



Tips and Tools for Learning Improvement

Improvement Teams

Why are teams important for health care improvement?

There are many different types of people and steps involved in providing health care. For example, key players in health care processes can range from the patient, the receptionist, the nurse, the doctor, the pharmacist, and people in the community (Figure 1). Given the opportunity, these people can best identify problems in health care processes and come up with ideas to resolve them.

Improvement teams consist of representatives of every part of a health care process being improved. This representation ensures that each team member understands and buys into the improvement effort.

For example, if a facility wanted to improve nutrition counseling for HIV patients, they would look at the process of care and identify the person responsible for each step. In this case, the team may consist of a patient, receptionist, expert patient, nurse, clinician, pharmacist and community members.

How to form and run an improvement team

Selecting team members:

- **Team members should be chosen by leadership to represent each step in the process.** If there are multiple people who complete one step, such as several nurses, they should be represented by one or two people on the team. Health care teams often benefit from including both patient and community representatives. There may be some influential people who need to be on the team to give it credibility, such as village elders in a community setting or a representative of management in a hospital setting.
- **A team is usually composed of 7 to 12 members.** A team too small may not have adequate representation of the health care process to be improved. A team too large may have trouble focusing, listening to all voices, and making progress.

Figure 1: Teamwork
Steps and participants in a patient visit to the clinic



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The team as a whole has the following responsibilities:

- Review the current performance in relation to the aim
- Conducting problem analysis
- Developing and testing ideas to change their current processes
- Collecting and analyzing data to see if their changes are leading to improvement
- Making changes based on the information collected

- Keeping their leaders and co-workers informed of the improvement activities.

Specific roles on the team can differ depending on whether the team is a facility-level or community-level team. All teams should select a team leader, who does not have to be the most senior member of the team. Other roles that can be useful include secretary, note-taker, data point person to collect and plot data, and timekeeper, for example.

Teams should meet regularly, at minimum once a month. Teams should have more frequent, short, ad hoc meetings to review the results, including data, of rapid improvement cycles (plan-do-study-act; See handout on **Plan-Do-Study-Act**) and decide next steps. Longer meetings should be held once or twice a month to do analysis of new areas, develop changes or discuss and resolve challenges.

Exercise 1: Understanding an improvement team

Please answer the following questions:

1. The role of improvement teams is to _____ (check all that apply)

- A. Review performance C. Test changes E. All of the above
 B. Develop changes D. Collect and analyze data

2. The numbers of people on an improvement team should be (choose one)

- A. 15-20 B. 4-6 C. 7-12 D. As many people as possible

3. Improvement teams should never include patients (true or false)

- A. True
 B. False

4. An improvement team should meet

- A. Ad hoc – whenever the team feels it is necessary B. Monthly C. Twice a year D. Once a year

Exercise 2: Determining appropriate team members

Imagine you are a consultant to provide advice to different health centers on forming improvement team. Each health center has already developed their improvement aims. For each aim, circle the person who is least appropriate to participate in that health center's improvement team for that specific aim. (Note that for a different aim, those people may be appropriate.)

1. **Health Center A:** Aim: In our clinic, we want to increase the percent of women receiving oxytocin (drug to prevent postpartum hemorrhage) within one minute after delivery to 95% within 9 months.
 - A. Midwife
 - B. Mother or women's group representative
 - C. Nurse
 - D. Pharmacist
 - E. Nursing assistant
 - F. Pharmacy assistant
 - G. Community health worker

2. **Health Center B:** Aim: In our clinic, we will increase the percentage of TB patients completing treatment to 90% within 10 months.
 - A. Directly observed therapy (DOTS) supporter
 - B. TB patient or representative of support group
 - C. Midwife
 - D. Pharmacist
 - E. Clinical officer or clinician
 - F. TB Nurse
 - G. Community representative

3. **Health Center C:** One district has central (referral) laboratory where all CD4 laboratory tests are done. In our district, we will reduce turnaround time (tests returned to the facility) for CD4 tests from 1 week to 2 days within 4 weeks.
 - A. Facility laboratory technician
 - B. Central laboratory assistant/secretary
 - C. Central laboratory technician
 - D. Central laboratory procurement and stores manager (responsible for reagents)
 - E. Driver
 - F. HIV patient
 - G. District laboratory advisor

Exercise 3: Creating an improvement team

Case study

A Ministry of Health wants to improve uptake of post-partum family planning in their hospitals. One district hospital has taken up this aim: In District Hospital 2, we will increase the percentage of women leaving the facility with the post-partum family planning method of their choice from 11% to 60% within 7 months. The hospital realizes that it will need support from the community in addition to the work of the hospital staff.

Brainstorm and list 7 possible types of people who should be invited to be part of the improvement team:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____