

Appendix C Performance Improvement (PI)

- Indicators for performance improvement

PERFORMANCE IMPROVEMENT (PI)

The indicators in Part II.H on the Service Delivery Environment have provided a means of operationally defining access, quality of care, integration of services, and gender equity/sensitivity. This appendix on Performance Improvement (PI) describes a process that can be used in the service delivery context to bring about improvements.

In the past, when organizations experienced performance problems, the common response was to call for more training. Yet even after staff was trained, many of the problems persisted. It became evident that other factors in the work environment influenced performance, and until they were addressed, these problems were likely to continue. In recent years Performance Improvement (PI) has been introduced into the service delivery context as a strategy that takes a systemic, holistic approach to ensuring good performance.

Specifically, Performance Improvement aims at improving service delivery through a multi-step process:

- Identifying gaps between desired and actual performance;
- Analyzing the reasons for these gaps;
- Identifying effective interventions that address these gaps;
- Implementing the interventions; and
- Monitoring performance for improvement in these areas (to determine the extent to which the gap has been closed).

Experience shows that staff needs a certain set of basic inputs to perform well: clear job expectations, immediate performance feedback, adequate physical environment and tools, motivation to do well, support from the organization, and appropriate knowledge and skills (PRIME, 2000).

Although the process will differ from setting to setting, it generally begins when an organization wishes to address its performance problems and decides to enlist the PI process. A Performance Improvement facilitator,

experienced with this process, leads the group through a series of clearly defined stages. In the first stage the PI leader, the organization in question, and other stakeholders meet to define the desired outcomes of the process and to discuss the approach itself (who will be involved, in what ways, what will occur, how the activity fits into the goals of the organization). For the PI process to succeed, it is essential to involve relevant stakeholders from the start, including government officials, NGO administrators, providers, clients, and the community. This first stage is important in setting the tone for the project (McCaffery et al., 1999).

In Stage 2, the stakeholders define the desired performance, describe the current performance, and identify the performance gap between the two. The group then prioritizes the performance gaps, completes a root-cause analysis to determine what causes the performance gap, and begins identifying possible interventions to each cause. The PI leader encourages the team to focus on interventions that are practical, sustainable, and cost-efficient.

In Stage 3, the team decides which performance gaps it will address and proceeds to design appropriate interventions. In Stage 4, the PI leader works with the team to ensure that the organization is ready to implement the intervention. Once implementation takes place, the team monitors the process of performance change. In the fifth and final stage, the team evaluates the process, by analyzing whether the performance gap has narrowed during the course of or as a result of the exercise. Ideally, the evaluation method should be designed so that it can be easily integrated into the workplace routine and remain there as a feedback device for workers and managers (McCaffery et al., 1999).

This approach has been tested in a number of countries to date: Burkina Faso, the Dominican Republic, El Salvador, Ghana, Honduras, India, Kenya, Tanzania, Yemen, and others. In each case, a performance problem had been identified, and the PI approach has been used to resolve it.

Methodological Challenges of Evaluating Performance Improvement

- **The evaluation of PI is often done by the same persons involved in the intervention itself, rather than by an external evaluator.**

Because one of the objectives of the exercise is to develop a sense of ownership of the process of improving access and quality, key stakeholders need to be involved at all stages of the PI process, including its evaluation. However, this involvement may color their judgment on the amount of change achieved on different indicators. Two means of addressing this problem are (1) to develop as precise measures of performance as possible, and (2) to involve an external consultant in the evaluation.

- **A number of the indicators are subjective, requiring a judgment on the part of evaluators.**

Some PI indicators are very concrete; for example, percent of providers/staff with an updated written job description for their position. Others – including some that seem measurable – require a subjective judgment. The indicator existence of a staff-oriented leadership of the organization/institution is a case in point. Although the evaluator will gather information from interviews with staff and document reviews, the ultimate “yes/no” for this indicator remains subjective.

Some have argued that in quality improvement initiatives, efforts to ensure local ownership of the PI process are often at odds with methodologically sound data collection procedures and objective measurement (Stinson, 1995). The latter requires “external experts” who are often perceived as outsiders, “inspecting” or “judging” performance in ways that are counterproductive to team-building.

We are not suggesting that the PI process would be better served by limiting the evaluation to more concrete measurements. In fact, the purpose of PI is to influence complex processes that do not lend themselves to easy measurement. At the same time, those implementing PI must be aware of the subjective nature of certain indicators in this type of evaluation.

- **Factors other than PI interventions may affect performance.**

As with other topics in this *Compendium*, attribution is problematic. Other interventions or “naturally occurring” events may affect providers’ attitudes or clients’ perceptions. Controlling for such confounding factors is difficult at best.

The indicators listed in Table C.1 are organized according to the different inputs required for providers to perform well. Each category is further broken down by indicators applicable at the individual level (of the service provider) and those applicable to the organization in question. Often an indicator at one level will have an analogue at the other.

We should stress that PI is a process. Some would argue that it should not be “reduced” to a set of indicators. “Desired performance” is the end measure of success in the PI process. In contrast to some types of quality improvement tools or audits that measure whether the organization has a strong organizational development system, the PI process focuses more on how organizations achieve success. “Evaluation” in this context serves to document the process as a means of learning from it.

INDICATORS FOR PERFORMANCE IMPROVEMENT (PI)

Definition

No standard list of indicators exists for measuring Performance Improvement; rather, the participating staff of an organization develops the indicators to apply to each specific situation. However, illustrative indicators are listed in Table C.1.

Data Requirements

The indicators generally fall in one of six categories:

- Job expectations;
- Feedback to providers on their job performance;
- Motivation/incentives;
- Job environment;
- Organizational support for providers; and
- Knowledge and skills of providers.

Data Source(s)

Review of documents; interviews with staff; test of knowledge and skills; observation of providers; service and other statistics; program records on absenteeism rates, staff turnover, and utilization of staff time; and special studies

Purpose and Issues

Evaluation is the fifth stage of the PI process. It allows the organization to determine whether it has successfully “narrowed the performance gaps” that it has itself identified during the PI initiative. Methodological challenges are discussed in the preceding text that introduced this topic.

**Table C.1 Performance Improvement (PI) Indicators
(Illustrative for Family Planning)**

I – Indicators of Performance

INDIVIDUAL LEVEL

- Percent of providers/staff performing to standards(e.g., adherence to client provider interaction (CPI) norms when counseling for FP and infection prevention protocols for FP services; making the prescribed number of supportive supervision visits in a quarter)

INSTITUTIONAL LEVEL

- Institution has defined intervention(s) based on a Performance Needs Assessment (PNA)
- Institution with a system to produce and implement a PI plan for its providers/staff
- Institution with logistics/training/supervision/financial/information systems integrated to a comprehensive PI plan for its staff

II – Indicators of the Presence or Absence of the Performance Factors

1. Expectations

INDIVIDUAL LEVEL

- Percent of providers/staff with an updated written job description for their position
- Percent of providers/staff guided by current consensus-derived annual performance objectives
- Percent of providers/staff who can state what is expected of their jobs
- Updated guidelines and protocols are distributed to providers in the areas in which they work

INSTITUTIONAL LEVEL

- Institution systematically uses job descriptions and annual performance objectives to enhance staff performance
- Supervisors review performance expectations on an annual basis and update them as needed

2. Feedback

INDIVIDUAL LEVEL

- Percent of providers/staff who acknowledge receiving feedback (positive and negative) on their performance in the last six months
- Percent of providers/staff who have improved a work habit/procedure based on feedback received in the last year

INSTITUTIONAL LEVEL

- Institution has a feedback system in place to assure providers receive performance feedback
- Institution systematically requires supervisors to provide regular feedback (at least once every six months) to their staff

3. Motivation/incentives

INDIVIDUAL LEVEL

- Percent of providers who state they received positive recognition during the previous year for a specified performance

INSTITUTIONAL LEVEL

- Organization has a functioning system of motivation/incentives for its staff
- Percent of staff that have positive job satisfaction
- Score on individual's job satisfaction rating

4. Job Environment

INDIVIDUAL LEVEL

- Percent of providers/staff who state they have the equipment/tools needed to perform well in their job
- Percent of providers/staff who have adequate tools (light, space, client privacy, audio-visual materials, vehicles, furniture, supplies) to perform the duties expected of them

INSTITUTIONAL LEVEL

- Organization conducts regular assessments to ensure appropriate equipment/tools are available at staff's workplace
- Organization has a system to (re)supply needed materials for providers

5. Organizational Support

INDIVIDUAL LEVEL

- Percent of providers and other relevant staff who received a supportive supervision visit in the last six months
- Percent of providers and other relevant staff strongly identified with their institution
- Percent of providers/staff who are involved in management reviews/decision-making of their clinics/facilities

INSTITUTIONAL LEVEL

- Existence of a staff-oriented leadership of the organization/institution
- Existence of a system that supports providers in the six performance factor areas

6. Knowledge and Skills

INDIVIDUAL LEVEL

- Provider demonstrates specific knowledge and skills to better perform their jobs

INSTITUTIONAL LEVEL

- Existence of a training plan linked to quality assurance and performance improvement plans

