

# Optimizing the Care Team



## Part I. Evaluation of **Our Care Team's** Work Activity

As we move towards team-based care, the clinical support staff will set the pace of the clinic flow, rather than the provider. To increase our clinics' capacity to meet client demand, we want to identify work that the provider currently does which someone else in the clinic could do. Achieving the highest quality patient care is a team effort, with each member providing the appropriate care for the patient.

Each Team Member (Receptionist, RN, MA, provider, other) is asked to complete the questionnaire below, identifying their role in the clinic.

Example (as written by a provider): *"When I get to the room, I note that the patient is overdue for her mammogram. I look around the room for a mammogram referral form, and there aren't any. I scramble to other rooms, looking for a form or someone to find me a form. After a bit of delay, I complete the form for the patient and instruct her to make her own appointment at her convenience."*

My role in the health center is \_\_\_\_\_

List 3 things that the PROVIDER does on a regular basis that someone else has or could have the training, skills, knowledge or license to do
1
2
3
List 3 things that the RN does on a regular basis that someone else has or could have the training, skills, knowledge or license to do
1
2
3

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## Part 2. Redistribution of Work Activity

Consider the tasks from Part 1 that could be shifted to another team member - by next week. Using the attached worksheet, answer the following questions for each of the three chosen items.

- Who else could do it? Who should do it?
- What change will have to be made for that person/s to do it?
- Who will be responsible for making the change?
- By when?
- What will the new process be?

Example:

- The clerk could answer questions and complete the application with client.
- The clerk will need confidential space to speak with client.
- PHASS will set up a cubby, or figure out a space to allow clerks to have privacy with client.
- PHASS will do this by Tuesday, and inform team when it is completed.
- The way this will happen is that:
  - clerks will assist clients in completing TC applications. They will ask clients if they have questions, and check to see if it is complete. If private matters arise, the clerk will use the privacy cubby.
  - Providers will refer all questions regarding applications to clerks.
  - The new process is that the incomplete application will be sent back out in the encounter sleeve with the client when she checks out.
  - When the clerk sees an application in the sleeve upon check-out, this will signal her that it is likely to be incomplete and she needs to help client complete it.

## Optimizing the Care Team: A Worksheet for Redistributing the Work Activity

Instructions: Copy 3 of the identified tasks into the headings below and answer the planning questions for each.

**1.**

Who else could do it?  
Who should do it?

What changes will have to be made to enable that person to do it?

Who will be responsible for making the change? By when?

What will the new process be?

**2.**

Who else could do it?  
Who should do it?

What changes will have to be made to enable that person to do it?

Who will be responsible for making the change? By when?

What will the new process be?

**3.**

Who else could do it?  
Who should do it?

What changes will have to be made to enable that person to do it?

Who will be responsible for making the change? By when?

What will the new process be?

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## Part 3. Identifying Barriers

Name five things that take up the provider's time that are issues *beyond the team's control*, that you wish someone, somewhere would fix. Please be as specific as you can.

Examples:

- I wish we had primary care charting templates for upper respiratory infections.
- I wish we had a good place to refer clients who need xx. Then the RN or MA could assist with this, and it wouldn't consume too much of my time.
- I wish we didn't have so much client registration paperwork! Specifically, a subsequent health history form could be shortened.
- We need training to help us learn to run reports so we can support the outreach team.

1.

2.

3.

4.

5.