

Forming a QI Team

A Quality Improvement Activity

# Introduction

Quality Improvement Action Plans require a robust team to achieve the goals of an initiative. The Health Resources and Services Administration (HRSA) recommends that members of [quality improvement (QI) teams](https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/improvementteams.pdf) have various roles and responsibilities within your health center, as well as different skills, knowledge, and perspectives. Over time, as you make progress on your QI action plan, the team will grow and develop into a group that is organized and aimed at acquiring the same outcome through a shared vision. There are strategies, tools, and resources that QI teams use to become effective and successful in achieving their objectives.

The purpose of this document is to assist your health center in creating a QI team for your QI Action Plan. This guide will outline how to:

1. select team members;
2. define roles and responsibilities;
3. plan for the stages of growth within a team; and
4. manage a QI process within a team.

# How to Select Members for a Quality Improvement Team

There is no official process to follow for selecting members of a QI team. However there are several characteristics of QI team members for you to consider, including

* Representing the departments within your health center impacted by the QI Action Plan
	+ For example: when creating a team for an Action Plan for the National Diabetes Prevention Program (National DPP) lifestyle change program, your health center should consider members such as the Lifestyle Coach, the National DPP Coordinator, providers, nurses, dieticians, Diabetes Care and Education Specialists, and administrative leadership.
* Representing all levels of staff from within the health center (e.g., Leadership, Providers, Front Staff)
* Maintaining open, clear, and respectful communication
	+ For example: consider identifying a team member, such as Quality Director, that communicates and has relationships with executive leaders, middle management, and supervisors. These relationships will prove to be instrumental in gaining buy-in for the QI Action Plan.
* Being accountable and responsible for their responsibility(ies)
	+ For example: the QI team needs a leader that will drive accountability. Keeping individuals engaged and responsible takes dedicated time and effort. The leader should drive this accountability through stakeholder communication, identifying issues early on, and mitigating challenges at the individual level.
* Committing to the success of the QI Action Plan and/or QI project
	+ For example: each team member should know and buy in to the vision of the QI Action Plan. The QI Action Plan reflects the mission of your health center and how it aligns with the overarching goal of the plan. Including members known to have a strong commitment to your health center is key.

The [Institute for Healthcare Improvement (IHI)](http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx) recommends including on your QI team staff within your health center with different types of expertise. Specifically, IHI identifies four essential types of individual(s) to include: 1) System Leadership; 2) Clinical Leadership; 3) Clinical Expertise; and 4) Day-to-Day Leadership.

***Essential QI Team Member Areas of Expertise***

There may be one or more individuals on the team with each expertise, or one individual may have expertise in more than one area. It is important to include all four areas of expertise on your QI team in order to drive improvement successfully.

The success of the QI Action Plan is dependent on the actions of the QI Team. As such, leaders are accountable for ensuring the team satisfies its roles and responsibilities. Therefore, health center leadership needs to agree on and buy into the members that are selected.

# Defining Roles and Responsibilities

Activities that impact several areas of your health center, such as a QI Action plan, need structure. Assigning roles and tasks makes it easier to collaborate and mitigate problems. If someone has a question regarding an aspect of the project, they know who is responsible and has authority. Also, each person who has an assigned task can organize their portion of the project.

Within a QI team, members need to organize themselves to effectively accomplish the work by defining specific roles. These roles will determine the responsibilities within the QI Plan or project. Some members of the team have the skillset to serve in various roles and some roles may need more than one person to fulfill it.

The following is a list of recommended team roles according to [HRSA](https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/improvementteams.pdf)[[1]](#footnote-1):

* **Project Sponsors** – champion the project at your health center’s executive level. This individual should have the authority to communicate effectively with the Chief Executive Officer and other key executive stakeholders, provide resources necessary to implement the QI Action Plan, and approve or reject activities recommended by the QI team.
* **Team Leader** – fully understands the targets for improvement and the vision of the QI Action Plan in order to effectively lead team meetings. This individual is equivalent to Day-to-Day Leaders as described previously.
* **Team Facilitator** – ensures the QI team stays on task. This may include meeting facilitation and ensuring that all members participate and engage in their role. Health Centers may combine this position with the Team Leader, which may be an efficient strategy if you have limited staffing resources.
* **Team Champion** – members of the team who have a good working relationship with the Project Sponsor and Team Leader. This role has a vested interest in the success of the QI Action Plan and has expertise to contribute.
* **Provider Champion** – a member of the clinical team who is interested in driving change and has a good working relationship with the health center’s clinicians who can help achieve buy-in among providers. A provider who is an opinion leader in the health center makes an effective Provider Champion. Provider Champions are specifically necessary when working on clinical performance improvement initiatives.
* **Team Members** – additional stakeholders who are not the Team Leader or Team Facilitator. These individuals have multidisciplinary knowledge and skills that inform the decisions and activities of the QI Action Plan.

# Stages of Team Growth

As they learn to work effectively together, teams go through [Tuckman's Stages of Team Development](https://hr.mit.edu/learning-topics/teams/articles/stages-development). This section briefly describes each evidence-based stage:

**Stage 1: Forming**

The Forming stage is a period of excitement and anxiety. The team has a vested interest in the vision of the QI Action Plan and have set expectations of the outcomes. At the same time, team members have anxiety about their role and how they will fit into the team. The Team Leader is responsible for creating a clear understanding of the goals and format of the team operations so the members can begin to build trust among one another. It is common and expected to experience low productivity during this stage since the team is defining its structure.

**Stage 2: Storming**

The team often finds during the Storming stage that the expected outcomes they identified in the Forming stage are lofty. The team may become frustrated as they evaluate the tasks associated with each of their expected outcomes. There will be expressions of concerns, along with conflicts and disagreements. To mitigate these concerns and behaviors, the Team Leader should refocus team members on the vision of the QI Action Plan, and provide additional structure in the form of smaller, achievable tasks. Teams should implement conflict management techniques as necessary during this stage. Storming takes on many different forms, but it almost always occurs before progress can begin.

**Stage 3: Norming**

The norming stage delivers positive team energy and cohesiveness. Members of the team accept the roles and expertise of others within the group. The team makes efforts to resolve issues rather than express frustration as occurs during the Storming stage. To promote this progress, Team Leaders should have more frequent and meaningful communication with the group. During this communication, members of the team will guide their energy towards making progress towards the vision of the QI Action Plan. Teams often notice increased productivity during the Norming stage.

**Stage 4: Performing**

Team members during the Performing state are high functioning individuals. As a group, they are able to solve problem and mitigate challenges. The team welcomes constructive criticism, the vision is the highlight of activities, and progress is substantial during this stage. The Team Leader should continuously support the team and foster its continued growth to achieve the identified outcomes.

Knowing team dynamics, understanding differing inclinations to change, and bringing the best out in individuals all contribute to a successful QI team. Team Leaders should be familiar with the stages of team development to help foster and support their team. Doing so will produce effective changes and outcomes.

# Managing Process Improvement with the Team

Once you have formed your QI Team, it is critical to align expectations for the work the team will perform and expectations of the team with the vision of the QI Action Plan. There are strategies that can assist the Team Leader in managing process improvement within the team. Team Leaders should implement the following strategies to effectively manage your QI team:

* Introductions
	+ The team leader should introduce the members of the team and identify team roles.
* Communicate a Common Vision for Outcomes
	+ The Team Leader will reiterate the reason the QI Action Plan is in place and why it is important to your health center. To support this, the team should review and restate the aim of the health center that is outlined in the QI Action Plan frequently.
* Manage the Process Improvement Initiative
	+ Provide general ground rules about how the team will function.
	+ Recap the accountability of the team and its members.
	+ Frequently refer to the process improvement tool and the change process.

Managing the process of the quality improvement initiative requires an intimate knowledge of the QI Action Plan, QI team, and quality improvement tool. Developing the team is one element to achieve a successful outcome. Teams are important because they mesh each member’s unique expertise to bring about lasting improvements.

Teams are most effective if they have a common framework, such as the Plan-Do-Study-Act (PDSA) model,[[2]](#footnote-2) for thinking about the improvement process.

# Conclusion

The work of the team is to create, implement, and monitor performance improvement activities to achieve the aim of the QI Project. The *Quality Improvement Action Plan* describes this in more detail. The varying team leaders (e.g., Project Sponsor, Clinical Leader, Team Leader) must coordinate this work and ensure that the system changes, suggested by the team and tested with an evidence-based tool, result in the desired improvement. A high-functioning team will result in a successful outcome.

# Appendix I

# ACME Health Center: Quality Team Chart Example

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| **Role** | **Role Description** | **Staff Member(s)** |
| Project Sponsor | *Champions the project at the executive level.* |  |
| Team Leader | *Serves as a project manager.* |  |
| Team Facilitator | *Ensures the QI team stays on task.*  |  |
| Team Champion | *Serves as an advocate and provides expertise.* |  |
| Provider Champion | *Serves as an opinion leader and change driver among the clinical staff.* |  |
| (Other) Team Member(s) | *Interdisciplinary stakeholders of the project.*  |  |

1. IHI also provides a QI team member matrix. [↑](#footnote-ref-1)
2. For more information on the PDSA model, please see *PDSA-A Quality Improvement Activity*. [↑](#footnote-ref-2)