



OPTIMIZING PERFORMANCE AND QUALITY

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BACKGROUND

The overall goal of improving institutional or individual performance in the health care sector is the provision of high quality, sustainable health services for clients (USAID Performance Improvement Consultative Group, n.d.). According to the World Health Organization (2007), a health system consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health. Improving the performance of these elements of the health system then contributes to improving health outcomes.

Optimizing Performance and Quality (OPQ) is a cyclical process for analyzing the performance of health workers, organizations, and systems, and setting up interventions to improve performance and quality or build on strengths and successes. It is a systematic and ongoing process in which stakeholders consider the context of performance (e.g., clients/customers, community, organization, employees/health workers, external environment), identify performance or quality gaps and strengths, and identify their root causes using tools to explore the categories of factors that influence performance¹.

Based on the root causes, stakeholders then identify corresponding solutions or interventions to address the deficit or build on the strengths and successes, with the aim of continually improving the quality of organizational services and ultimately improving outcomes. Throughout the process, stakeholders monitor and evaluate workplace performance in order to measure any changes in the performance gaps or expansion of the high-performing areas as a result of the process. Monitoring is done at every stage of the process so that changes can be made as needed during the implementation or at the next cyclic phase. The process is a sustainable effort that builds capacity within the organization to recognize and address problems.

OPQ is an update of the Performance Improvement (PI) approach, based on IntraHealth International's experience applying PI to global health development projects since 1997. In our experience, we have learned the importance of:

- Building the capacity of stakeholders to engage and lead the process, not just agree with it
- Identifying strengths and successes to build upon, as well as gaps and deficits to be improved
- Expanding the range of critical performance factors that can be examined as potential root causes of gaps and successes
- Applying the process at the levels of individuals and teams, organizations, and systems
- Linking performance more explicitly with quality measures and outcomes

¹ Organizational systems, incentives, tools and physical environment, knowledge and skills, individual attributes, and the external environment.

- Using practical tools to measure actual performance and progress toward desired performance
- Mainstreaming gender throughout the process (i.e., assessing the implications for women and men of any planned actions with an ultimate goal of achieving gender equality).

While OPQ was developed for use in the health sector, it is also suitable for use in other sectors that involve the interaction of workers, organizations, and systems working toward the goal of producing high-quality products or services.

This document is an introduction to the OPQ process that accompanies a more detailed publication about the steps involved in each of the stages of OPQ, along with sample tools that can be used to carry out the steps in the process, as well as a training course for applying OPQ in health services.

INTRODUCTION

The OPQ process suggests that “performance” and “quality” are interrelated concepts. “Performance” refers to the tasks or activities that people, teams, or organizations do and the accomplishments or results of those tasks (Gilbert, 1996; Harless, 1992; Dean, 1994). It is often measured in one or more of the following terms: quality, quantity, timeliness, and cost. “Quality” refers to the extent to which a product, process, or service conforms to specified requirements, standards, expectations, or its intended purpose or outcomes.

Various approaches and tools for performance and quality improvement have been developed and refined in numerous disciplines over the years². Each approach varies in how it is applied and in what setting, but all follow the basic process of analyzing current levels of performance against quality standards and expected outcomes, implementing plans to improve performance, monitoring achievements, and feeding back this information into a continuing cycle of reflection learning and improving performance and quality. The OPQ process is an example of such an approach.

The USAID Global Health Initiative’s first principle to “focus on women, girls and gender equality” applies not only to women and girls as end users of health services but also as key deliverers of health services. Delivering quality services is compromised when gender inequalities and discrimination affect health care providers, health policy-makers, educators, and managers by impeding entry into health occupations or contributing to attrition, absences from work, lower productivity, poor health, and low morale (Newman, 2010). The OPQ process examines and addresses how gender affects not only the process but outcomes.

² Human performance technology (Wilmoth, et al. 2002), Client-Oriented Provider-Efficient services (EngenderHealth, 2006), Maximizing Access and Quality (USAID, nd), continuous quality improvement, quality assurance, and numerous others (Tawfik, 2010).

When to Use OPQ

The OPQ process can be used to address the performance of individuals and teams, organizations, and systems.

OPQ can be used to assess the quality of patient health care, defined by the World Health Organization (WHO) as the proper performance of interventions that meet standards, that are known to be safe, that are affordable by the society in question, and that have the ability to improve health outcomes (adapted from Roemer and Montoya-Aguilar, 1988). The WHO (2006) describes six dimensions of quality of care (effective, efficient, accessible, acceptable/patient-centered, equitable, and safe). These standards have been further defined and expanded by WHO (2009) for quality adolescent-friendly services and by International Planned Parenthood (IPPF, 2000) for quality gender-sensitive services. Standards can be defined for each of these dimensions, and current performance can be assessed against the standards.

OPQ can also address the performance and quality of other elements of the health system such as the training and education system, human resources management, information systems, logistics systems, supervision systems, or other sub-systems in the overall health system. For example, to assess the performance and quality of the pre-service education and in-service training system, the WHO Regional Office for Africa (2007) identified nine areas of standards for basic nursing and midwifery education³. The indicators for these nine standards can be used to measure actual performance.

STAGES OF THE OPQ PROCESS

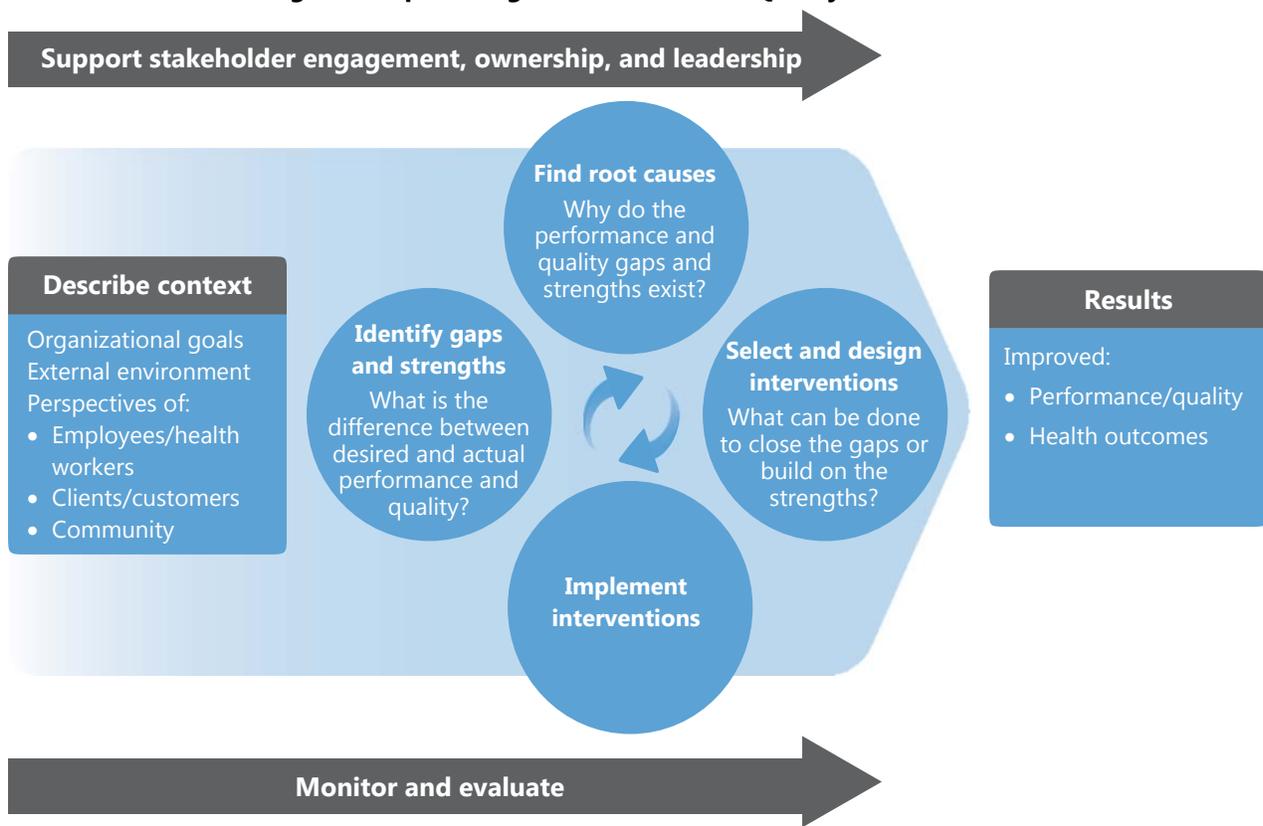
The OPQ process consists of seven stages and a set of tools that can be used independently or in conjunction with other interventions or tools to improve performance, build on successes, and ultimately improve the quality of health services and health outcomes. The OPQ framework (see Figure 1) illustrates this cyclical process.

The OPQ process can be implemented by an internal team or guided by an external facilitator. When using an external facilitator, the process should be transitioned to an internal team's leadership to promote its sustainability. Internal team members might be managers, supervisors, and health workers at a facility, in a district, or at central levels. An external facilitator might be a consultant, staff at a nongovernmental organization, or a private firm.

The following description of OPQ stages assumes the OPQ team facilitating the process is internal to the organization or facility. Stages 1 and 2 may actually occur at the same time or in reverse order, especially when the OPQ team is internal to the organization or facility.

³ Mission and objectives, educational program, assessment of students, student selection and support, academic staff, educational resources, program evaluation, governance and administration, and continuous renewal.

Figure 1: Optimizing Performance and Quality Framework



Stage 1: Describe context

The OPQ team must understand the overall context within which the OPQ process will take place. This includes the organization’s goals, priorities, structure, and culture; the external environment surrounding the organization; and the perspectives of employees/health workers and the clients and community served by the organization. Familiarity with these contextual characteristics helps with other stages, such as identifying appropriate stakeholders for the process, defining desired performance, identifying acceptable interventions/solutions that will contribute to the sustainability of the process results, and managing change within the organization when solutions are introduced.

Stage 2: Support stakeholder engagement, ownership, and leadership

An important early step in the OPQ process is to determine the key stakeholders and decision-makers who must be involved throughout the process, including those whose performance is hindered or facilitated by the system in question. Depending on the location of the issue (service delivery point, organization, system), the stakeholders can include health facility staff, clients, community representatives, managers, policy-makers, regulatory body representatives, training institution representatives, religious and community leaders, and others. Meaningful participation of women is particularly important as women make up the majority of health service end users as well as providers of both formal and informal health care. In order to be successful, it is essential that the stakeholder group is engaged and participating actively, feels ownership over the process and outcomes, and is leading the team—in agreement with the

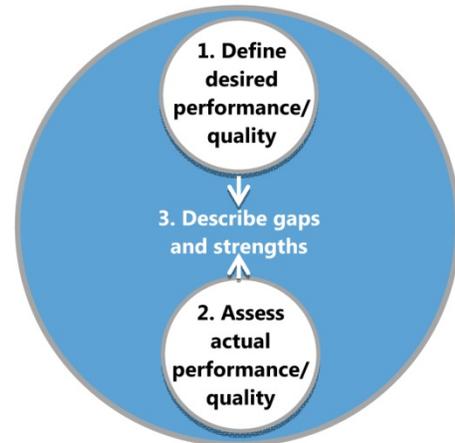
decisions made and actions taken. As their leadership capacity grows, stakeholders can continue to sustain the cyclical OPQ process.

Stage 3: Identify gaps and strengths

This stage involves three critical steps.

The OPQ team and other stakeholders:

1. define the desired performance or expected quality standards
2. assess actual performance and quality
3. compare the two levels to describe the gaps and strengths in performance and quality



Statements of desired performance, actual performance, and gaps and strengths are all described according to the same specific, observable, and measurable outcomes that support organizational goals. Stakeholders usually use organizational, national, or international guidelines and standards for setting the desired performance.

This cooperative work to *define desired performance* is vital for building consensus among the stakeholders and achieving the desired outcome. It is also the basis of the evaluation plan that lays out what will be measured before and after the interventions, to demonstrate whether and to what extent the interventions contributed to closing of the gaps or expansion of the high performing areas.

Typically, *assessing actual performance* levels necessitates baseline data collection, using existing data whenever possible to save time and resources. During baseline performance data collection, it is recommended that the OPQ team also gathers information about the presence or absence of performance factors that will be used during root cause analysis—Stage 4.

Describing the performance gaps and high-functioning areas becomes a simple matter of comparing desired and current levels of performance. This stage usually involves prioritizing which performance gaps and strengths to address or in what sequence to address them, as more than one will likely be identified.

Stage 4: Find root causes

Once performance gaps and strengths are described, the next step is to determine their cause(s). Using the performance factors explained in the next section as a starting point, the stakeholder group participates in a root cause analysis to uncover the factors that are impeding good performance or contributing to high-level performance. Any of the proven root cause analysis techniques (e.g., five whys technique, fishbone diagram) will serve for this purpose. Whatever technique is used, it is important to uncover—in specific terms—the lowest-level cause(s) that stakeholders can do something about. Elements of workplace performance that are operating at or above the desired level can be analyzed to discern what makes them successful.

This success can be recognized, strengthened, and possibly replicated to other areas of the facility or elsewhere in the organizational system.

Stage 5: Select and design interventions

The stakeholder group next selects interventions that will address the root causes of priority gaps or build upon the successful performance elements discovered during the previous stage. Interventions also need to be prioritized in terms of the time and resources available, and the likelihood of solving the root cause of the problem. Each intervention or set of interventions must address at least one root cause of a gap or an achievement. During this stage, the team works together to design the selected interventions. This includes reaching agreement on a design or action plan, including the process to be used to design the interventions, the timeframe, roles and responsibilities, resources needed, etc. Some interventions are “just do it” solutions, such as just fix the water tap or leaking roof, or just disseminate existing guidelines or job descriptions, or just adjust the facility’s hours of operation. In these cases, the solutions are quick and can produce rapid results.

Stage 6: Implement interventions

During the implementation stage, the OPQ team develops an implementation plan, recruits additional resource persons as needed, assures organizational readiness, applies the interventions, and helps enable and monitor organizational change. In accordance with the implementation plan, each aspect of the interventions is carried out by the person or team with assigned responsibility for it, and all actions are continually monitored to determine how the process is moving forward and to modify the process as needed. Documenting progress, challenges, and achievements is crucial to the implementation process and feeds into the next stage.

Stage 7: Monitor and evaluate

Throughout the OPQ process, workplace performance should be monitored and evaluated in order to measure any changes in the performance gaps or expansion of the high-performing areas as a result of the process. Monitoring is done on an ongoing basis, at every stage of the process, so that changes can be made as needed during the implementation or at the next cyclic phase. The OPQ team develops an evaluation plan that can be integrated into workplace processes to serve as an ongoing feedback device for workers and managers to measure changes in performance and quality. The final evaluation should again measure the performance levels of the workers or organization, and assess the extent to which gaps, including gaps in gender equality, have been closed and strengths have been expanded as a result of the interventions, as well as delineate any broader impact such as improved health outcomes and/or increased productivity.

With the performance level updated to reflect the recent advances, stakeholders can lead the process of setting new desired performance levels, and implementing fresh interventions in a cycle of continuing performance and quality improvement.

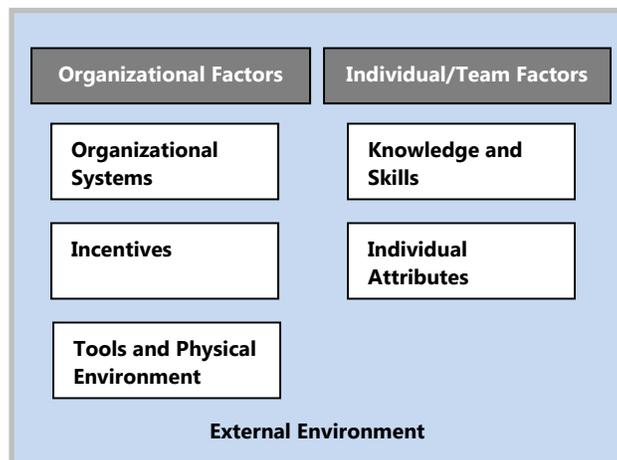
FACTORS INFLUENCING PERFORMANCE

There are six main categories of performance factors. Five categories are divided among organizational and individual/team factors: *organizational systems, incentives, tools and physical environment, skills and knowledge, individual attributes*. The sixth category includes factors in the *environment external to the organization*. These factors help OPQ teams analyze performance and root causes of gaps and strengths.

These performance factors, illustrated in Figure 2 and described below (adapted from Wile, 1996 and Gilmore, 2008), are often interrelated or complementary in their impact, and they reflect the fact that effective OPQ requires a *systems approach to solving performance or quality problems or creating effective new performance that results in quality health services or systems*. Gender cuts across each of these categories of performance factors, highlighting the need for a gender analysis.

Employee performance is influenced greatly by the systems that support them. Effective leaders and managers help their organizations pay attention to the six categories of performance factors, and are constantly looking for ways to use them to sustain the systems that will enable individuals and teams to perform as well as possible and ultimately achieve organizational goals and provide high quality care for their clients.

Figure 2: Factors Influencing Performance



1. Organizational Systems

Organizations—ministries, regulatory bodies, health training institutions, health facilities, nongovernmental organizations—have unique cultures, policies, and practices that have profound effects on how work gets done and by whom. Organizational leaders and managers, therefore, need to continuously ask, “*How well do the organizational systems support the desired performance?*” Key components to consider include the following:

- Clear organizational goals, strategic plan, structure

- Effective leadership
- Clear job expectations and authority
- Supportive supervision system
- Clear policies and efficient processes
- Realistic workloads
- Effective management systems (finance, human resources, logistics, information)
- Transparent human resources hiring, management, and appraisal systems
- Clear communication and information channels and access
- Adequacy of financial resources.

2. Incentives

Employees need to be able to answer the question “what is in it for me” to perform up to quality standards, especially when working conditions are difficult, salaries are low, and there is a shortage of health workers. Incentives are “something that encourages employees to work better” (<http://www.hrdictionary.com/definition/incentive.html>) and can connect clear expectations, feedback, and rewards to improved performance. Successful organizations provide incentives to motivate employees to positively contribute to the organization’s goals and results. The overall question this factor addresses is, “*Do providers and teams have a reason to perform as they are asked to perform?*” Elements to consider include:

- Clear expectations regarding responsibilities, accountability, autonomy
- Constructive performance feedback
- Fair compensation
- Recognition for good performance; consequences for poor performance
- Engaging, meaningful work
- Career opportunities.

3. Tools and Physical Environment

This factor focuses on whether employees have the necessary and adequate tools, supplies, and supportive physical environment to do their work well. It also examines whether the organization has the maintenance systems in place to support a well-functioning workplace. The overall question this factor addresses is, “*Do employees have the physical resources they need to accomplish the job they have to do?*” Key components to consider include:

- Equipment and instruments
- Consumable supplies, drugs, and other commodities
- Power, water, light, and ventilation
- Protocols and job aids
- Recordkeeping tools
- Workplace safety measures

- Physical workspace set-up and furniture
- Information technology and communication systems.

4. Knowledge and Skills

This factor—generally the most easily understood—involves a determination of whether or not health workers have the necessary knowledge and skills to do the job. It addresses the fundamental question, *“Do employees and teams know how to do their jobs correctly?”* For example, do they have:

- Basic education for literacy and numeracy skills
- Clinical, technical, professional knowledge and skills
- Problem-solving, critical thinking, teamwork, communication, and leadership skills
- Relevant work experience.

5. Individual Attributes

When hiring workers, you can be sure of one thing: no two are exactly alike. Each individual brings different attributes that affect the individual’s and team’s overall performance. The central question is, *“How do the personal attributes of an individual or team members affect their ability to work together and perform their jobs?”* Personal attributes include:

- Internal motivation
- Gender/ethnic/class identity
- Religious, ethical, and moral values
- Emotional, intellectual, physical, and creative abilities.

6. External Environment

There are many variables external to organizations that affect the ability of the organization, teams, and individual employees to perform. Some of these variables are outside the organization’s span of control, but others can be influenced or improved by actions of health care organizations or groups. All should be considered when analyzing root causes of identified performance gaps or strengths. The central question is, *“What factors in the external environment are impeding or supporting the ability of the organization and employees to perform and achieve their goals?”* Examples of such factors include:

- National policies, regulations, standards, professional scopes of work
- Licensing or accreditation requirements and processes
- Societal norms regarding gender, culture, class, religion, and ethnicity
- Market conditions and customer needs and preferences
- National and local infrastructure: transportation, energy, telecom, water, and sanitation
- Political changes in national and local government.

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