# Team Roles & Responsibilities (Task Analysis)
**Home to Hospital to Home Transitions Change Package**

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 <u>able</u> 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

| H2H2H Team Tasks | Who? | | | |
|---|---|---|---|---|
| | could do it (in scope) | has interest/ experience/ availability | RESPONSIBLE | CROSS-TRAIN |
| **Examples of QI and clinical tasks:** | | | | |
| Regularly schedule QI team meetings | | | | |
| Identify patients admitted to the hospital (Note: CII/CPAR does this) | | | | |
| Identify patients discharged from the hospital (Note CII/CPAR and e-delivery do this) | | | | |
| Identify Admit/Discharge notifications received for patients **NOT** on the panel | | | | |
| When notified, review the patient discharge summary and/or Netcare | | | | |
| Check the risk of readmission score is documented in the community EMR | | | | |
| If no score, develop a process to determine and document the risk of readmission score | | | | |
| Determine if a post-discharge appointment is needed | | | | |
| If the patient does not require a follow-up appointment, phone to check in to promote relational continuity | | | | |
| Review the discharge summary to prepare for a follow-up visit | | | | |
| Identify outstanding requisitions and tests | | | | |
| Identify team members the patient needs to see | | | | |
| Review existing test results | | | | |
| Schedule follow-up appointment post-discharge, as necessary (determine if follow-up is in-person or virtual) | | | | |
| Assess the need for a family member at the follow-up visit | | | | |
| Contacting specialist advice programs, homecare, and other | | | | |
| Review and update the care plan with the patient | | | | |
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