

# 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

# H2H2H

## Team Tasks

### Who?

could do it  
(in scope)

has interest/  
experience/availability

RESPONSIBLE

CROSS-TRAIN

**Examples of QI and clinical tasks:**

Identify patients admitted to hospital  
(Note: CII/CPAR does this)

Identify patients discharged from hospital  
(Note CII/CPAR does this)

Identify Admit/Discharge notifications received for patients **NOT** on panel

Identify physicians with room on their panel to accept new patients

Identify patients who would benefit from med reconciliation

Perform med reconciliation

Collect and send relevant patient information to hospital upon admission and throughout care journey

Review transition care plan to prepare for follow-up visit

Perform risk assessment for re-admission

Assess need for family member at follow-up visit

Identify labwork/tests needed in advance of appointment

Order outstanding tests

Determine most appropriate appointment modality (in-person, virtual)

Review and update care plan with patient

Coordinate sharing of care plan with external care providers