider **who is invited** to the meeting. It should be determined who really needs to be at the meeting.
3. Rule is to **stick to the agenda**. The agenda should include the amount of **time** allotted **to each specific item**. All participants should have a copy of the agenda.
4. keep the **meeting moving**. Do **not allow** one individual to **monopolize** the conversation.
5. Start **on time and end on time**. Do not conduct the meeting for longer than **60 minutes**
6. **Ban technology**'. Do not allow attendees to use their phone
7. The leader **must follow-up**.

It is important to **send out the minutes or the highlights** of the meeting **to all who attended and others that need to have the information**, including any team members who were not present, **within 24 hours of the meeting**. Document the responsibilities and tasks assigned, as well as the deadlines.







### Before the meeting

Everyone know the time and place

Any one will not attend inform us ahead of time

Send reminder + Agenda

Any one will present should be ready

Old business should be mentioned

Put the important item in the beginning of the agenda

Time limit for each item in agenda

### During the meeting

Start the meeting on time

Attendees have copy of the agenda

Quorum (start with the approval of previous meeting)

NO quorum (start with items need discussion)

Share the goal & purpose  
Clarify the agenda

- If the **planned time** on the agenda is **not sufficient to close a topic**, ask the **group what they wish to do**.

### End of meeting

Time for feedback ( 5 m-10 m )

End on time

Review the action taken and assignment

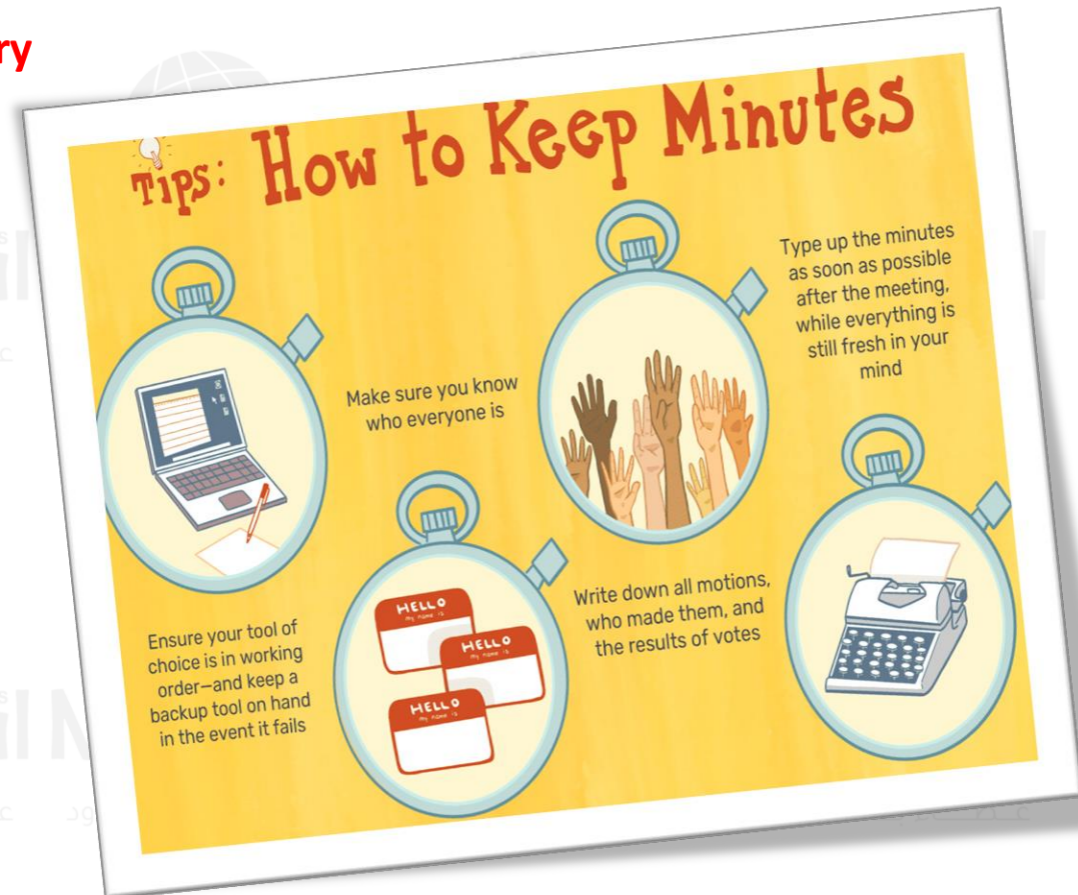
Set a time for next meeting

Remind all the attendees with their responsibilities

- If this is the **first meeting of the group**, **ground rules should be established**.
- **Four ground rules should always be followed**, with the addition of others deemed as appropriate.
- The **four ground rules** are a must and apply to all attendees.
  - Participate
  - Focus
  - maintain momentum
  - reach closure.
- The ground rules **should be posted at all times** during the meeting.
- If the **conversation is wandering off the topic**, **bring it back by announcing to the group that they need to get back on topic**.
- If there are **sidebar conversations**, **ask** those in the conversation **if they would like to share** what they were discussing with the group.

## ➤ Meeting Minutes & Documentation:

- Following the meeting, **the best practice is to send the attending members**, and others as appropriate, **a summary of the meeting or the meeting's minutes within 24 hours**
- **Whenever someone asks you for a copy of the minutes, they are given only the minutes and not all the attachments.**
- The minutes **should not be vague**, the reader cannot tell what really happened.
- The **golden rule to follow when writing minutes is to "close the loop"**.
- **At the time the minutes are completed, items that need follow up should be added to the agenda for the next meeting.**







## THE PRACTITIONER APPRAISAL PROCESS:

### ❑ The medical staff bylaws:

rules, and regulations establish a **framework** for medical/professional staff activities and **accountability** and are subject to **governing body approval**.

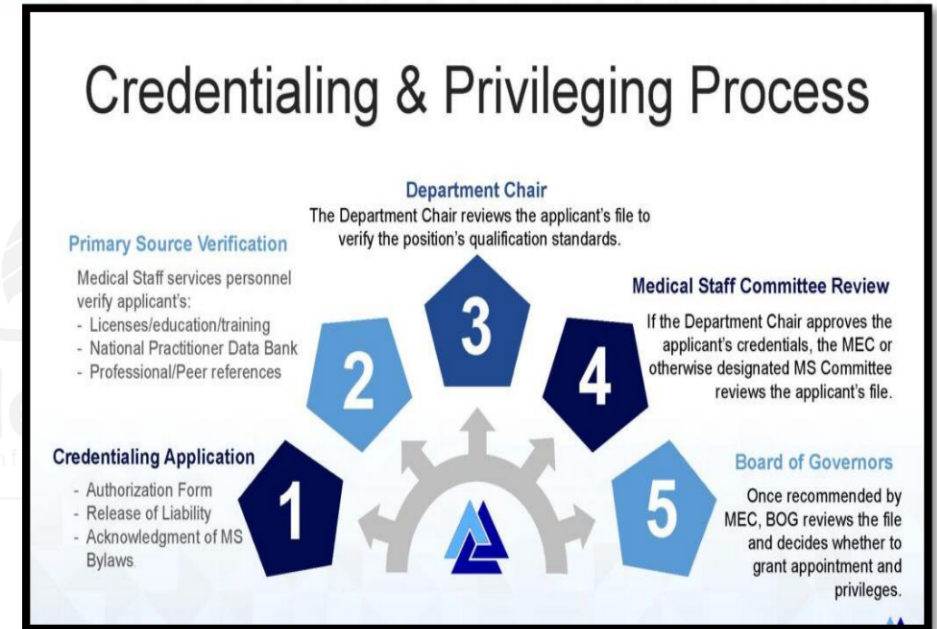
- ❑ They relate to **all licensed independent practitioners with clinical privileges** in the care of inpatients, emergency care patients, and patients in home care, ambulatory care, and long-term care.
- ❑ Membership on the medical staff **requires an application process, including:**  
**credentialing, privileging, and appointment.**
- ❑ The **credentialing** and **privileging** processes are **extremely important** in that there **are legally required** processes that **protect the patient**, physician and the organization.





➤ The credentialing and privileging processes **are utilized in healthcare to assure that licensed professional practitioners have the credentials required** for the position and the ability to perform the tasks or privileges required.

➤ **Licensed Independent Practitioners:**  
Active member in organization  
Provide independent patient care service



## Appointment/Reappointment:

➤ **Process Leading to Appointment:**

1

Application  
(submitted by applicant)

2

Credentialing complete & specific clinical privilege granted

3

Raise it for approval from GB Or the designated committee

1. Application
2. Credentialing and privileges
3. Medical executive committee
4. Governing body > appointment



## ➤ Credentialing:

Is the **verification of the practitioner's right and competency to provide patient care in the appropriate setting**  
The credentialing and re-credentialing process **involves verification of compliance with predetermined standards and criteria concerning**

1. Current, **valid (state in U.S.) license** to practice
2. Relevant **training and education**
3. Current **competence**
4. Board **certification**, if so stated
5. Work **history**
6. History of **loss of license** and felony conviction
7. Professional liability **claims history** resulting in settlements or judgments paid
8. Current **malpractice insurance coverage**
9. Evidence of **physical ability to perform the requested privilege** (or) inability to perform essential functions of the position





## Primary source verification:

- ❑ Is **required** at the time of **initial credentialing and re-credentialing** for all elements required by the state or the applicable accreditation organization.
- This means that **direct contacts must be made with licensing states**, certifying agencies, educational institutions, insurance carriers, **state medical boards**, and perhaps other institutions where the practitioner has privileges. **Copies of these documents are not allowed to be accepted as verification since these copies could be digitally altered.**
- ✓ **Centralized credentialing:**  
is another attempt to refine this verification process to streamline the demands on practitioners to complete multiple applications, credentialing and privileging processes, and perhaps medical staff appointments.







- A centralized credentialing process, healthcare organizations **have one center that completes all the credentialing verification** for a given practitioner at one time for all facilities within the system.
- The practitioner has **one reappointment date**, which is the same throughout the organization.
- The essence of the system is **one credentialing application and one-time primary source verification for all providers**, and then one reapplication and **information collection process, including profiling for current competency for re-credentialing and perhaps reappointment.**
- Instead of organizations performing this centralized credentialing themselves, many **organizations delegate the credentialing/re-credentialing function to credentials verification organizations (CVOs)**. CVOs are accredited themselves by accreditation organizations, so they must meet identified standards.





## Privileging of Licensed Independent Practitioners:

- Once the **applicant's credentialing process is completed**, it is time to **move into the privileging process**. Once the centralized credentialing office or **CVO has completed** the credentialing, **the application and file are returned to the specific facility where the applicant wants to practice.**

### ➤ Privileging

- ✓ Is **granting permission to** provide specific medical or other patient care services in the organization, within well-defined limits, **based on the individual's professional license** and his or her **experience, scope of practice, competence, ability,** and **judgment and on the organization's ability to provide and support the service.**
- ✓ Granted **for the time period specified in the bylaws or policies** and procedures, but for **no more than three or two years as defined by the accrediting organization.**





- Upon **initial application**, the **information concerning the competency** of the practitioner **is obtained through the credentialing process**
  1. **Review of education**
  2. **Malpractice findings**
  3. **Reference checks**
- During **the periodic reappraisal** process set by the organization, the **privileges must be re-requested** and be **renewed, revised, added, or deleted, based on information from the practitioner's practice patterns** and **review for the reappointment period.**
- A practitioner may also **apply for a new privilege at any time during the reappointment cycle.** However, when this occurs, **the practitioner must demonstrate the competencies required for that privilege.**

## Benefits of Performance Appraisal







## ➤ Delineation of Privileges

- ✓ Clinical privileges are **granted individually**, based on criteria established by the organization

1. usually **using privilege lists or groupings that are specific to each department**, section, service, or specialty.
2. **The criteria is established by the medical staff to determine the level of competency appropriate for each privilege, e.g.** the **number of procedures** that must be performed every reappointment cycle for the practitioner to be considered currently competent and to retain the privileges.

- ✓ A practitioner may also apply for **a new privilege** at any time **during the reappointment** cycle. However, when this occurs, the practitioner must **demonstrate the competencies required for that privilege**.

- ✓ Advanced practice practitioners may be awarded clinical privileges **as defined by the medical staff bylaws**, yet they are not members of the medical staff.

## Special Privilege Statuses:

The majority of the time privileges **are awarded for the three or two year period**, or until the next reappointment time. However, **there are two exceptions to this rule, and these are based on the clinical needs of the facility.**

### 1-Temporary Privileges:

Temporary privileges are awarded to practitioners in only two circumstances. **Both types of temporary privileges may only be awarded for a period of up to a total of 120 days.** If the practitioner is **needed for a longer period of time, the practitioner must apply for membership in the medical staff of the facility.** The length of time that a practitioner can provide patient care under temporary privileges should be closely monitored



❑ **The first type** of temporary privileges are those **given to a locum practitioner**. Locum privileges are given to a **practitioner who will be working at the facility to either meet an identified clinical need or to replace a practitioner who will be absent from the facility for a period of time.**

❑ **The second type** of temporary privileges are awarded to applicants to the medical staff **during probation period** who have been **through the credentialing and privileging processes** and who are **needed or wish to practice in that facility prior to the completion of the approval process.**

The application must have **no red flags.**





## ❖ Red flags could include:

- gaps on a physician's resume
- resignations from healthcare facilities
- insurance reduction in coverage over a period of time

## 2-Emergency & Disaster Privileges:

Emergency privileges are **awarded during an emergency** to existing members of the medical staff that **allow them to perform tasks outside of their delineated privileges to save a patient's life**, limb or organ. **When a practitioner with the appropriate privileges arrives, the emergency privileges are relinquished by the first practitioner.**



- In a disaster, any **volunteer** independent licensed practitioner who has a **picture identification badge demonstrating membership** in a hospital medical staff, and/or membership on one or more disaster management teams, or other specific organizations, may be **allowed to practice at a healthcare facility** during the disaster.
- Any volunteer practitioner is **permitted to do everything possible to save a life or protect a patient** from further or serious harm within the scope of his/her license, regardless of membership status, credentialing status, or approval of specific privileges.
- Once the **disaster has been declared as being over, or if a practitioner on the medical staff of the facility arrives to take over, then the volunteer practitioner must relinquish those privileges.**



## Initial Appointment:

- ❑ Is often **provisional**, with a **time period consistent for all applicants, generally 6 months to 1 year**, as determined by the medical staff bylaws.
- ❑ The **full appointment** period is also **determined by the bylaws**, but cannot exceed **three years** in managed care organizations **or two years** in other organizations such as those accredited by The Joint Commission.
- ❑ At the time of appointment, or **once the provisional time period has elapsed** and required **proctoring** (under supervision) **is completed**, the practitioner is **awarded a specific category of membership** depending on the categories listed in the medical staff bylaws.





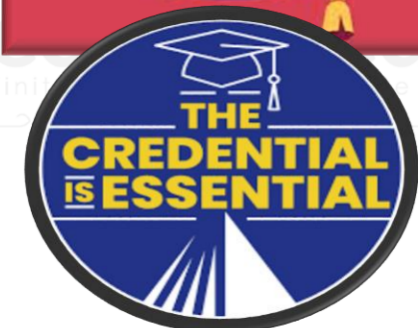
## Reappointment:

- ✓ Reappointment **includes reappraisal of the activity** of the practitioner over the time period from last appointment, **including both credentialing and privileging.**
- ✓ Reappointment is **granted for the time period specified in the bylaws or policies/procedures, but never for longer than three years or two years** depending on whether it is a managed care organization or not.



## Recredentialing:

- ✓ Consists of **submission of an application** as previously occurred during the initial credentialing, and **updating the information concerning current activity, licensure and certifications/registrations.**
- ✓ All information that was reviewed at the time of appointment, **except information that does not expire, such as education achieved.**
- ✓ If **any new credentials, education, or other information** has been obtained since the last appointment, **it must also be verified at this time.**





## Re-privileging:

- Consists of a **review of the current competency** , **quality management activities** , and **peer review activities of the practitioner.**

➤ **It also includes:**

- Review of **other reasonable indicators of continuing qualifications**, **peer** and **departmental recommendations.**
- Review and **renewal of specific clinical privileges**, and compliance with continuing medical education requirements.
- **Following the re-credentialing and re privileging processes**, **the information is sent from the appropriate department who recommends reappointment to the Medical Executive Committee, which then sends** their recommendation **to the governing body.**



## ➤ Credentialing of Licensed Independent Practitioners:

- ❑ Credentialing and privileging are two distinctly different processes. The **credentialing process occurs before the privileging process** is begun.

### Licensed Independent Practitioner (LIP):

is any individual who **is professionally licensed by the state (U.S.)** and **permitted by the organization to provide patient care services without direction or supervision**, within the scope of that license.





## Evaluation of the Practice of Licensed Independent Practitioners:

- An **ongoing process** that begins when **the first privileges are delineated** and **continues until the individual no longer practices at the facility.**
- Is any individual who is **professionally licensed** by the state (U.S) and **permitted by the organisation to provide patient care services without direction or supervision** with in the scope of this license.
- **Only LIP who** are appointed has the authority to **approve admission** of patient.
- **Proctoring: FOCUS review:**  
Observation and evaluation of new LIP or with newly request of privellidge.

Patient Care	Clinical Knowledge	Practice-based Learning and Improvement	Interpersonal and Communication Skills	Professionalism	Systems-based Practice
<ul style="list-style-type: none"> <li>▪ Appropriate and Effective</li> </ul>	<ul style="list-style-type: none"> <li>▪ Demonstrate knowledge to patient care</li> </ul>	<ul style="list-style-type: none"> <li>▪ Utilize scientific evidence</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish and maintain professional relationships with patients and health care teams</li> </ul>	<ul style="list-style-type: none"> <li>▪ Behaviors reflect commitment, development, ethical practice &amp; responsibility</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understanding of systems</li> </ul>



## Practitioner Profiling

- **Profiles** are practitioner-specific data and information summaries are used in the **reappraisal** process, usually in conjunction with **re-credentialing and re-privileging** activities.
- **Closing of the loop** for performance monitoring and analysis, helping to effectively communicate appropriate findings to those leaders who need to know.
- Provide information (**ongoing measurement**) to assist **Department chairs, section chairs**, must review the profile data for both positive findings and any areas of concern **then the Medical Executive Committee** in the determination of the privileges to be renewed, discontinued, and so forth with each practitioner.



➤ This profile should be constructed utilizing the information from.

1. the Ongoing Professional Practice Evaluation (**OPPE**)
2. the Focused Professional Practice Evaluation (**FPPE**)
3. the **peer review** that has been completed
4. other **indicators**

- Ideally profiling should be as concurrent as possible, with review, analysis, and reporting at least quarterly
- Practitioner profiles must be maintained in a strictly confidential environment, electronic or hard copy and should NOT be kept in the Credentials file





## Ongoing Professional Practice Evaluation (OPPE)

- The ongoing measurement (evaluation) and analysis of each (all) practitioner's performance relative to existing privileges, including licensed independent practitioners and others with clinical privileges granted by the organization.
- The purpose of OPPE is to provide an ongoing practitioner's **performance evaluation** to **assist** the practitioner in making **improvements in his/her practice and patient safety**.
- designed for the practitioner to **identify his/her weak spots** and **then undertake efforts to improve those areas** of care and performance.
- This **intervention could include additional focused** review, proctoring for a period of time, up to **limiting or revoking existing privileges** for that practitioner.
- The purpose of OPPE is making ongoing improvements, must be completed at least three reports every two years.



## Focused Professional Practice Evaluation (FPPE)

A privilege-specific, time-limited process to validate practitioner competency when:

1. there is no current performance documentation for the requested privilege(s) at the organization (new applicants and to existing practitioners).
2. when concerns arise about a practitioner's ability to provide safe, high quality patient care (Peer Review) based on criteria determined by healthcare providers (triggers).



## Peer review process

➤ It is the **review of an individual practitioner** by a **“like” practitioner** who has the same training and expertise.

It is used for **in-depth analysis for licensed independent practitioner** performance.

- It is a **main component in practitioner appraisal**.
- Peer review documents are considered to be **“Confidential”**.
- It is the responsibility of **the appropriate department or specialty**, but is **usually delegated to a committee “Peer review Committee”**.

JCI focuses on the design and function of peer review process which must be **consistent ,useful ,timely , balanced and ongoing**.

➤ **Professional practice evaluation (PPE) types :**

1. Focused
2. Ongoing





## The indications of peer review:

1. ongoing **performance measure** data collection and initial analysis
2. **utilization** review
3. infection **surveillance** activities
4. occurrence or event reporting, **a sentinel event**
5. team **QI/PI activities**, and/or data aggregation with internal or external comparisons (averages or benchmarks)

## The purpose of peer review:

1. **identify** patterns **outside recognized standards, behavior problems**, or other circumstances, which **endanger the safety** or care of patients
2. **upgrading** the practitioner's **clinical knowledge**, enhancing his/her medical practice, **reducing medical errors** and **improving patient safety** and care
3. **protect patients**, assure due process to the practitioner **under investigation** and preserve the immunity of the medical facility and medical staff.



## The analysis of cases should be reviewed for the following factors:

1. clinical management
2. timeliness of medical interventions
3. adherence to a facility's clinical pathways and/or established guidelines for medically appropriate care
4. medical record documentation
5. professional conduct, and other reasons as requested by the facility

Confidentiality

Peer review committee / QM committee

Ranking score:

1 = Peers would have managed care in the same manner

2 = Patient outcome unaffected by the variance

3 = Peers would have managed care differently

4 = Negative outcome resulted from the variance



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