**Team Roles & Responsibilities (Task Analysis)**

This template may be used to guide team discussions about assigning roles and responsibilities related to **quality improvement and clinical tasks**. Sample tasks are included but it is best to modify and adapt it to suit your team’s needs.

**TIPS:**

* If your team hasn’t worked on QI processes before, consider working with a practice facilitator.
* Use your current state **process map** as a reference.
* Consider adding steps that may be missing from your current state process map that could be worth including – potentially involving PDSA trials.
* The first two ‘Who?’ columns allow for exploration of who **could** technically be responsible for the task with regard to:
  + Scope of practice, professional designation, etc.
  + Previous experience.
  + Personal interest.
  + Time and availability.
* In some instances, the person or role currently responsible for the task may make perfect sense – after a brief discussion, simply document and move on to the next step.
* It’s helpful to keep in mind that the physician or nurse practitioner may be able to do all of the steps; however, sharing the load across the team is the goal.
* The grey ‘Who?’ columns are intended to clarify who specifically will be **responsible** for each task:
  + This could be one person, more than one person, or a ‘role’ (e.g. MOAs).
  + For each process step, consider also designating at least one person to be cross-trained as back-up.
  + Cross training also allows team members to ‘stretch’ in their roles and build their skills.
  + Ultimately, as many members of the team as possible should be able to do as many of the tasks as possible.
* Remember to PDSA – what seems like it will work in a planning meeting may not work exactly as planned in practice!
* The EMR guides can be a helpful tool for generating EMR lists or adding point of care reminders.

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| ***Access to Continuity***  ***Team Tasks*** | | ***Who?*** | | | |
| *could do it*  *(in scope)* | *has interest/*  *experience/availability* | *RESPONSIBLE* | *CROSS-TRAIN* |
|  | ***Examples of QI and clinical tasks:*** |  |  |  |  |
| *Review HQCA primary healthcare panel report* |  |  |  |  |
| *Talk to PCN about support for CII/CPAR implementation* |  |  |  |  |
| *Calculate for each physician: supply, demand & TNA* |  |  |  |  |
| *Monitor no-show rate* |  |  |  |  |
| *Review patient panel list and identify segments that may be served differently (e.g. group visits, CDM nurse)* |  |  |  |  |
| *Measure backlog* |  |  |  |  |
| *Review booking schedule and identify the number of appointment types* |  |  |  |  |
| *Create checklist for how to standardize exam rooms & equipment* |  |  |  |  |
| *Lead team huddles* |  |  |  |  |
| *Action eNotifications from CII/CPAR* |  |  |  |  |
| *Room patients* |  |  |  |  |
| *Record patient vitals* |  |  |  |  |
| *Schedule appointments* |  |  |  |  |
| *Perform medication reconciliation* |  |  |  |  |
| *Chart prep* |  |  |  |  |
| *Perform patient education* |  |  |  |  |
| *Administer injections* |  |  |  |  |